

# 提供者目錄



**Medi-Cal**  
San Diego 縣 | February 2025

**blue**   
california  
Promise Health Plan





Promise Health Plan

## LANGUAGE ASSISTANCE NOTICE

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

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

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

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

# 目錄

A. 簡介	6
禁止歧視通知	8
如何提出申訴	8
Blue Shield Promise 提供者網路	11
提供者目錄無障礙通行設施標誌	12
無障礙通行設施代碼說明	13
如何查閱提供者列表	14
及時獲得護理的標準	15
B. 具備聯邦資質的健康診所	19
C. 初級保健名錄	259
D. 專業提供者目錄	634
E. 醫院名錄 - 普通急症醫院	1452
F. 長期護理 (LTC) 和專業護理機構 (SNF)	1457
G. 基於社群的成人服務 (CBAS) - 成人日間服務	1475
H. 縣居家支援服務 (IHSS)	1478
I. 心理健康名錄	1479
J. 視力提供者目錄 - 眼科和視力服務	1563
K. 其他服務提供者 (社區支援、增強護理管理)	1695
L. Blue Shield Promise 緊急護理設施	1719
M. 初級保健索引	1755

# A. 簡介

感謝您選擇 Blue Shield of California Promise Health Plan。本提供者目錄列出了屬於 Blue Shield of California Promise Health Plan 一部分的診所、醫生、醫院、藥房及其他類型的提供者。

當您加入 Blue Shield of California Promise Health Plan 時，您需要為每位會員選擇一位主治醫生 (PCP)，這點十分重要。如果您未選擇主治醫生，Blue Shield Promise 將代您做出選擇。您的 PCP 將是您獲取預防性護理以及生病時就診的醫生。您的 PCP 將在需要時轉介您就診專科醫生或其他專科提供者。PCP 將關注您的醫療保健需求，並與會員協作，使其保持身體健康。

## 更換您的 PCP

您可致電 Blue Shield Promise 客戶關懷部，隨時更換您的 PCP，電話：

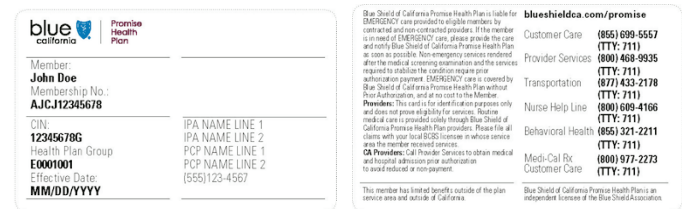
**(855) 699-5557 [TTY: 711]**。更換將在次月首日生效。您也可造訪我們的網站：

[blueshieldca.com/promise](http://blueshieldca.com/promise)。

作為 Blue Shield of California Promise Health Plan 的會員，您將會收到一張會員 ID 卡，樣式如本頁圖片所示。您每次就診醫生、配取處方藥（藥物）、使用急診室或就診眼科醫生時均需出示此 ID 卡。請始終隨身攜帶此卡。當您收到 ID 卡後，請確保其準確無誤。若否，致電 Blue Shield of California Promise Health Plan 客戶關懷部，電話：(855) 699-5557。

請勿丟棄您的 Medi-Cal (BIC) 卡。當您就診 Medi-Cal 牙科醫生以及獲取 Blue Shield of California Promise Health Plan 不承保的其他

醫療保健服務時，您將需要出示您的 Medi-Cal (BIC) 卡。



## Blue Shield 保險卡 (BIC)

### Medi-Cal Rx 的藥房服務

Department of Health Care Services (DHCS，醫療保健服務部) 管理面向 Medi-Cal 會員的藥房服務。如需藥房服務，您可撥打 Medi-Cal Rx 呼叫中心熱線 (1-800-977-2273)，服務時間：每週七天，每天 24 小時，TTY 用戶應撥打 711，服務時間：週一至週五，上午 8 點至下午 5 點。

大部分藥房都接受 Medi-Cal Rx。您可撥打 Medi-Cal 會員幫助熱線

(1-800-541-5555, TTY 1-800-430-7077)，詢問您的藥房是否接受 Medi-Cal Rx。如果需要幫助找到藥房，請使用 Medi-Cal Rx 線上藥房定位器，網址：[www.Medi-CalRx.dhcs.ca.gov](http://www.Medi-CalRx.dhcs.ca.gov)，或致電 Medi-Cal Rx 呼叫中心熱線，電話：1-800-977-2273。

如何使用本目錄

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

您可使用本提供者目錄，以選擇一位

**Blue Shield Promise 簽約 PCP。** PCP、專科提供者、醫院和其他支援提供者均按城市以字母順序排列。在「**Blue Shield Promise 提供者網絡**」部分，您將找到如何查閱提供者清單部分的資訊，以及您需瞭解的有關各提供者的重要資訊。關於本目錄清單的重要資訊

此提供者目錄是截至封面所載日期的最新資訊。本目錄印製後，可能已加入或移除某些 PCP。我們不保證每位 PCP 仍接受新會員。如欲獲取有關您所在區域 PCP 的最新資訊，您可造訪 [blueshieldca.com/promise](https://blueshieldca.com/promise) 或致電 **Blue Shield Promise 客戶關懷部**，免費電話：**(855) 699-5557 [TTY: 711]**。或者在週一至週五上午 8 點至下午 6 點之間到訪我們的辦公室。歡迎無預約來訪。我們有會說您語言的工作人員。您也可造訪我們的網站：[blueshieldca.com/promise](https://blueshieldca.com/promise)。

### 其他重要資訊和披露

以下一種或多種服務可能由您的健康計劃承保，且您可能需要該等服務，但部分提供者和醫院並不提供該等服務，如：計劃生育、包括緊急避孕在內的避孕服務、絕育，包括在產期及生產時進行結紮手術、不孕症治療、流產。致電 **Blue Shield Promise 客戶關懷部**，電話：**(855) 699-5557**，以確保您可獲得所需的醫療保健服務。

如欲瞭解更多有關我們提供者的資訊，包括他們的教育和經歷（如就讀過的醫學院校、住院醫師培訓和醫學會認證情況），請致電

**Blue Shield Promise 客戶關懷部**，或使用我們網站上的提供者搜尋工具：

[blueshieldca.com/promise](https://blueshieldca.com/promise)。

就診某些提供者可能需要授權或轉介。

請聯絡 **Blue Shield Promise 客戶服務部** 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

**Blue Shield Promise 提供可平等獲得全部承保服務的機會**，包括殘障參保人士。所有提供者均已接受並且需要完成文化能力培訓。

**口譯服務** 為了讓您更方便，**Blue Shield Promise** 提供：

- 可使用您的語言為您提供幫助的雙語工作人員。
- 針對您的所有醫療保健需求為您免費提供口譯服務，包括美式手語。您無需讓朋友或家人擔任口譯員。您可就以下服務全天候隨時獲得口譯服務：
  - ✓ **醫療服務**：醫生就診、非工作時間服務、緊急護理服務、藥房服務和健康教育課程。
  - ✓ **非醫療服務**：客戶服務、會員投訴和會員情況介紹會議。
  - ✓ 其他格式的材料，如盲文版、音訊版或大字印刷版。

您只需致電您的醫療團體或 **Blue Shield Promise 客戶關懷部**。對於已排定的預約，請務必在預約前至少提前十 (10) 個工作日申請安排一名口譯員。

## 禁止歧視通知

歧視是違法行為。Blue Shield of California Promise Health Plan遵守州和聯邦民權法律規定。Blue Shield of California Promise Health Plan不會因為生理性別、種族、膚色、宗教、族裔、原始國籍、族群認同、年齡、心理殘疾、身體殘疾、醫療病況、基因資訊、婚姻狀態、社會性別、性別認同或性傾向而違法歧視、排除任何人或給予其不同待遇。

Blue Shield of California Promise Health Plan提供以下服務：

- 為殘疾人士提供免費協助與服務，以便與我們有效地溝通，例如：
  - ✓ 合格手語翻譯員
  - ✓ 其他格式的書面資訊(大字體、語音、無障礙電子格式、其他格式)
- 為主要語言不是英語的民眾提供免費語言服務，例如：
  - ✓ 合格口譯員
  - ✓ 其他語言版本的書面資訊

如果您需要這些服務，請與Blue Shield of California Promise Health Plan聯絡，週一至週五辦公，早上8點至下午6點。請撥您所在區域的客戶關懷部電話：

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

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

如果您是聽障或語障人士，請撥**聽障和語障專線：711**。提出要求時，此文件能以盲人點字、大字體、語音或電子格式向您提供。如欲取得以上任何一種替代格式，請致電或來函至：

Blue Shield of California Promise Health Plan Customer Service

3840 Kilroy Airport Way, Long Beach, CA 90806

(800) 605-2556 (Los Angeles)

(855) 699-5557 (San Diego)

聽障和語障專線：711

## 如何提出申訴

如果您認為Blue Shield of California Promise Health Plan因為生理性別、種族、膚色、宗教、族裔、原始國籍、族群認同、年齡、心理殘疾、身體殘疾、醫療病況、基因資訊、婚姻狀態、社會性別、性別認同或性傾向而不提供這些服務，或以其他方式而違法歧視，您可以向 Blue Shield of California Promise Health Plan的民權協調員提出申訴。您可以致電、寫信或以電子方式提出申訴：

- **致電**：聯絡Blue Shield of California Promise Health Plan的民權協調員，週一至週五辦公，早上8點至下午6點，電話(844) 883-2233。如果您是聽障或語障人士，請撥聽障和語障專線711。
- **寫信**：請填寫投訴表或寫信，並寄至：  
Blue Shield of California Promise Health Plan Civil Rights Coordinator  
3840 Kilroy Airport Way, Long Beach, CA 90806
- **親自提交**：造訪您醫生的診所或Blue Shield of California Promise Health Plan，並說明您希望提出申訴。



- 電子方式：瀏覽Shield of California Promise Health Plan的網站  
[www.blueshieldca.com/promise/medi-cal](http://www.blueshieldca.com/promise/medi-cal)。

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### **民權辦公室 (OFFICE OF CIVIL RIGHTS) - 加州衛生保健服務部 (CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES)**

您也可以透過致電、寫信或電子方式向加州衛生保健服務部民權辦公室提出民權投訴：

- 致電：請撥**916-440-7370**。如果您是語障或聽障人士，請撥**711 (電信轉接服務)**。
- 寫信：請填寫投訴表或寄信至：  
**Deputy Director, Office of Civil Rights  
Department of Health Care Services  
P.O. Box 997413, MS 0009 Sacramento, CA 95899-7413**  
投訴表可在網站取得，網址  
[http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)。
- 電子方式：寄電子郵件至**[CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)**。

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### **民權辦公室 - 美國衛生和公眾服務部 (U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES)**

如果您認為您因為種族、膚色、原始國籍、年齡、殘疾或性別而遭到歧視，您也可以透過致電、寫信或電子方式向美國衛生和公眾服務部民權辦公室提出民權投訴：

- 致電：只要撥打**1-800-368-1019**。如果您是語障或聽障人士，請撥  
**聽障聽語障專線1-800-537-7697**。
- 寫信：請填寫投訴表或寄信至：  
**U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201**  
投訴表可在網站取得，網址<http://www.hhs.gov/ocr/office/file/index.html>。
- 電子方式：瀏覽民權辦公室投訴入口網站<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>。



# Blue Shield Promise 提供者網路

## 定義與一般資訊

社區診所：為 Blue Shield Promise 會員提供醫療保健服務的非營利診所。

家庭與全科醫學：為兒童、成年男性和女性提供治療的醫生。

聯邦認證的醫療中心 (FQHC)：為所有年齡段的人士提供基本和預防性護理的社區組織，不論該等人士的付款能力或健康保險狀態如何。

醫院：Blue Shield Promise 與許多醫院均簽有合約。請確認您想選擇的主治醫生的醫院附屬關係。

內科：為 18 歲以上的成年男性和女性提供治療的醫生。

獨立執業協會 (IPA)：一種與醫生團體簽約以提供健康護理服務的醫療保健模式。








醫療團體：為 Blue Shield Promise 會員提供醫療保健服務的醫生團體。

婦產科：專門從事女性健康與產科護理的醫生。

兒科：為 18 歲以下兒童提供治療的醫生。

主治醫生 (PCP)：作為 Blue Shield Promise 的會

## 提供者目錄要點

- \* | 提供者當前不接受此健康網路的新患者
-  提供者地址
-  提供者電話
-  提供者非辦公時間電話號碼
-  提供者診室使用的語言
-  提供者辦公時間
-  無障礙通行設施資訊
-  提供者網站

員，您必須就一般醫療保健需求選擇一位 PCP。如您未選擇一位 PCP，我們將代您做出選擇。所有 PCP 均按城市列出。您可選擇以下任何類型的醫生：

- 家庭與全科醫學
- 內科
- 婦產科
- 兒科

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## 提供者目錄無障礙通行設施標誌

下方向您介紹了有關到醫生診室就診時的老年人和殘障人士 (SPD) 之基本通行需求的資訊。我們知道會員需求各不相同。因此，我們建議會員致電醫生診室以討論其通行需求。

### **E (Exam Room) = 檢查室**

檢查室的入口為無障礙設計，暢通無阻。門開啟的寬度足以讓輪椅或電動代步車通行，且易於打開。檢查室的空間足夠寬敞，足以容納輪椅或電動代步車。

### **T (Exam Table/Scale) = 檢查台/磅秤**

檢查台可以升降高度，磅秤為無障礙設計，設有扶手，以協助坐輪椅或電動代步車的人上下。體重磅秤可容納一台輪椅。

### **EB (Exterior Building) = 大樓外部**

通往大樓的路邊坡道和其他坡道足夠寬，足以讓輪椅或電動代步車通行。坡道兩側均裝有扶手。大樓設有一個「無障礙」入口。門開啟的寬度足以讓輪椅或電動代步車使用者通行，並有易於使用的把手。

### **IB (Interior Building) = 大樓內部**

門開啟的寬度足以讓輪椅或電動代步車使用者通行，並有易於使用的把手。內部坡道足夠寬，且裝有扶手。如果有樓梯，樓梯設有扶手。如果有電梯，在大樓開放時可隨時讓公眾和患者使用。電梯應裝有容易聽到的聲響設備以及伸手可及的盲文按鈕。電梯的空間足夠寬敞，輪椅或電動代步車使用者可在其中調轉方向。如有平臺升降機，應可在無人幫助的情況下使用。

### **P (Parking) = 停車場**

無障礙停車區域，包括廂型車無障礙停車區域。停車場、診室與接送地點之間的路徑設有路邊坡道。

### **R (Restroom) = 洗手間**

洗手間為無障礙設計，門易於打開且門開啟的寬度足以讓輪椅或電動代步車通行。洗手間的空間足夠寬敞，輪椅或電動代步車使用者可在其中調轉方向並關門。洗手間內應設有扶手，便於從輪椅/電動代步車移至馬桶上。水槽很容易夠到，並且水龍頭、肥皂和廁紙易於取用。

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://www.blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## 無障礙通行設施代碼說明

P	停車場
EB	大樓外部
IB	大樓內部
W	輪椅
R	洗手間
E	檢查室
T	檢查台/磅秤

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://www.blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

# 如何查閱提供者列表

下述資訊可說明您選擇 PCP。

1. 提供者的醫學專業
2. 提供者姓名、執照類型
3. 提供者 ID 號碼
4. 提供者性別
5. 提供者執照號碼
6. 提供者 NPI (全美提供者識別系統) 號碼
7. 提供者與工作人員說的語言
8. 文化能力培訓
9. 醫院附屬關係
10. 經專業委員會認證專科：
11. **FQHC/醫療團體名稱**
12. 提供者地址
13. 提供者電話號碼
14. 提供者的傳真號碼
15. 提供者網站
16. 提供者電子郵寄地址
17. **Medi-Cal 開放小組：**
18. 最小/最大年齡：
19. 針對殘障人士的大樓通行性
20. 提供者的辦公時間

示例：

1. 兒科
2. Doe, Jane, MD
3. 提供者 ID: 00A2123456
4. 女
5. 執照號碼：00A123456
6. NPI: 0123456789
7. 英語、西班牙語、越南語、波斯語、韓語、中文、阿拉伯語
8. 是
9. **Good Samaritan Hospital**
10. 兒科
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](http://www.northeastclinic.com)
16. [doctordoe@gmail.com](mailto:doctordoe@gmail.com)
17. 是/否
18. 0-18
19. 有限服務。P, EB, IB, E
20. 週一至週五上午 8 點至下午 5 點

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

# 及時獲得護理的標準

預約類型	必須在以下時間內預約
無需事先批准（預先授權）的緊急護理預約	48 小時
需要事先批准（預先授權）的緊急護理預約	96 小時
非緊急基本護理預約	10 個工作日
非緊急專科醫生	15 個工作日
非緊急心理健康提供者（非醫生）	10 個工作日
對傷勢、疾病或其他健康狀況進行診斷或治療的非緊急輔助服務預約	15 個工作日
正常辦公時間內的電話等候時間	10 分鐘
分診——全天候服務	全天候服務 - 不超過 30 分鐘

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。





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. 具備聯邦資質的健康診所

### ALPINE

#### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

Phone: 619-445-6200

After Hours Phone:  
619-445-6200

License Number: 20A17296

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


 *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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\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

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

#### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所

Medical Group/IPA: BORREGO  
COMMUNITY HEALTH  
FOUNDATION

 Website: N/A

### **BORREGO MEDICAL CLINIC**

Provider ID: 185179

 4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

 Phone: 760-767-5051

Fax: 760-767-4552

 After Hours Phone:  
760-767-5051


License Number: 80000651

NPI: 1134144165


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: Yes

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDATION

 Website: N/A


### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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

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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


 *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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所








 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)

### 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)

### 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)

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322  
 678 3RD AVE


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所




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)

### 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所


 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


 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

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## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

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

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

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

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

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: 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):*  *Phone: 619-662-4100*

*N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*


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


*Provider ID: 427322*

 678 3RD AVE

CHULA VISTA, CA

91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: 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):*  *Phone: 619-662-4100*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

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

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: 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):*  *Phone: 619-662-4100*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

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

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: A121861*


*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

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

*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:*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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  
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)


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## B. 具備聯邦資質的健康診所

### **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

 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

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## B. 具備聯邦資質的健康診所


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

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

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*


*License Number: A164392*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

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

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone:*

*619-662-4100*


*License Number: A177922*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

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

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*


*License Number: A40061*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

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

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*


 *After Hours Phone:  
619-662-4100*


*License Number: A40473*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

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

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A41486*

*NPI: 1598122871*


*Accepting New Patients: Yes*

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## B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: A50477


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-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: 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](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A66903


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-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. 具備聯邦資質的健康診所

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)

### 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


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## B. 具備聯邦資質的健康診所


 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


 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

 *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: 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*


### **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*

### **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*

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

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*


 *After Hours Phone: 619-662-4100*


*License Number: G72486*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

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


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

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

*Provider ID: 427322*



 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*





 *After Hours Phone:*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所






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  
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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/med-cal](http://blueshieldca.com/promise/med-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### **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)

### **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

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## B. 具備聯邦資質的健康診所

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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

📍 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

☎ Phone: 619-515-2500

📞 After Hours Phone: 619-515-2500

License Number: A153344

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: A154298

NPI: 1134155377

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

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




Cultural Competency: No




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## B. 具備聯邦資質的健康診所




 Hours: SU-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: 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](http://www.fhcsd.org)

### CHULA VISTA FAMILY HLTH CTR




Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: A164859  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
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: 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](http://www.fhcsd.org)

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: A178499  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
 Hours: SU-SA 9AM-5PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/med-cal](http://blueshieldca.com/promise/med-cal)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所


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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: 20A14919

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: 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


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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: A68463

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU-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)

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## B. 具備聯邦資質的健康診所

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone:  
619-515-2500

License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone:  
619-515-2500

License Number: A73172

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-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: 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](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: 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](http://www.fhcsd.org)



### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628


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## B. 具備聯邦資質的健康診所

 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: DC26269  
NPI: 1134155377

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

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

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



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

 Website: [www.fhcsd.org](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

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## B. 具備聯邦資質的健康診所

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

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

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

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

📍 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

☎ Phone: 619-515-2500

📞 After Hours Phone: 619-515-2500

License Number: NP23687

NPI: 1134155377

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

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

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

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

📍 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

☎ Phone: 619-515-2500

📞 After Hours Phone: 619-515-2500

License Number: NP95001492

NPI: 1134155377

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

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

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

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

📍 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

☎ Phone: 619-515-2500

📞 After Hours Phone: 619-515-2500

License Number: NP95001705

NPI: 1134155377

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

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

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

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

📍 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

☎ Phone: 619-515-2500

📞 After Hours Phone: 619-515-2500

License Number: NP95001964

NPI: 1134155377


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

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




Cultural Competency: No




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## B. 具備聯邦資質的健康診所

 Hours: SU-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: 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

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## B. 具備聯邦資質的健康診所


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: PT293536

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU-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)

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## B. 具備聯邦資質的健康診所

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

Fax: 619-397-1161

After Hours Phone:  
619-515-2500

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

252 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone:  
619-515-2500

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

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

Provider ID: 417641

352 L ST  
CHULA VISTA, CA  
91911-1208

Phone: 619-515-2325

After Hours Phone:  
619-515-2325

License Number: A144995

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN

DIEGO

Website: www.fhcsd.org

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

Provider ID: 417641

352 L ST  
CHULA VISTA, CA  
91911-1208

Phone: 619-515-2325

After Hours Phone:  
619-515-2325

License Number: PA19306

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

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

Provider ID: 417641

352 L ST  
CHULA VISTA, CA  
91911-1208

Phone: 619-515-2325

Fax: 619-420-0660

After Hours Phone:

619-515-2325


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## B. 具備聯邦資質的健康診所

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


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


### **EL CAJON**

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2300

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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:


619-515-2498


License Number: 20A11535

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: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: 20A13745


NPI: 1134155377

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

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA  
8:30AM-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

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## B. 具備聯邦資質的健康診所

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: 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

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## B. 具備聯邦資質的健康診所


 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

 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

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## B. 具備聯邦資質的健康診所


 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: 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)

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## B. 具備聯邦資質的健康診所

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: A175325

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: A178499

NPI: 1134155377

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

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: A72005

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

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## B. 具備聯邦資質的健康診所


 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: 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)


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498


License Number: DPM5661

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


 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: 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)

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## B. 具備聯邦資質的健康診所

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498


License Number: NP95021154

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: [www.fhcsd.org](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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


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

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

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

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

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

*Provider ID: 418340*

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 *Phone: 619-515-2498*

 *After Hours Phone:*  
*619-515-2498*


*License Number: RN810863*

*NPI: 1134155377*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*


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

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

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

 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*


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

*Provider ID: 418340*

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 *Phone: 619-515-2498*

*Fax: 619-269-0191*


 *After Hours Phone:*  
*619-515-2498*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*


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

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

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

 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*


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

*Provider ID: 418340*

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 *Phone: 619-515-2498*

*Fax: 619-269-0191*

 *After Hours Phone:*  
*619-515-2498*


*License Number: 20A19473*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

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

 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*

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

*Provider ID: 418340*

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 *Phone: 619-515-2498*

*Fax: 619-269-0191*

 *After Hours Phone:*  
*619-515-2498*


*License Number: 550003553*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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


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

 *Accessibility: CONTACT PROVIDER*

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

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## B. 具備聯邦資質的健康診所


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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2499

 After Hours Phone:  
619-515-2499


License Number: RN428876

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU-SA  
8:30AM-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)

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

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

Provider ID: 206354

 1111 W CHASE AVE  
EL CAJON, CA 92020-5710

 Phone: 619-515-2499

 After Hours Phone:  
619-515-2499

License Number: A110192


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

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

Cultural Competency: No

 Hours: SU-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: A138887

NPI: 1134155377

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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: A170055

NPI: 1134155377

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

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

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

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN  
DIEGO

🌐 Website: www.fhcsd.org

### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

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

☎ Phone: 619-515-2499

📞 After Hours Phone:  
619-515-2499

License Number: DC33150

NPI: 1134155377

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

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

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

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

🌐 Website: www.fhcsd.org

### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

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

☎ Phone: 619-515-2499

📞 After Hours Phone:  
619-515-2499

License Number: NP95007253  
NPI: 1134155377

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

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

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

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

🌐 Website: www.fhcsd.org

### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

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

☎ Phone: 619-515-2499

Fax: 619-593-7164

📞 After Hours Phone:  
619-515-2499

NPI: 1134155377

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

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


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

♿ Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


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

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

### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

 1032 BROADWAY  
EL CAJON, CA 92021-7416

 Phone: 619-795-5991

 After Hours Phone:  
619-795-5991


License Number: 20A14222

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC

 Website: [www.lamaestra.org](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)

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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

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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


### MAESTRA FAMILY CLINIC


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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

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

 Phone: 619-269-1262

 After Hours Phone:  
619-269-1262


License Number: C55979

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-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: 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](http://www.lamaestra.org)


### 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

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

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

 Phone: 619-312-0347


 After Hours Phone:  
619-312-0347

License Number: A123929

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

🕒 *Hours: SU-SA 9AM-5PM*

American Sign Language (ASL):  
N

♿ *Accessibility: CONTACT  
PROVIDER*

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

🌐 *Website: www.lamaestra.org*

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

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

☎ *Phone: 619-312-0347*

🕒 *After Hours Phone:  
619-312-0347*

License Number: A68184

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

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

🕒 *Hours: SU-SA 9AM-5PM*

American Sign Language (ASL):  
N

♿ *Accessibility: CONTACT  
PROVIDER*

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

🌐 *Website: www.lamaestra.org*

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

📍 165 S 1ST ST

EL CAJON, CA 92019-4795

☎ *Phone: 619-312-0347*

🕒 *After Hours Phone:  
619-312-0347*

License Number: PA58466

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

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

🕒 *Hours: SU-SA 9AM-5PM*

American Sign Language (ASL):  
N

♿ *Accessibility: CONTACT  
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: 619-312-0348*

🕒 *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*

### 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

🌐 *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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。




## B. 具備聯邦資質的健康診所

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 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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 COMMUNITY HEALTH FOUNDTION  
 Website: N/A

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

Provider ID: 569910  
 875 EL CAJON BLVD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所

EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 NPI: 1598122871

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

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

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA

 Website: N/A

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
 619-662-4100


License Number: 20A10964

NPI: 1598122871

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

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

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA

 Website: N/A

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
 619-662-4100


License Number: 550002514

NPI: 1598122871

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

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

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA


 Website: N/A

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
 619-662-4100


License Number: A101773

NPI: 1598122871

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

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

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA

 Website: N/A

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
 619-662-4100


License Number: A101888

NPI: 1598122871

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

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



Cultural Competency: No

 Hours: SU-SA 8AM-5PM




American Sign Language (ASL):  
 N




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medical)。此提供  
 者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所




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

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


*Provider ID: 569910*  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*License Number: A120584*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*



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

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




*Provider ID: 569910*  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 *Phone: 619-662-4100*  
 *After Hours Phone:*



*619-662-4100*  
*License Number: A127706*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

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

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




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


*Provider ID: 569910*  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*License Number: A131365*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

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



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

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

*Provider ID: 569910*  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*License Number: A134995*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

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

### **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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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

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

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

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: N/A

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

Provider ID: 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A47906

NPI: 1598122871

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

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

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

N  
 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: N/A

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

Provider ID: 569910

875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A79338

NPI: 1598122871

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

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

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

N  
 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: N/A

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

Provider ID: 569910

875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A87650

NPI: 1598122871

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

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

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

N  
 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: N/A

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

Provider ID: 569910

875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A96002

NPI: 1598122871

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

Site English Spoken: Yes  
 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


### SOUTHERN CALIFORNIA


 Website: N/A

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: C144411

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: G43179

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP95009329

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP95012943

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes


Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: PT42665

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A

### ENCINITAS

#### TRUECARE

Provider ID: 480243

1130 2ND ST  
ENCINITAS, CA  
92024-5008

Phone: 760-736-6767

After Hours Phone: 760-736-6767

License Number: 20A17306

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

- Site English Spoken: Yes
- Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A

#### TRUECARE

Provider ID: 480243

1130 2ND ST  
ENCINITAS, CA  
92024-5008

Phone: 760-736-6767

After Hours Phone: 760-736-6767

License Number: DC29074

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A

#### TRUECARE

Provider ID: 480243

1130 2ND ST  
ENCINITAS, CA  
92024-5008

Phone: 760-736-6767

After Hours Phone: 760-736-6767

License Number: NP21368

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

- Site English Spoken: Yes
- Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A







#### TRUECARE

Provider ID: 480243







1130 2ND ST  
ENCINITAS, CA

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## B. 具備聯邦資質的健康診所








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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

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

**TRUECARE**  
Provider ID: 480243  
📍 1130 2ND ST  
ENCINITAS, CA  
92024-5008  
☎ Phone: 760-753-7842  
Fax: 760-736-8740  
📞 After Hours Phone:  
760-753-7842  
License Number: 80000638  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
🗣 Site English Spoken: Yes  
Cultural Competency: No  
🕒 Hours: SU-SA 8AM-5PM  
American Sign Language (ASL):  
N

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

### ESCONDIDO

#### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941  
📍 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405  
☎ Phone: 619-662-4100  
📞 After Hours Phone:  
619-662-4100  
License Number: C171064  
NPI: 1598122871

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

#### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941  
📍 704 E GRAND AVE



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

**SAN YSIDRO HEALTH  
ESCONDIDO FAMILY  
MEDICINE**  
Provider ID: 588941  
📍 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405  
☎ 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):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所



N

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

### **SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE**

*Provider ID: 588941*

 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

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



*License Number: NP95006360*  
*NPI: 1598122871*

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

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

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

N



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

### **SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE**

*Provider ID: 588941*

 704 E GRAND AVE

ESCONDIDO, CA  
92025-4405

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



*License Number: PA20490*  
*NPI: 1598122871*

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

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

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



N

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

### **SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE**


*Provider ID: 588941*

 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

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



*License Number: PA52347*  
*NPI: 1598122871*

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

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

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


N


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

### **SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE**

*Provider ID: 588941*


 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

 *Phone: 619-662-4100*  
*Fax: 619-662-7952*



 *After Hours Phone:  
619-662-4100*  
*NPI: 1598122871*

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

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

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

N

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

### **NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL**

*Provider ID: 424775*






 426 N DATE ST

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所




ESCONDIDO, CA  
92025-3409  
 Phone: 760-690-5900  
 After Hours Phone:  
760-690-5900  
License Number: A56054  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU-SA 8AM-5PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: N/A



### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL



Provider ID: 424775  
 426 N DATE ST  
ESCONDIDO, CA  
92025-3409  
 Phone: 760-690-5900  
 After Hours Phone:  
760-690-5900  
License Number: A62467  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU-SA 8AM-5PM  
American Sign Language (ASL):

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


### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL







Provider ID: 424775  
 426 N DATE ST  
ESCONDIDO, CA  
92025-3409  
 Phone: 760-690-5900  
 After Hours Phone:  
760-690-5900  
License Number: A67626  
NPI: 1598122871

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






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

### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775  
 426 N DATE ST

ESCONDIDO, CA  
92025-3409  
 Phone: 760-690-5900  
 After Hours Phone:  
760-690-5900  
License Number: G83438  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU-SA 8AM-5PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: N/A

### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775  
 426 N DATE ST  
ESCONDIDO, CA  
92025-3409  
 Phone: 760-690-5900  
 After Hours Phone:  
760-690-5900  
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):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所

<p>N  <i>Accessibility: CONTACT PROVIDER</i> <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>  <i>Website: N/A</i></p> <p><b>NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL</b> <i>Provider ID: 424775</i>  426 N DATE ST ESCONDIDO, CA 92025-3409  <i>Phone: 760-690-5900</i> <i>Fax: 360-462-2747</i>  <i>After Hours Phone: 760-690-5900</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):</i> N  <i>Accessibility: CONTACT PROVIDER</i> <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>  <i>Website: N/A</i></p> <p><b>NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL</b> <i>Provider ID: 424775</i>  426 N DATE ST</p>	<p>ESCONDIDO, CA 92025-3409  <i>Phone: 760-690-5900</i> <i>Fax: 360-462-2747</i>  <i>After Hours Phone: 760-690-5900</i> <i>License Number: 550000511</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):</i> N  <i>Accessibility: CONTACT PROVIDER</i> <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>  <i>Website: N/A</i></p> <p><b>NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY</b> <i>Provider ID: 206271</i>  728 E VALLEY PKWY ESCONDIDO, CA 92025-3052  <i>Phone: 760-737-6900</i>  <i>After Hours Phone: 760-737-6900</i> <i>License Number: A120348</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></p>	<p><i>American Sign Language (ASL):</i> N  <i>Accessibility: CONTACT PROVIDER</i> <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>  <i>Website: N/A</i></p> <p><b>NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY</b> <i>Provider ID: 206271</i>  728 E VALLEY PKWY ESCONDIDO, CA 92025-3052  <i>Phone: 760-737-6900</i>  <i>After Hours Phone: 760-737-6900</i> <i>License Number: A139490</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):</i> N  <i>Accessibility: CONTACT PROVIDER</i> <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>  <i>Website: N/A</i></p> <p><b>NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY</b> <i>Provider ID: 206271</i></p>
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請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: A140398


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: A145349


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: A161074


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: A94128


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

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




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所



American Sign Language (ASL):  728 E VALLEY PKWY  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: N/A



### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052  
 Phone: 760-737-6900  
 After Hours Phone:  
760-737-6900  
License Number: G61829  
NPI: 1598122871




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

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



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



### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052  
 Phone: 760-737-6900  
 After Hours Phone:  
760-737-6900  
License Number: NP8169  
NPI: 1598122871




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

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

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

### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052  
 Phone: 760-737-6900  
Fax: 360-462-2748  
 After Hours Phone:  
760-737-6900  
NPI: 1598122871




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

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU-SA 8AM-5PM



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



### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052  
 Phone: 760-737-6900  
Fax: 360-462-2748  
 After Hours Phone:  
760-737-6900  
License Number: 80000158  
NPI: 1598122871

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

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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### NEIGHBORHOOD

#### HEALTHCARE PEDS AND PRENATAL

Provider ID: 206266

425 N DATE ST  
ESCONDIDO, CA  
92025-3413

Phone: 760-520-8340

After Hours Phone:  
760-520-8340

License Number: A56054

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### NEIGHBORHOOD

#### HEALTHCARE PEDS AND PRENATAL

Provider ID: 206266

425 N DATE ST  
ESCONDIDO, CA  
92025-3413

Phone: 760-520-8340

After Hours Phone:  
760-520-8340

License Number: A67626

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### NEIGHBORHOOD

#### HEALTHCARE PEDS AND PRENATAL

Provider ID: 206266

425 N DATE ST  
ESCONDIDO, CA  
92025-3413

Phone: 760-520-8340

Fax: 360-462-2752

After Hours Phone:  
760-520-8340

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

460 N ELM ST  
ESCONDIDO, CA  
92025-3002

Phone: 760-520-8100

After Hours Phone:  
760-520-8100

License Number: 20A14292

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

460 N ELM ST  
ESCONDIDO, CA  
92025-3002

Phone: 760-520-8100

After Hours Phone:  
760-520-8100

License Number: A107557

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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## B. 具備聯邦資質的健康診所

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

*American Sign Language (ASL):* 🗣️  
N

♿️ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *Website: www.ihpsocal.org*

### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

*Provider ID: 206270*

📍 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

🗣️ *Phone: 760-520-8100*

🕒 *After Hours Phone:*  
760-520-8100

*License Number: A109655*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

🕒 *Hours: SU-SA 8AM-5PM*

*American Sign Language (ASL):* 🗣️  
N

♿️ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *Website: www.ihpsocal.org*

### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

*Provider ID: 206270*

📍 460 N ELM ST

ESCONDIDO, CA  
92025-3002

🗣️ *Phone: 760-520-8100*

🕒 *After Hours Phone:*  
760-520-8100

*License Number: A119661*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

🕒 *Hours: SU-SA 8AM-5PM*

*American Sign Language (ASL):* 🗣️  
N

♿️ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *Website: www.ihpsocal.org*

### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

*Provider ID: 206270*

📍 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

🗣️ *Phone: 760-520-8100*

🕒 *After Hours Phone:*  
760-520-8100

*License Number: A120771*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

🕒 *Hours: SU-SA 8AM-5PM*

*American Sign Language (ASL):* 🗣️  
N

♿️ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *Website: www.ihpsocal.org*

### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

*Provider ID: 206270*

📍 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

🗣️ *Phone: 760-520-8100*

🕒 *After Hours Phone:*  
760-520-8100

*License Number: A139490*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

🕒 *Hours: SU-SA 8AM-5PM*

*American Sign Language (ASL):* 🗣️  
N

♿️ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *Website: www.ihpsocal.org*

### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

*Provider ID: 206270*

📍 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

🗣️ *Phone: 760-520-8100*

🕒 *After Hours Phone:*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

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  
Cultural Competency: No  
🕒 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: 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](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: 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](http://www.ihpsocal.org)

### NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: A78116

NPI: 1598122871

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

Site English Spoken: Yes  
Cultural Competency: No

🕒 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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

460 N ELM ST  
ESCONDIDO, CA  
92025-3002

Phone: 760-520-8100

After Hours Phone:  
760-520-8100

License Number: A82173

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

460 N ELM ST  
ESCONDIDO, CA  
92025-3002

Phone: 760-520-8100

After Hours Phone:  
760-520-8100

License Number: A94128

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

460 N ELM ST  
ESCONDIDO, CA  
92025-3002

Phone: 760-520-8100

After Hours Phone:  
760-520-8100

License Number: DC12036

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

460 N ELM ST

ESCONDIDO, CA

92025-3002

Phone: 760-520-8100

After Hours Phone:  
760-520-8100

License Number: DC28605

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

460 N ELM ST  
ESCONDIDO, CA  
92025-3002

Phone: 760-520-8100

After Hours Phone:  
760-520-8100

License Number: G61829

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*


### **NEIGHBORHOOD HEALTHCARE ESCONDIDO**

*Provider ID: 206270*

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002


 *Phone: 760-520-8100*

*Fax: 360-466-2745*

 *After Hours Phone:  
760-520-8100*

*NPI: 1598122871*

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

 *Site English Spoken: Yes  
Cultural Competency: No*

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

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*


### **NEIGHBORHOOD HEALTHCARE ESCONDIDO**

*Provider ID: 206270*

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 *Phone: 760-520-8100*

*Fax: 360-466-2745*

 *After Hours Phone:  
760-520-8100*

*License Number: 80000397*

*NPI: 1598122871*

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

 *Site English Spoken: Yes  
Cultural Competency: No*

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

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **NEIGHBORHOOD HEALTHCARE GRAND AVE**

*Provider ID: 206269*

 1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604


 *Phone: 760-520-8200*

 *After Hours Phone:  
760-520-8200*

*License Number: A101773*

*NPI: 1598122871*

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

 *Site English Spoken: Yes  
Cultural Competency: No*

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

*N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF*


*SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **NEIGHBORHOOD HEALTHCARE GRAND AVE**

*Provider ID: 206269*

 1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604

 *Phone: 760-520-8200*

 *After Hours Phone:  
760-520-8200*

*License Number: A161074*

*NPI: 1598122871*

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

 *Site English Spoken: Yes  
Cultural Competency: No*

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

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **NEIGHBORHOOD HEALTHCARE GRAND AVE**

*Provider ID: 206269*

 1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604

 *Phone: 760-520-8200*

 *After Hours Phone:  
760-520-8200*

*License Number: A94128*


*NPI: 1598122871*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 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):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### NEIGHBORHOOD


#### HEALTHCARE GRAND AVE

Provider ID: 206269

 1001 E GRAND AVE

ESCONDIDO, CA

92025-4604

 Phone: 760-520-8200

Fax: 360-462-2749

 After Hours Phone:

760-520-8200


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-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

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

### NEIGHBORHOOD


#### HEALTHCARE GRAND AVE

Provider ID: 206269

 1001 E GRAND AVE

ESCONDIDO, CA

92025-4604

 Phone: 760-520-8200

Fax: 360-462-2749

 After Hours Phone:

760-520-8200

License Number: 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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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

### FALLBROOK

#### FALLBROOK FAMILY HLTH CTR

Provider ID: 183910

1328 S MISSION RD  
FALLBROOK, CA  
92028-4006

Phone: 760-451-4720

Fax: 760-451-4700

After Hours Phone:  
760-451-4720

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: N/A

#### FALLBROOK FAMILY HLTH CTR

Provider ID: 183910

1328 S MISSION RD  
FALLBROOK, CA  
92028-4006

Phone: 760-451-4720

Fax: 760-451-4700

After Hours Phone:  
760-451-4720

License Number: 80000150

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: N/A

#### FALLBROOK FAMILY HLTH CTR

Provider ID: 183910

1328 S MISSION RD  
FALLBROOK, CA  
92028-4006

Phone: 760-451-4770

After Hours Phone:  
760-451-4770

License Number: A169529

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: N/A

#### VISTA COMMUNITY CLINIC

Provider ID: 624122

321 E ALVARADO ST  
FALLBROOK, CA  
92028-2912

Phone: 760-723-6200

After Hours Phone:  
760-723-6200

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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

### IMPERIAL BEACH

#### IMPERIAL BEACH HEALTH CENTER

Provider ID: 179678

949 PALM AVE  
IMPERIAL BEACH, CA  
91932-1503

Phone: 619-429-3733

After Hours Phone:  
619-429-3733

License Number: A51447

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

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

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

#### IMPERIAL BEACH HEALTH CENTER

Provider ID: 179678

949 PALM AVE  
IMPERIAL BEACH, CA  
91932-1503

Phone: 619-429-3733

After Hours Phone:  
619-429-3733

License Number: A66830

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

### LA MESA

#### LA MESA PEDIATRICS

Provider ID: 480827

8881 FLETCHER PKWY STE  
200  
LA MESA, CA 91942-3135

Phone: 619-464-6434

After Hours Phone:  
619-464-6434

License Number: NP95017921

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: BORREGO  
COMMUNITY HEALTH  
FOUNDATION

Website: N/A

#### LA MESA PEDIATRICS

Provider ID: 480827

8881 FLETCHER PKWY STE  
200  
LA MESA, CA 91942-3135

Phone: 619-464-6434

Fax: 619-464-5109

After Hours Phone:  
619-464-6434

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

Medical Group/IPA: BORREGO  
COMMUNITY HEALTH  
FOUNDTION


 Website: N/A

### LA MESA PEDIATRICS


Provider ID: 480827

 8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942-3135

 Phone: 619-464-6434

Fax: 619-464-5109

 After Hours Phone:  
619-464-6434

License Number: 20A11733


NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION


 Website: N/A

### LA MESA PEDIATRICS

Provider ID: 480827

 8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942-3135

 Phone: 619-464-6434

Fax: 619-464-5109

 After Hours Phone:

619-464-6434

License Number: 550000430


NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: Yes

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION


 Website: N/A

### LA MESA PEDIATRICS


Provider ID: 480827

 8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942-3135

 Phone: 619-464-6434

Fax: 619-464-5109

 After Hours Phone:  
619-464-6434

License Number: A113241


NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH  
FOUNDTION


 Website: N/A

### LA MESA PEDIATRICS

Provider ID: 480827

 8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942-3135

 Phone: 619-464-6434

Fax: 619-464-5109

 After Hours Phone:  
619-464-6434

License Number: A89865


NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION


 Website: N/A

### LA MESA PEDIATRICS

Provider ID: 480827

 8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942-3135

 Phone: 619-464-6434

Fax: 619-464-5109

 After Hours Phone:  
619-464-6434

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

License Number: C133872

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION

Website: N/A

### LAKESIDE

#### NEIGHBORHOOD

#### HEALTHCARE LAKESIDE

Provider ID: 353843

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: 858-218-3000

After Hours Phone:  
858-218-3000

License Number: A152372

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

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

#### NEIGHBORHOOD

#### HEALTHCARE LAKESIDE

Provider ID: 353843

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: 858-218-3000

After Hours Phone:  
858-218-3000

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

#### NEIGHBORHOOD

#### HEALTHCARE LAKESIDE

Provider ID: 353843

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: 858-218-3000

After Hours Phone:  
858-218-3000

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

#### NEIGHBORHOOD

#### HEALTHCARE LAKESIDE

Provider ID: 353843

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: 858-218-3000

After Hours Phone:  
858-218-3000

License Number: DC33688

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

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

### NEIGHBORHOOD HEALTHCARE LAKESIDE

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

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

### LEMON GROVE

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139  
📍 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
☎ Phone: 619-515-2500  
🕒 After Hours Phone:  
619-515-2500  
License Number: G78814  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

🗒 Site English Spoken: Yes  
Cultural Competency: No  
🕒 Hours: SU-SA 9AM-5PM  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
🌐 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

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


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

#### LEMON GROVE FAMILY HEALTH CENTER







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

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## B. 具備聯邦資質的健康診所





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

### LEMON GROVE FAMILY HEALTH CENTER






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


### LEMON GROVE FAMILY HEALTH CENTER

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







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

### LEMON GROVE FAMILY HEALTH CENTER




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

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

### LEMON GROVE FAMILY HEALTH CENTER



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





### LEMON GROVE FAMILY HEALTH CENTER

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


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## B. 具備聯邦資質的健康診所




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



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





HEALTH CENTERS OF SAN DIEGO  
 Website: N/A

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

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

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

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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所


HEALTH CENTERS OF SAN DIEGO


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550


License Number: A154838

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550


 After Hours Phone:  
619-515-2550


License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550


License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY


HEALTH CENTERS OF SAN DIEGO


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550


License Number: A165925

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139



 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550





 After Hours Phone:  
619-515-2550

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## B. 具備聯邦資質的健康診所

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

### LEMON GROVE FAMILY HEALTH CENTER

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

HEALTH CENTERS OF SAN DIEGO


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

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




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



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

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




 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

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


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

### LEMON GROVE FAMILY HEALTH CENTER

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

License Number: C174771  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

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

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY

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## B. 具備聯邦資質的健康診所


HEALTH CENTERS OF SAN  
DIEGO


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: NP15444

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550


License Number: NP95001050

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):


N  
 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550


License Number: NP95008782

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY


HEALTH CENTERS OF SAN  
DIEGO


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: NP95009933

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550


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## B. 具備聯邦資質的健康診所

License Number: NP95013978  
NPI: 1134155377

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

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550


 After Hours Phone:  
619-515-2550

License Number: PA12416

NPI: 1134155377

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

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY


HEALTH CENTERS OF SAN  
DIEGO


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550


 After Hours Phone:  
619-515-2550

License Number: PA56072

NPI: 1134155377

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

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604


 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: RN428876  
NPI: 1134155377

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

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: N/A


### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550


Fax: 619-825-9577

 After Hours Phone:  
619-515-2550

NPI: 1134155377

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

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY

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## B. 具備聯邦資質的健康診所


HEALTH CENTERS OF SAN  
DIEGO


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550  
Fax: 619-825-9577

 After Hours Phone:  
619-515-2550


License Number: 550001268

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: N/A


### NATIONAL CITY

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

 217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518

 Phone: 619-280-4213

 After Hours Phone:  
619-280-4213


License Number: A167184

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LA


MAESTRA FAMILY CLINIC


 Website: www.lamaestra.or  
g

### 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.or  
g

### 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.or  
g

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

 217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518

 Phone: 619-434-7308

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

☎ *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  
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)

### 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

*American Sign Language (ASL):* **FAMILY HEALTH CTR SD NATIONAL CITY**


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: OPERATION SAMAHAN*


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

**OPERATION SAMAHAN - NATIONAL C**

*Provider ID: 417102*

 2743 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7410

 *Phone: 844-200-2426*

 *After Hours Phone: 844-200-2426*

*License Number: NP95000203*

*NPI: 1801907449*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

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

*Cultural Competency: No*

 *Hours: SU-SA 8AM-6PM*


*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA:*


**OPERATION SAMAHAN**

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

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

**FAMILY HEALTH CTR SD NATIONAL CITY**

*Provider ID: 418930*

 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856

 *Phone: 619-515-2399*

 *After Hours Phone: 619-515-2399*


*License Number: A163862*

*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)*


**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**


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所


 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

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)

### FAMILY HEALTH CTR SD NATIONAL CITY


Provider ID: 418930

 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856


 Phone: 619-515-2399

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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

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

Provider ID: 418930


 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856


 Phone: 619-515-2399

 After Hours Phone:  
619-515-2399

License Number: NP95010663  
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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

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: 619-564-8765  
 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 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

 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)

### **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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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

Provider ID: 227412

1136 D AVE  
NATIONAL CITY, CA  
91950-3412

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):


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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


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

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


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



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

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




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

 *Phone: 619-662-4100*  
*Fax: 619-474-3722*  
 *After Hours Phone: 619-662-4100*  
*License Number: G46444*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*


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

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

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




*Provider ID: 227418*  
 2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*License Number: A118227*


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

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

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


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

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

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Tagalog, Spanish*  
*Cultural Competency: No*  
 *Hours: SU-SA 8AM-5PM*  
*American Sign Language (ASL):*

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






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

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




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。






## B. 具備聯邦資質的健康診所




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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。









## B. 具備聯邦資質的健康診所

 *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  
*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

### TRUECARE




*Provider ID:* 296476  
 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415  
 *Phone:* 760-736-6767  
 *After Hours Phone:* 760-736-6767  
*License Number:* 20A7241  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* Yes  
 *Site Languages(s) Spoken:* Spanish  
*Cultural Competency:* No  
 *Hours:* SU-SA 8AM-5PM  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所




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




### TRUECARE

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




Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
 Hours: SU-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: 760-736-6767  
 After Hours Phone:  
760-736-6767  
License Number: NP95012681

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







### TRUECARE

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




Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
 Hours: SU-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: 20A15689  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
 Hours: SU-SA 8AM-5PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### TRUECARE

Provider ID: 296476

605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415

Phone: 760-757-4566

After Hours Phone: 760-757-4566

License Number: PA22667

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### TRUECARE

Provider ID: 296476

605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415

Phone: 760-757-4566

After Hours Phone: 760-757-4566

License Number: PA53036

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### TRUECARE

Provider ID: 296476

605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415

Phone: 760-757-4566

Fax: 760-736-8740

After Hours Phone: 760-757-4566

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### TRUECARE

Provider ID: 296476

605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415

Phone: 760-757-4566

Fax: 760-736-8740

After Hours Phone: 760-757-4566

License Number: 80000240

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

 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  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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


### VISTA COMMUNITY CLINIC

#### HORNE STREET

Provider ID: 402436

 517 N HORNE ST  
OCEANSIDE, CA  
92054-2518

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: 20A17371

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A

### VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436

 517 N HORNE ST  
OCEANSIDE, CA  
92054-2518

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: NP95006826


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A


### VISTA COMMUNITY CLINIC

#### HORNE STREET

Provider ID: 402436

 517 N HORNE ST  
OCEANSIDE, CA  
92054-2518

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: NP95007885


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A

### VISTA COMMUNITY CLINIC

#### HORNE STREET

Provider ID: 402436

 517 N HORNE ST  
OCEANSIDE, CA  
92054-2518

 Phone: 760-631-5000

Fax: 760-414-3892

 After Hours Phone:  
760-631-5000


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A

### VISTA COMMUNITY CLINIC

#### HORNE STREET

Provider ID: 402436

 517 N HORNE ST  
OCEANSIDE, CA  
92054-2518

 Phone: 760-631-5000

Fax: 760-414-3892

 After Hours Phone:  
760-631-5000

License Number: 80000745


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: Yes

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

### TRUECARE




Provider ID: 480315

 3220 MISSION AVE STE 1

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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





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








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

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

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

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

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


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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所

### TRUECARE

Provider ID: 480315

 3220 MISSION AVE STE 1  
OCEANSIDE, CA  
92058-1354

 Phone: 760-891-4667

 After Hours Phone:  
760-891-4667

License Number: A131678


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: 20A18374


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: 20A8949


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural 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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

### 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)

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


American Sign Language (ASL):  16650 HIGHWAY 76  
PAUMA VALLEY, CA  
92061-9524  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


### PAUMA VALLEY

#### NEIGHBORHOOD

#### HEALTHCARE PAUMA VALLEY

Provider ID: 206267

 16650 HIGHWAY 76  
PAUMA VALLEY, CA  
92061-9524

 Phone: 760-742-9919

 After Hours Phone:  
760-742-9919

License Number: A114419

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所



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

License Number: A119661

NPI: 1598122871


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

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

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

### NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER


Provider ID: 481187



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

License Number: A120771

NPI: 1598122871

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

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

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

### NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER


Provider ID: 481187



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

License Number: PA23310

NPI: 1598122871

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

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


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



### NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER

Provider ID: 481187

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




 After Hours Phone:  
858-218-3000  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None

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

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


### NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER


Provider ID: 481187

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

License Number: 550004321  
NPI: 1598122871

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

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

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF

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## B. 具備聯邦資質的健康診所

SOUTHERN CALIFORNIA

 Website: N/A

### SAN DIEGO

#### SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE



Provider ID: 517403

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

License Number: A97270

NPI: 1598122871

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

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

N



 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

#### SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE



Provider ID: 517403

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

License Number: A156607

NPI: 1598122871

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

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

N  
 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

#### SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE



Provider ID: 517403

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

License Number: NP20849

NPI: 1598122871

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

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

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

#### SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE

Provider ID: 517403

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

 After Hours Phone:  
619-662-4100

NPI: 1598122871

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

 Site English Spoken: yes  
Cultural Competency: No

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

N  
 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

#### SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED


Provider ID: 517998


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

 After Hours Phone:  
619-662-4100

NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

### SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED

Provider ID: 517998

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115-4403

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 20A7502


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A


### SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED

Provider ID: 517998

 4690 EL CAJON BLVD

SAN DIEGO, CA 92115-4403

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 550003882


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

### SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED

Provider ID: 517998

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115-4403

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP95005999


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT


PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: A104052

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

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

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: A109828

NPI: 1598122871

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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

☐ Site English Spoken: yes  
Cultural Competency: No

🕒 Hours: SU-SA 8AM-5:30PM

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

🌐 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

📍 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

☎ Phone: 619-233-8500

🕒 After Hours Phone:  
619-233-8500

License Number: A115598

NPI: 1598122871

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

☐ Site English Spoken: yes  
Cultural Competency: No

🕒 Hours: SU-SA 8AM-5:30PM

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

🌐 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

📍 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

☎ Phone: 619-233-8500

🕒 After Hours Phone:  
619-233-8500

License Number: A136275

NPI: 1598122871

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

☐ Site English Spoken: yes  
Cultural Competency: No

🕒 Hours: SU-SA 8AM-5:30PM

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

🌐 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

📍 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

☎ Phone: 619-233-8500

🕒 After Hours Phone:  
619-233-8500

License Number: A42127

NPI: 1598122871

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

☐ Site English Spoken: yes  
Cultural Competency: No

🕒 Hours: SU-SA 8AM-5:30PM

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

🌐 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

📍 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

☎ Phone: 619-233-8500

🕒 After Hours Phone:  
619-233-8500

License Number: A54702

NPI: 1598122871

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

☐ Site English Spoken: yes  
Cultural Competency: No

🕒 Hours: SU-SA 8AM-5:30PM

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

🌐 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583





📍 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

☎ Phone: 619-233-8500







🕒 After Hours Phone:

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER



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



 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

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

License Number: A82123  
NPI: 1598122871


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




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

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

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



License Number: C53121  
NPI: 1598122871



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

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


### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

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

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


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

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: G71080

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: G72486

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA

 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: NP10769


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

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

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: PA54617

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### NESTOR COMMUNITY HEALTH CENTER

Provider ID: 214492

 1016 OUTER RD  
SAN DIEGO, CA 92154-1351

 Phone: 619-429-3733

 After Hours Phone:  
619-429-3733


License Number: A112781

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

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

### NESTOR COMMUNITY HEALTH CENTER

Provider ID: 214492

1016 OUTER RD  
SAN DIEGO, CA 92154-1351

Phone: 619-429-3733

After Hours Phone:  
619-429-3733

License Number: 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](http://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](http://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](http://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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## B. 具備聯邦資質的健康診所

 Site English Spoken: Yes  
Cultural Competency: No  
 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: 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](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: 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](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: 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](http://www.ihpsocal.org)

### **KING CHAVEZ HEALTH CENTER**




Provider ID: 451167  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100

License Number: A125329  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU-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: A134995  
NPI: 1598122871  
Accepting New Patients: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 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

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## B. 具備聯邦資質的健康診所

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

☐ Site English Spoken: Yes  
Cultural Competency: No

🕒 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)

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

Provider ID: 206360

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

☎ Phone: 619-515-2300

🕒 After Hours Phone:

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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  
Cultural Competency: No

 Hours: SU-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: 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)

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 20A17072

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 20A17478

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A103099

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A108228

NPI: 1134155377

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

Site English Spoken: Yes  
Cultural Competency: No

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

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A113001

NPI: 1134155377


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

Site English Spoken: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

*Cultural Competency: No*


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

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*


 *After Hours Phone: 619-515-2300*


*License Number: A114181*

*NPI: 1134155377*

*Accepting New Patients: Yes*


*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*


*License Number: A116680*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: A118095*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*


 *After Hours Phone: 619-515-2300*


*License Number: A120043*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A121451

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A122238

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A136616

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A142703

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A146111

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None


Site English Spoken: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

*Cultural Competency: No*


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

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*


*License Number: A146838*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes Cultural Competency: No*

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: A147939*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: A148014*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*


*License Number: A151631*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes Cultural Competency: No*

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A160489

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-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: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

*Cultural Competency: No*


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

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*


*License Number: A164859*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes Cultural Competency: No*

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: A164889*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: A169752*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*


*License Number: A177373*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes Cultural Competency: No*

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A177462

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A181809

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A46161

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A61687

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

*Cultural Competency: No*


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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*


 *After Hours Phone: 619-515-2300*


*License Number: A68124*

*NPI: 1134155377*

*Accepting New Patients: Yes*


*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*


*License Number: A68463*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: A71671*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*


 *After Hours Phone: 619-515-2300*


*License Number: A72005*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

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## B. 具備聯邦資質的健康診所

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

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A77126

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-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: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

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

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*


 *After Hours Phone: 619-515-2300*


*License Number: A97036*

*NPI: 1134155377*

*Accepting New Patients: Yes*


*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*


*License Number: C174771*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: DPM4819*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*


 *After Hours Phone: 619-515-2300*


*License Number: DPM5661*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

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## B. 具備聯邦資質的健康診所

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: G78814

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: G81658

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: NM792

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: NP10906

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: NP11778

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None


Site English Spoken: Yes

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## B. 具備聯邦資質的健康診所

*Cultural Competency: No*


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

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*


*License Number: NP17852*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*


*License Number: NP2286*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: NP95000205*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*


*License Number: NP95000602*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

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## B. 具備聯邦資質的健康診所

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: NP95001705

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: NP95003689

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: NP95007253

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: NP95011254

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: NP95011313

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

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## B. 具備聯邦資質的健康診所

*Cultural Competency: No*


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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*


 *After Hours Phone: 619-515-2300*


*License Number: NP95015780*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*


*License Number: NP95022452*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: PA13752*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*


 *After Hours Phone: 619-515-2300*


*License Number: PA15227*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: PA16245

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: PA17864

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: PA20396

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: PA21591

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: PA23258

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

*Cultural Competency: No*


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

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: PA53788*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: PA54661*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: PA61677*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: PT295463*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

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## B. 具備聯邦資質的健康診所

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: PT30272

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: PT33914

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: RN486421

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: RN810863

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: SP27677

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

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## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*


### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

*Fax: 619-515-2510*

 *After Hours Phone: 619-515-2300*


*License Number: A178494*

*NPI: 1134155377*

*Accepting New Patients: Yes*


*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 416831*

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*


*License Number: 20A11535*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 416831*

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*

*License Number: 20A14919*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 416831*

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*


*License Number: A103099*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

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## B. 具備聯邦資質的健康診所

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None


Site English Spoken: Yes

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## B. 具備聯邦資質的健康診所

*Cultural Competency: No*


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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 416831*

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*

*License Number: A126181*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 416831*

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*


 *After Hours Phone: 619-515-2424*

*License Number: A132576*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 416831*

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*

*License Number: A148014*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*


 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 416831*

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*

*License Number: A154298*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

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## B. 具備聯邦資質的健康診所

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

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所

*Cultural Competency: No*


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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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


 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 416831*

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*

*License Number: A72005*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 416831*

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*

*License Number: A95577*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 416831*

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*

*License Number: C174771*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*


 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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


 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 416831*

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*

*License Number: G78814*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

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## B. 具備聯邦資質的健康診所

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: NP95013978

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: PA21042

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

Fax: 619-683-7586

After Hours Phone:  
619-515-2424

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

Fax: 619-683-7586

After Hours Phone:  
619-515-2424

License Number: 90000469

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: 20A11535





NPI: 1134155377

Accepting New Patients: Yes




Min/Max Age: 0\None





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所




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



### **NORTH PARK FAMILY HEALTH CENTERS**


*Provider ID: 206362*  
 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*  
*License Number: 20A14794*  
*NPI: 1134155377*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

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

### **NORTH PARK FAMILY HEALTH CENTERS**




*Provider ID: 206362*  
 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*  
*License Number: 20A14919*  
*NPI: 1134155377*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU-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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: 20A20252

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

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## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 206362*

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*

*License Number: A140646*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 206362*

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*

*License Number: A147758*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 206362*

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*

*License Number: A148014*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 206362*

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*

*License Number: A154298*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

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## B. 具備聯邦資質的健康診所

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A173486

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A180044

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: G78814

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None


Site English Spoken: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 206362*

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*

*License Number: NP95002226*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 206362*

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*

*License Number: NP95006792*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 206362*

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*

*License Number: PA17220*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 206362*

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*

*License Number: PA18746*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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

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

Provider ID: 227409

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A112379

NPI: 1598122871

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

Site English Spoken: yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


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

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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  
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)

### SAN DIEGO AMERICAN INDIAN HEALTH CENTER

Provider ID: 207382  
2630 1ST AVE  
SAN DIEGO, CA  
92103-6599  
Phone: 619-234-2158  
Fax: 619-234-0206

After Hours Phone:  
619-234-2158  
NPI: 1598122871

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

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

Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
Website: [www.sdaihc.org](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  
NPI: 1598122871

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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)

### 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

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):


N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所


 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)

### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

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

*Provider ID: 206363*

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 *Phone: 619-515-2560*

 *After Hours Phone: 619-515-2560*


*License Number: 20A15471*

*NPI: 1134155377*

*Accepting New Patients: Yes*


*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **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*

 *Site English Spoken: yes*

*Cultural Competency: 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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### 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

### SAN DIEGO FAMILY CARE

Provider ID: 482070

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

Phone: 858-810-8700

After Hours Phone:  
858-810-8700

License Number: G70886

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

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

Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.sdfamilycare  
.org

### SAN DIEGO FAMILY CARE

Provider ID: 482070

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

Phone: 858-810-8700

After Hours Phone:  
858-810-8700

License Number: NP16433

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

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

Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.sdfamilycare  
.org

### SAN DIEGO FAMILY CARE

Provider ID: 482070

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

Phone: 858-810-8700

After Hours Phone:  
858-810-8700

License Number: NP23847

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所


<p><input type="checkbox"/> Site English Spoken: yes  <input type="checkbox"/> Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese            Cultural Competency: No  <input type="clock"/> Hours: SU-SA 8:30AM-5:30PM            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  <input type="globe"/> Website: www.sdfamilycare.org</p>	<p>.org  <b>SAN DIEGO FAMILY CARE</b>            Provider ID: 482070  <input type="map"/> 7011 LINDA VISTA RD            SAN DIEGO, CA 92111-6307  <input type="phone"/> Phone: 858-810-8700  <input type="phone"/> After Hours Phone: 858-810-8700            License Number: 20A12402            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: Lithuanian, Vietnamese, Spanish, Chinese            Cultural Competency: No  <input type="clock"/> Hours: SU-SA 8:30AM-5:30PM            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  <input type="globe"/> Website: www.sdfamilycare.org</p>	<p>Accepting New Patients: Yes            Min/Max Age: 0\None  <input type="checkbox"/> Site English Spoken: yes  <input type="checkbox"/> Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese            Cultural Competency: No  <input type="clock"/> Hours: SU-SA 8:30AM-5:30PM            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  <input type="globe"/> Website: www.sdfamilycare.org</p>
<p><b>MID-CITY COMMUNITY CLINIC</b>            Provider ID: 233532  <input type="map"/> 4305 UNIVERSITY AVE STE 150            SAN DIEGO, CA 92105-1690  <input type="phone"/> Phone: 619-280-2058  <input type="phone"/> After Hours Phone: 619-280-2058            License Number: NP95019446            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None  <input type="checkbox"/> Site English Spoken: Yes            Cultural Competency: No  <input type="clock"/> Hours: SU-SA 8AM-5PM            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  <input type="globe"/> Website: www.sdfamilycare.org</p>	<p><b>SAN DIEGO FAMILY CARE</b>            Provider ID: 482070  <input type="map"/> 7011 LINDA VISTA RD            SAN DIEGO, CA 92111-6307  <input type="phone"/> Phone: 858-810-8700  <input type="phone"/> After Hours Phone: 858-810-8700            License Number: A137415            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: Lithuanian, Vietnamese, Spanish, Chinese            Cultural Competency: No  <input type="clock"/> Hours: SU-SA 8:30AM-5:30PM            American Sign Language (ASL): N</p>	<p><b>SAN DIEGO FAMILY CARE</b>            Provider ID: 482070  <input type="map"/> 7011 LINDA VISTA RD            SAN DIEGO, CA 92111-6307  <input type="phone"/> Phone: 858-810-8700  <input type="phone"/> After Hours Phone: 858-810-8700            License Number: A137415            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: Lithuanian, Vietnamese, Spanish, Chinese            Cultural Competency: No  <input type="clock"/> Hours: SU-SA 8:30AM-5:30PM            American Sign Language (ASL): N</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


 *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: 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)*

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## B. 具備聯邦資質的健康診所

### SAN DIEGO FAMILY CARE

Provider ID: 482070

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

Phone: 858-810-8700

After Hours Phone:  
858-810-8700

License Number: C174985

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

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

Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.sdfamilycare  
.org

### 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

### 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

.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: A163512

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.sdfamilycare  
.org

### MID-CITY COMMUNITY CLINIC

Provider ID: 233597

4290 POLK AVE  
SAN DIEGO, CA 92105-1524

Phone: 619-563-0250

After Hours Phone:  
619-563-0250

License Number: A175116

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

🕒 *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: DPM4434*

*NPI: 1598122871*

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

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

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

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *Website: www.sdfamilycare.org*

### MID-CITY COMMUNITY CLINIC

*Provider ID: 233597*  
 📍 4290 POLK AVE  
 SAN DIEGO, CA 92105-1524  
 📞 *Phone: 619-563-0250*

🕒 *After Hours Phone: 619-563-0250*

*License Number: G60630*

*NPI: 1598122871*

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

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

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

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *Website: www.sdfamilycare.org*

### MID-CITY COMMUNITY CLINIC

*Provider ID: 233532*  
 📍 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105-1690

📞 *Phone: 619-280-2058*

🕒 *After Hours Phone: 619-280-2058*

*License Number: A112176*

*NPI: 1598122871*

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

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

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

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF*

*SOUTHERN CALIFORNIA*

🌐 *Website: www.sdfamilycare.org*

### MID-CITY COMMUNITY CLINIC

*Provider ID: 233532*  
 📍 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105-1690

📞 *Phone: 619-280-2058*

🕒 *After Hours Phone: 619-280-2058*

*License Number: A152267*

*NPI: 1598122871*

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

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

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

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *Website: www.sdfamilycare.org*

### MID-CITY COMMUNITY CLINIC

*Provider ID: 233532*  
 📍 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105-1690

📞 *Phone: 619-280-2058*

🕒 *After Hours Phone: 619-280-2058*

*License Number: A163512*

*NPI: 1598122871*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural 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


 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)

### 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 Language(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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### 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:  
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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### 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:  
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: 858-633-4680

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

### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

Phone: 858-810-8700

After Hours Phone:  
858-810-8700

License Number: 20A12402

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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

Phone: 619-255-9154

After Hours Phone:  
619-255-9154

License Number: A123929

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

Website: [www.lamaestra.org](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)

### 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



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。






## B. 具備聯邦資質的健康診所

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

 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: G87837  
NPI: 1609849074


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

 Site English Spoken: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所

*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*

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

*Provider ID: 206363*

 *4725 MARKET ST  
SAN DIEGO, CA 92102-4715*

 *Phone: 619-515-2560*

 *After Hours Phone:  
619-515-2560*

*License Number: A142743*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*


 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **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:*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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](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: 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)

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## B. 具備聯邦資質的健康診所

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: DC33150

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

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

*Provider ID: 206363*

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 *Phone: 619-515-2560*

 *After Hours Phone:  
619-515-2560*


*License Number: NP10146*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes  
Cultural Competency: No*

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

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

*Provider ID: 206363*

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 *Phone: 619-515-2560*

 *After Hours Phone:  
619-515-2560*


*License Number: NP17362*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes  
Cultural Competency: No*

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*

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

*Provider ID: 206363*

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 *Phone: 619-515-2560*

 *After Hours Phone:  
619-515-2560*

*License Number: NP19911*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

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

*Provider ID: 206363*

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 *Phone: 619-515-2560*

 *After Hours Phone:  
619-515-2560*


*License Number: NP95000205*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes  
Cultural Competency: No*

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: NP95001492

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: NP95005321

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

*Cultural Competency: No*


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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

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

*Provider ID: 206363*

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 *Phone: 619-515-2560*


 *After Hours Phone: 619-515-2560*


*License Number: PA20378*

*NPI: 1134155377*

*Accepting New Patients: Yes*


*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

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

*Provider ID: 206363*

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 *Phone: 619-515-2560*

 *After Hours Phone: 619-515-2560*


*License Number: PA58081*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*

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

*Provider ID: 206363*

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 *Phone: 619-515-2560*

 *After Hours Phone: 619-515-2560*

*License Number: PA58505*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

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

*Provider ID: 206363*

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 *Phone: 619-515-2560*


 *After Hours Phone: 619-515-2560*


*License Number: PA60864*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: RN810863

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

Fax: 619-263-2499

After Hours Phone:  
619-515-2560

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

Fax: 619-263-2499

After Hours Phone:  
619-515-2560

License Number: A100391

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

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

Phone: 619-515-2430

After Hours Phone:  
619-515-2430

License Number: 20A7147

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*


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

*Provider ID: 417782*

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

 *Phone: 619-515-2430*


*Fax: 619-578-2410*


 *After Hours Phone: 619-515-2430*

*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*

### **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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

SAN DIEGO, CA 92105-1608 N

 Phone: 619-255-9155

Fax: 619-284-4731

 After Hours Phone:  
619-255-9155

License Number: 20A6433


NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC

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

 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

### 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

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## B. 具備聯邦資質的健康診所

### MAESTRA FAMILY CLINIC


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


### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

 10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126-2375

 Phone: 844-200-2426

 After Hours Phone: 844-200-2426


License Number: A161105

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

 Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

 Hours: SU-SA 8AM-4:30PM


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN


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


### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

 10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126-2375

 Phone: 844-200-2426

 After Hours Phone: 844-200-2426


License Number: C54941

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

 Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

 Hours: SU-SA 8AM-4:30PM


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN


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


### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

 10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126-2375

 Phone: 844-200-2426

 After Hours Phone: 844-200-2426


License Number: DC15775

NPI: 1801907449


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

 Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

 Hours: SU-SA 8AM-4:30PM


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA:


OPERATION SAMAHAN

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

### DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

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

 Phone: 619-515-2430

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




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。




## B. 具備聯邦資質的健康診所


SAN DIEGO, CA  
92105-2026  
 Phone: 619-515-2426  
 After Hours Phone:  
619-515-2426  
License Number: 20A17577  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU-SA  
8:30AM-5:30PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: www.fhcsd.org






**FAMILY HEALTH CTR IBARRA**  
Provider ID: 417987  
 4874 POLK AVE  
SAN DIEGO, CA  
92105-2026  
 Phone: 619-515-2426  
 After Hours Phone:  
619-515-2426  
License Number: 20A19345  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU-SA  
8:30AM-5:30PM





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

**FAMILY HEALTH CTR IBARRA**  
Provider ID: 417987  
 4874 POLK AVE  
SAN DIEGO, CA  
92105-2026  
 Phone: 619-515-2426  
 After Hours Phone:  
619-515-2426  
License Number: A145023  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
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):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p><b>FAMILY HEALTH CTR IBARRA</b></p> <p><i>Provider ID: 417987</i></p> <p> 4874 POLK AVE SAN DIEGO, CA 92105-2026</p> <p> <i>Phone: 619-515-2426</i></p> <p> <i>After Hours Phone: 619-515-2426</i></p> <p><i>License Number: NP17838</i></p> <p><i>NPI: 1134155377</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><input type="checkbox"/> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p> <i>Hours: SU-SA</i> <i>8:30AM-5:30PM</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p><b>FAMILY HEALTH CTR IBARRA</b></p> <p><i>Provider ID: 417987</i></p> <p> 4874 POLK AVE SAN DIEGO, CA 92105-2026</p>	<p> <i>Phone: 619-515-2426</i></p> <p> <i>After Hours Phone: 619-515-2426</i></p> <p><i>License Number: NP95004443</i></p> <p><i>NPI: 1134155377</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><input type="checkbox"/> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p> <i>Hours: SU-SA</i> <i>8:30AM-5:30PM</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p><b>FAMILY HEALTH CTR IBARRA</b></p> <p><i>Provider ID: 417987</i></p> <p> 4874 POLK AVE SAN DIEGO, CA 92105-2026</p> <p> <i>Phone: 619-515-2426</i></p> <p> <i>After Hours Phone: 619-515-2426</i></p> <p><i>License Number: PA21385</i></p> <p><i>NPI: 1134155377</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><input type="checkbox"/> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p> <i>Hours: SU-SA</i> <i>8:30AM-5:30PM</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p>	<p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p><b>FAMILY HEALTH CTR IBARRA</b></p> <p><i>Provider ID: 417987</i></p> <p> 4874 POLK AVE SAN DIEGO, CA 92105-2026</p> <p> <i>Phone: 619-515-2426</i></p> <p> <i>After Hours Phone: 619-515-2426</i></p> <p><i>License Number: PA58098</i></p> <p><i>NPI: 1134155377</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><input type="checkbox"/> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p> <i>Hours: SU-SA</i> <i>8:30AM-5:30PM</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p><b>FAMILY HEALTH CTR IBARRA</b></p> <p><i>Provider ID: 417987</i></p> <p> 4874 POLK AVE SAN DIEGO, CA 92105-2026</p> <p> <i>Phone: 619-515-2426</i></p>
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請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

☎ *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

### 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

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  
*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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。




## B. 具備聯邦資質的健康診所



 *Site Languages(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
 *Hours:* SU-SA 8AM-4:30PM  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* OPERATION SAMAHAN  
 *Website:* [www.operationsamahan.org](http://www.operationsamahan.org)

### OPERATION SAMAHAN - MIRA MESA

*Provider ID:* 432308  
 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131-1007  
 *Phone:* 844-200-2426  
 *After Hours Phone:* 844-200-2426  
*License Number:* A71544  
*NPI:* 1801907449  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* yes  
*Cultural Competency:* No  
 *Hours:* SU-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  
 *After Hours Phone:* 844-200-2426  
*License Number:* NP22974  
*NPI:* 1801907449  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None

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

 *Accessibility:* CONTACT PROVIDER  
*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)

### FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

*Provider ID:* 419529


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

 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 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所


<p>American Sign Language (ASL):  N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>	<p> 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129-2889</p> <p> Phone: 844-200-2426</p> <p> Fax: 858-695-9074</p> <p> After Hours Phone: 844-200-2426</p> <p> NPI: 1801907449</p>	<p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p> <p> Site English Spoken: yes</p> <p> Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p> Hours: SU-SA 8:30AM-5:30PM</p>
<p><b>FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL</b></p> <p>Provider ID: 419529</p> <p> 2325 COMMERCIAL ST STE 1400 SAN DIEGO, CA 92113-1195</p> <p> Phone: 619-515-2422</p> <p> Fax: 619-269-0053</p> <p> After Hours Phone: 619-515-2422</p> <p> NPI: 1134155377</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>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p> <p> Site English Spoken: yes</p> <p> Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p> Hours: SU-SA 8:30AM-5:30PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: OPERATION SAMAHAN</p> <p> Website: <a href="http://www.operationsamahan.org">www.operationsamahan.org</a></p>	<p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: OPERATION SAMAHAN</p> <p> Website: <a href="http://www.operationsamahan.org">www.operationsamahan.org</a></p>
<p><b>OPERATION SAMAHAN RANCHO PENASQUITOS</b></p> <p>Provider ID: 418535</p> <p> 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129-2889</p> <p> Phone: 844-200-2426</p> <p> Fax: 858-695-9074</p> <p> After Hours Phone: 844-200-2426</p> <p> License Number: 550002478</p> <p> NPI: 1801907449</p>	<p><b>OPERATION SAMAHAN RANCHO PENASQUITOS</b></p> <p>Provider ID: 418535</p> <p> 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129-2889</p> <p> Phone: 844-200-2426</p> <p> Fax: 858-695-9074</p> <p> After Hours Phone: 844-200-2426</p> <p> License Number: 550002478</p> <p> NPI: 1801907449</p>	<p><b>OPERATION SAMAHAN RANCHO PENASQUITOS</b></p> <p>Provider ID: 418535</p> <p> 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129-2889</p> <p> Phone: 844-200-2426</p> <p> Fax: 858-695-9074</p> <p> After Hours Phone: 844-200-2426</p> <p> License Number: 550003857</p> <p> NPI: 1801907449</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p> <p> Site English Spoken: yes</p> <p> Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p> Hours: SU-SA 8:30AM-5:30PM</p>

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## B. 具備聯邦資質的健康診所


*American Sign Language (ASL):* **FAMILY HLTH CTR SAN**

**N**

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: OPERATION SAMAHAN*

*OPERATION SAMAHAN*


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

**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*

*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)*


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## B. 具備聯邦資質的健康診所

### **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


 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


 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

 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)


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所

### **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)

### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444


License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: [www.fhcsd.org](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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


 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: 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: 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)


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所

### **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: 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)

### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


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

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

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

 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*


### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

*Provider ID: 402851*

 *3705 MISSION BLVD*  
*SAN DIEGO, CA 92109-7104*

 *Phone: 619-515-2444*


*Fax: 858-488-1394*


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

*License Number: 80000115*

*NPI: 1134155377*

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

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

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

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


 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*

### **OPERATION SAMAHAN RANCHO PENASQUITOS**

*Provider ID: 418535*

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

 *Phone: 844-200-2426*


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

*License Number: DC15775*


*NPI: 1801907449*

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

 *Site English Spoken: yes*

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

*Cultural Competency: No*


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

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

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA:*


*OPERATION SAMAHAN*


 *Website: www.operationsamahan.org*

### **OPERATION SAMAHAN RANCHO PENASQUITOS**

*Provider ID: 418535*

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

 *Phone: 844-200-2426*


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

*License Number: DC29074*


*NPI: 1801907449*

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

 *Site English Spoken: yes*

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


*Cultural Competency: No*

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

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


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA:*  
*OPERATION SAMAHAN*

 *Website: www.operationsamahan.org*

### **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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

*Cultural Competency: No*


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

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA:*


*OPERATION SAMAHAN*


 *Website: www.operationsa  
mahan.org*

### **OPERATION SAMAHAN RANCHO PENASQUITOS**

*Provider ID: 418535*

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

 *Phone: 844-200-2426*

 *After Hours Phone:  
844-200-2426*


*License Number: NP95003211*

*NPI: 1801907449*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: yes*

 *Site Languages(s) Spoken:  
Spanish*

*Cultural Competency: No*


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

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA:*


*OPERATION SAMAHAN*

 *Website: www.operationsa  
mahan.org*

### **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.operationsa  
mahan.org*

*Provider ID: 417987*

 4874 POLK AVE  
SAN DIEGO, CA  
92105-2026

 *Phone: 619-515-2426*

 *After Hours Phone:*

*619-515-2426*

*License Number: PA59481*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


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

 *Website: www.fhcsd.org*


### **FAMILY HEALTH CTR OF SDELM ST**

*Provider ID: 419167*

 140 ELM ST  
SAN DIEGO, CA 92101-2602

 *Phone: 619-515-2520*

*Fax: 619-231-0431*

 *After Hours Phone:  
619-515-2520*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*

*Medical Group/IPA: FAMILY*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


HEALTH CENTERS OF SAN DIEGO

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


### FAMILY HEALTH CTR OF SDELM ST

Provider ID: 419167

 140 ELM ST  
SAN DIEGO, CA 92101-2602

 Phone: 619-515-2520

Fax: 619-231-0431

 After Hours Phone:  
619-515-2520


License Number: 550002061

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-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 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](http://www.fhcsd.org)

### FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 418142

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429

 Phone: 619-515-2454

 After Hours Phone:  
619-515-2454

License Number: 20A14772

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA

8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN


DIEGO


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

### FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 418142

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429

 Phone: 619-515-2454

 After Hours Phone:  
619-515-2454

License Number: C174538

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA

8:30AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 418142

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429

 Phone: 619-515-2454

 After Hours Phone:  
619-515-2454

License Number: PA58505


NPI: 1134155377

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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)

### **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)

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## B. 具備聯邦資質的健康診所

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU-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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

*Cultural Competency: No*


 *Hours: SU-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: A126187*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

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

*Provider ID: 206363*

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 *Phone: 619-515-2560*

 *After Hours Phone: 619-515-2560*


*License Number: A137260*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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

 *Website: www.fhcsd.org*

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

*Provider ID: 206363*

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 *Phone: 619-515-2560*

 *After Hours Phone: 619-515-2560*

*License Number: A140912*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

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

*Provider ID: 206363*

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 *Phone: 619-515-2560*

 *After Hours Phone: 619-515-2560*


*License Number: A141057*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### 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

### FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:  
619-515-2525

License Number: A128091

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:  
619-515-2525

License Number: A163977

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:  
619-515-2525

License Number: A76785

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:  
619-515-2525

License Number: DPM4819

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


 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


 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)

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## B. 具備聯邦資質的健康診所

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2400

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: 20A11612

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU-SA 8AM-9PM  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: 20A12504

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU-SA 8AM-9PM  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: 20A14794

NPI: 1134155377

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

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU-SA 8AM-9PM  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: 20A15413

NPI: 1134155377

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


Site English Spoken: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

*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: 20A15459*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*


 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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


 *Website: www.fhcsd.org*


### **FAMILY HLTH CTR SD**

#### **HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*

 *After Hours Phone: 619-515-2545*

*License Number: 20A17657*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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


 *Website: www.fhcsd.org*


### **FAMILY HLTH CTR SD**

#### **HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*

 *After Hours Phone: 619-515-2545*

*License Number: 20A17702*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*


### **FAMILY HLTH CTR SD**

#### **HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*

 *After Hours Phone: 619-515-2545*

*License Number: 20A17926*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: 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

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: A100333

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: A109633

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: A119631

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: A136616

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

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## B. 具備聯邦資質的健康診所

*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: A140324*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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


 *Website: www.fhcsd.org*


### **FAMILY HLTH CTR SD**

#### **HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*

 *After Hours Phone: 619-515-2545*


*License Number: A154708*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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


 *Website: www.fhcsd.org*

### **FAMILY HLTH CTR SD**

#### **HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*

 *After Hours Phone: 619-515-2545*

*License Number: A169207*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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


 *Website: www.fhcsd.org*


### **FAMILY HLTH CTR SD**

#### **HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*

 *After Hours Phone: 619-515-2545*


*License Number: A171135*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

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## B. 具備聯邦資質的健康診所

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: 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)

### **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

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## B. 具備聯邦資質的健康診所

*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: C52451*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*


### **FAMILY HLTH CTR SD**

#### **HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*

 *After Hours Phone: 619-515-2545*

*License Number: DC31024*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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


 *Website: www.fhcsd.org*

### **FAMILY HLTH CTR SD**

#### **HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*

 *After Hours Phone: 619-515-2545*

*License Number: DC33150*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*


### **FAMILY HLTH CTR SD**

#### **HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*


 *After Hours Phone: 619-515-2545*

*License Number: DC33688*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

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## B. 具備聯邦資質的健康診所

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: 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

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: G80316

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: NP18098

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: NP7374

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: NP95001899

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

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## B. 具備聯邦資質的健康診所

*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: NP95005103*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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


 *Website: www.fhcsd.org*


### **FAMILY HLTH CTR SD**

#### **HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*

 *After Hours Phone: 619-515-2545*

*License Number: NP95005293*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*

### **FAMILY HLTH CTR SD**

#### **HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*

 *After Hours Phone: 619-515-2545*

*License Number: PA21385*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*


### **FAMILY HLTH CTR SD**

#### **HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*


 *After Hours Phone: 619-515-2545*

*License Number: PA23231*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

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## B. 具備聯邦資質的健康診所

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: 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

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: PT25155

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: PT28061

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: PT292351

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: PT292613

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None


Site English Spoken: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

*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: PT293536*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*


 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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


 *Website: www.fhcsd.org*


### **FAMILY HLTH CTR SD**

#### **HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*

 *After Hours Phone: 619-515-2545*

*License Number: PT295173*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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


 *Website: www.fhcsd.org*


### **FAMILY HLTH CTR SD**

#### **HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*

 *After Hours Phone: 619-515-2545*

*License Number: PT296559*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


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


 *Website: www.fhcsd.org*


### **FAMILY HLTH CTR SD**

#### **HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*

 *After Hours Phone: 619-515-2545*

*License Number: PT40975*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: www.fhcsd.org*

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## B. 具備聯邦資質的健康診所

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

Fax: 619-501-9645

After Hours Phone:  
619-515-2545

License Number: 550003099

NPI: 1134155377

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

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU-SA 8AM-9PM  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

Fax: 619-501-9645

After Hours Phone:  
619-515-2545

License Number: A95356

NPI: 1134155377

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

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU-SA 8AM-9PM  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### 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 Language(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

#### TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: 20A17306

NPI: 1598122871

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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  
 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)

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## B. 具備聯邦資質的健康診所

### 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)

### 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

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## B. 具備聯邦資質的健康診所

*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  
 *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)

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## B. 具備聯邦資質的健康診所

### 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)

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

*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  
 *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)

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## B. 具備聯邦資質的健康診所

### 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  
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):

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## B. 具備聯邦資質的健康診所


<p>N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>   <i>Website: www.ihpsocal.org</i></p>	<p> <i>After Hours Phone: 760-736-6767</i>  <i>License Number: NP18788</i>  <i>NPI: 1598122871</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i></p>	<p><i>SOUTHERN CALIFORNIA</i>   <i>Website: www.ihpsocal.org</i></p>
<p><b>TRUECARE</b>  <i>Provider ID: 625875</i>   1595 GRAND AVE STE 100  SAN MARCOS, CA  92078-2450   <i>Phone: 760-736-6767</i>  <i>Fax: 760-736-6744</i>   <i>After Hours Phone: 760-736-6767</i>  <i>License Number: 1598122871</i>  <i>NPI: 1598122871</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i></p>	<p> <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>   <i>Hours: SU-SA 9AM-5PM</i>  <i>American Sign Language (ASL):</i>  N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>   <i>Website: www.ihpsocal.org</i></p>	<p><b>TRUECARE</b>  <i>Provider ID: 614511</i>   1595 GRAND AVE STE 106  SAN MARCOS, CA  92078-2450   <i>Phone: 760-736-6767</i>  <i>Fax: 760-736-6744</i></p>
<p> <i>After Hours Phone: 760-736-6767</i>  <i>License Number: 1598122871</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 9AM-5PM</i>  <i>American Sign Language (ASL):</i>  N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>   <i>Website: www.ihpsocal.org</i></p>	<p><b>TRUECARE</b>  <i>Provider ID: 625875</i>   1595 GRAND AVE STE 100  SAN MARCOS, CA  92078-2450   <i>Phone: 760-736-6767</i>  <i>Fax: 760-736-6744</i>   <i>After Hours Phone: 760-736-6767</i>  <i>License Number: PA17718</i>  <i>NPI: 1598122871</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i></p>	<p> <i>After Hours Phone: 760-736-6767</i>  <i>License Number: 80000167</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):</i>  N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>   <i>Website: www.ihpsocal.org</i></p>
<p><b>TRUECARE</b>  <i>Provider ID: 625875</i>   1595 GRAND AVE STE 100  SAN MARCOS, CA  92078-2450   <i>Phone: 760-736-6767</i>  <i>Fax: 760-736-6744</i></p>	<p> <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>   <i>Hours: SU-SA 9AM-5PM</i>  <i>American Sign Language (ASL):</i>  N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: IHP OF</i></p>	<p><b>TRUECARE</b>  <i>Provider ID: 614511</i>   1595 GRAND AVE STE 106  SAN MARCOS, CA  92078-2450   <i>Phone: 760-736-6767</i>  <i>Fax: 760-736-6744</i>   <i>After Hours Phone: 760-736-6767</i>  <i>License Number: C54157</i>  <i>NPI: 1598122871</i></p>

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## B. 具備聯邦資質的健康診所

Accepting New Patients: Yes  
Min/Max Age: 0\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 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](http://www.ihpsocal.org)

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

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-600-4870

 After Hours Phone:  
619-600-4870


License Number: NP95018617

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 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:

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所



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  
 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

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## B. 具備聯邦資質的健康診所

 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  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: C42207

NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-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: 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 HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: G66745

NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

<p>SAN YSIDRO, CA 92173-1322   Phone: 619-662-4100   After Hours Phone: 619-662-4100            License Number: NP12112            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: Yes            Cultural Competency: No   Hours: SU-SA 8AM-5PM            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA   Website: www.ihpsocal.org</p>	<p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA   Website: www.ihpsocal.org</p>	<p>Min/Max Age: 0\None   Site English Spoken: Yes            Cultural Competency: No   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>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b>            Provider ID: 227469   3364 BEYER BLVD            SAN YSIDRO, CA 92173-1322   Phone: 619-662-4100   After Hours Phone: 619-662-4100            License Number: NP95001960            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: Yes            Cultural Competency: No   Hours: SU-SA 8AM-5PM            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</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: NP95003671            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: Yes            Cultural Competency: No   Hours: SU-SA 8AM-5PM            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA   Website: www.ihpsocal.org</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: NP95004315            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: Yes            Cultural Competency: No   Hours: SU-SA 8AM-5PM            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER            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: NP95003721            NPI: 1598122871            Accepting New Patients: Yes</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: NP95003721            NPI: 1598122871            Accepting New Patients: Yes</p>	<p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b>            Provider ID: 227469</p>



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100

License Number: NP95017732  
NPI: 1598122871

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

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

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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



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

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100

License Number: NP95019995  
NPI: 1598122871

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

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

 Accessibility: CONTACT  
PROVIDER

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



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

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100

License Number: PA58672  
NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU-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: PT302385  
NPI: 1598122871

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

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



 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

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



Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
Fax: 619-600-4870

 After Hours Phone:  
619-662-4100

NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU-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. 具備聯邦資質的健康診所

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-205-6341

 After Hours Phone:  
619-205-6341


License Number: A64487

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-428-4463

 After Hours Phone:  
619-428-4463


License Number: 20A8245

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: 619-428-4463

 After Hours Phone:  
619-428-4463


License Number: A112627

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT


PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100


License Number: 20A10964

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes


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

Cultural Competency: No

 Hours: SU-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


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## B. 具備聯邦資質的健康診所

 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: 20A11153  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None

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


Cultural Competency: No  
 Hours: SU-SA 8AM-5:30PM  
American Sign Language (ASL):  
N



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

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

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292


 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

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

License Number: 20A12653  
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: 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

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## B. 具備聯邦資質的健康診所

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)

### **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

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## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

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

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: A106103*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

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

*Cultural Competency: No*

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

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: A113482*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

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

*Cultural Competency: No*

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

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: A114008*


*NPI: 1598122871*

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

*Site English Spoken: Yes*

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

*Cultural Competency: No*

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

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: A114893*


*NPI: 1598122871*

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

*Site English Spoken: Yes*

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

*Cultural Competency: No*

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

*N*

 *Accessibility: CONTACT*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

**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  
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)


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100


License Number: 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 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

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## B. 具備聯邦資質的健康診所

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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


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## B. 具備聯邦資質的健康診所

*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*

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## B. 具備聯邦資質的健康診所

**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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medical)。此提供  
 者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 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

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## B. 具備聯邦資質的健康診所

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: G51462

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

Hours: SU-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: 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](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: G80107

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

*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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

**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)

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## B. 具備聯邦資質的健康診所

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

Fax: 619-205-6341

After Hours Phone:  
619-662-4100

License Number: A164201

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

Fax: 619-205-6341

After Hours Phone:  
619-662-4100

License Number: A55469

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

Fax: 619-205-6341

After Hours Phone:  
619-662-4100

License Number: A78373

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 20A12555

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**



Provider ID: 227411

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

 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

 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

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: 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

American 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



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。




## B. 具備聯邦資質的健康診所

 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

 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

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: 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

American 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

 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  
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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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: 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)

### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所


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: 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)

### 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所


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  
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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

License Number: NP10943  
NPI: 1134155377

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

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: NP95013978

NPI: 1134155377

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

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: PA54588

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

Fax: 619-462-5584

After Hours Phone:

619-515-2555

NPI: 1134155377

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

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: 20A11535

NPI: 1134155377

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

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。




## B. 具備聯邦資質的健康診所


DIEGO


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

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555


License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-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: 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](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


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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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

#### VCC DURIAN

Provider ID: 411518

105 DURIAN ST STE A  
VISTA, CA 92083-6206  
 Phone: 844-308-5003  
Fax: 760-414-3892

After Hours Phone:  
844-308-5003

NPI: 1598122871

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

Site English Spoken: Yes  
Cultural Competency: No  
🕒 Hours: SU-SA 8:30AM-5PM  
American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A

#### VCC DURIAN

Provider ID: 411518

105 DURIAN ST STE A  
VISTA, CA 92083-6206  
 Phone: 844-308-5003  
Fax: 760-414-3892

After Hours Phone:  
844-308-5003

License Number: 1851300123  
NPI: 1598122871

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

Site English Spoken: Yes  
Cultural Competency: No  
🕒 Hours: SU-SA 8:30AM-5PM  
American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A

#### VCC DURIAN

Provider ID: 411518

105 DURIAN ST STE A  
VISTA, CA 92083-6206  
 Phone: 844-308-5003  
Fax: 760-414-3892

After Hours Phone:  
844-308-5003

License Number: 80000328  
NPI: 1598122871

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

Site English Spoken: Yes

Cultural Competency: No  
🕒 Hours: SU-SA 8:30AM-5PM  
American Sign Language (ASL):  
N

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

Website: N/A

#### VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

134 GRAPEVINE RD  
VISTA, CA 92083-4004  
 Phone: 760-631-5000

After Hours Phone:  
760-631-5000

License Number: DC32054  
NPI: 1598122871

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

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

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A


#### VISTA COMMUNITY CLINIC GRAPEVINE


Provider ID: 400339

134 GRAPEVINE RD  
VISTA, CA 92083-4004

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: NP7791

NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No

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

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

 134 GRAPEVINE RD  
VISTA, CA 92083-4004

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: PA20775

NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No

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

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA

 Website: N/A

### VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

 134 GRAPEVINE RD  
VISTA, CA 92083-4004


 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: RN410247

NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No

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

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

### VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

 134 GRAPEVINE RD  
VISTA, CA 92083-4004

 Phone: 760-631-5000

Fax: 760-414-3892

 After Hours Phone:  
760-631-5000

NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No

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

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

 135 GRAPEVINE RD  
VISTA, CA 92083-4004


 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: A60517

NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No

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

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

### VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

 136 GRAPEVINE RD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

VISTA, CA 92083-4004  
☎ Phone: 760-631-5000  
Fax: 760-414-3892  
🕒 After Hours Phone:  
760-631-5000  
License Number: 80000328  
NPI: 1598122871

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

☑ Site English Spoken: Yes  
Cultural Competency: Yes  
🕒 Hours: SU-SA 8AM-5PM  
American Sign Language (ASL):  
N

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

### VISTA COMMUNITY CLINIC

Provider ID: 206338  
📍 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
☎ Phone: 760-414-3892  
🕒 After Hours Phone:  
760-414-3892  
License Number: DC31392  
NPI: 1598122871

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

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

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

### VISTA COMMUNITY CLINIC

Provider ID: 206338  
📍 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
☎ Phone: 760-414-3892  
🕒 After Hours Phone:  
760-414-3892  
License Number: NP23217  
NPI: 1598122871

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

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

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

### VISTA COMMUNITY CLINIC

Provider ID: 206338  
📍 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
☎ Phone: 760-414-3892  
🕒 After Hours Phone:

760-414-3892  
License Number: NP95003087  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None

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

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

### VISTA COMMUNITY CLINIC

Provider ID: 206338  
📍 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
☎ Phone: 760-414-3892  
Fax: 760-414-3892  
🕒 After Hours Phone:  
760-414-3892  
License Number: 20A9149  
NPI: 1598122871

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







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

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## B. 具備聯邦資質的健康診所

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

### VISTA COMMUNITY CLINIC






*Provider ID: 206338*  
 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 *Phone: 760-631-5000*  
 *After Hours Phone: 760-631-5000*  
*License Number: 20A13745*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*  
*Cultural Competency: No*  
 *Hours: SU-SA 8AM-8PM*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*  
 *Website: www.vistacommunityclinic.org*

### VISTA COMMUNITY CLINIC

*Provider ID: 206338*  
 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 *Phone: 760-631-5000*  
 *After Hours Phone:*







*760-631-5000*  
*License Number: 20A18374*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*  
*Cultural Competency: No*  
 *Hours: SU-SA 8AM-8PM*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*  
 *Website: www.vistacommunityclinic.org*

### VISTA COMMUNITY CLINIC




*Provider ID: 206338*  
 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 *Phone: 760-631-5000*  
 *After Hours Phone: 760-631-5000*  
*License Number: 20A7241*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*  
*Cultural Competency: No*  
 *Hours: SU-SA 8AM-8PM*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT*

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

### VISTA COMMUNITY CLINIC

*Provider ID: 206338*  
 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 *Phone: 844-308-5003*  
 *After Hours Phone: 844-308-5003*  
*License Number: PA20775*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*  
*Cultural Competency: No*  
 *Hours: SU-SA 8AM-8PM*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*  
 *Website: www.vistacommunityclinic.org*

### VISTA COMMUNITY CLINIC

*Provider ID: 206338*  
 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 *Phone: 760-631-5000*  
 *After Hours Phone: 760-631-5000*

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## B. 具備聯邦資質的健康診所

License Number: 20A8949

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU-SA 8AM-8PM

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: [www.vistacommunityclinic.org](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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所


### SOUTHERN CALIFORNIA

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

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: A80635

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes


Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU-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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/med-cal](http://blueshieldca.com/promise/med-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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

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

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone: 760-631-5000

License Number: G51286

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

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

Cultural Competency: No

Hours: SU-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: 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](http://www.vistacommunityclinic.org)

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## B. 具備聯邦資質的健康診所

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone:  
760-631-5000

License Number: G86902

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-8PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone:  
760-631-5000

License Number: NP10896

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-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: NP95003571

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-8PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone:  
760-631-5000

License Number: NP95009149

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-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: NP95009284

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes


Site Languages(s) Spoken:

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## B. 具備聯邦資質的健康診所


*Spanish*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: www.vistacommunityclinic.org*

### **VISTA COMMUNITY CLINIC**

*Provider ID: 206338*

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 *Phone: 760-631-5000*

 *After Hours Phone: 760-631-5000*

*License Number: NP95016368*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken: Spanish*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: www.vistacommunityclinic.org*

### **VISTA COMMUNITY CLINIC**

*Provider ID: 206338*

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 *Phone: 760-631-5000*

 *After Hours Phone: 760-631-5000*

*License Number: PA19629*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken: Spanish*

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: www.vistacommunityclinic.org*

### **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*

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## C. 初級保健名錄

<b>ALPINE</b>	
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>	
<b>KAHL, NICHOLAS</b>	
Provider ID: 517802	
Provider Gender: Male	
License Number: NP95006360	
NPI: 1821306598	
	Provider English Spoken: Y
Cultural Competency: N	
Hospital Affiliation: UCSD MEDICAL CTR	
Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP	
	1620 ALPINE BLVD STE 110 ALPINE, CA 91901
	Phone: (619) 662-4100
	After Hours Phone: (619) 662-4100
	Website: www.mtnhealth.org
Medi-Cal Open Panel: Yes	
Min/Max Age: 0\None	
American Sign Language (ASL): N	
	Accessibility: CONTACT PROVIDER
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>	
<b>SANDERS, JESSICA</b>	
Provider ID: 517802	
Provider Gender: Female	
License Number: NP23004	
NPI: 1760765333	
	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
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>	
<b>TODD, MIKAYLA</b>	
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
Medi-Cal Open Panel: Yes	
Min/Max Age: 0\None	
American Sign Language (ASL): N	
	Accessibility: CONTACT PROVIDER
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>	
<b>ABDULRAHIM, AHMED</b>	
Provider ID: 517802	
Provider Gender: Male	
License Number: DC28335	
NPI: 1619040292	
	Provider English Spoken: Y
	Provider Language(s) Spoken: Burmese, Gujarati, Hindi, Urdu
Cultural Competency: N	
Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP	
	1620 ALPINE BLVD STE 110 ALPINE, CA 91901
	Phone: (619) 662-4100
Fax: (619) 205-6305	
	After Hours Phone: (619) 662-4100
	Website: www.mtnhealth.org
Medi-Cal Open Panel: Yes	
Min/Max Age: 0\None	
American Sign Language (ASL): N	
	Accessibility: CONTACT PROVIDER
<b><u>CHIROPRACTOR</u></b>	
<b>ABDULRAHIM, AHMED</b>	
Provider ID: 517802	
Provider Gender: Male	
License Number: DC28335	
NPI: 1619040292	
	Provider English Spoken: Y
	Provider Language(s) Spoken: Burmese, Gujarati, Hindi, Urdu
Cultural Competency: N	
Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP	
	1620 ALPINE BLVD STE 110 ALPINE, CA 91901
	Phone: (619) 662-4100
Fax: (619) 205-6305	
	After Hours Phone: (619) 662-4100
	Website: www.mtnhealth.org
Medi-Cal Open Panel: Yes	
Min/Max Age: 0\None	
American Sign Language (ASL): N	
	Accessibility: CONTACT PROVIDER
<b><u>CHIROPRACTOR</u></b>	

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### **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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### 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: 595793

Provider Gender: Male

NPI: 1659638062


Provider English Spoken: Y


Provider Language(s)  
Spoken: Danish, French,  
Norwegian, Swedish

Cultural Competency: N

Board Certified Specialty: No  
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

### PEDIATRICS

### STENSMAN, LARS

Provider ID: 517802

Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

License Number: A158569

NPI: 1659638062

Provider English Spoken: Y

Provider Language(s)  
Spoken: Danish, French,  
Norwegian, Swedish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.mtnhealth.or  
g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **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.or  
g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **SHARPE, NORMA**

Provider ID: 517802

Provider Gender: Female

License Number: PA20490

NPI: 1619100237

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.mtnhealth.or  
g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **BORREGO SPRINGS**

#### **DERMATOLOGY**

#### **GREENWAY, HUBERT**

Provider ID: 185179

Provider Gender: Male

License Number: C39104

NPI: 1366419004

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL

Board Certified Specialty: No

BORREGO COMMUNITY

HEALTH 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

### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### 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. 初級保健名錄

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

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## C. 初級保健名錄

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

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## C. 初級保健名錄

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


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

---

### **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)









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## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Provider Gender: Female  
License Number: NP95001492  
NPI: 1073869145  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
515-2500  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

**QUILALANG, SUSAN**  
Provider ID: 427322  
Provider Gender: Female  
License Number: NP5579  
NPI: 1841200482  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

**QUILALANG, SUSAN**  
Provider ID: 427322  
Provider Gender: Female  
License Number: RN371480  
NPI: 1841200482  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

**ROSS, CRYSTAL**  
Provider ID: 427322  
Provider Gender: Female  
License Number: NP95015413  
NPI: 1548683378  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON, GROSSMONT  
HOSPITAL  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER



**SAUNDERS, DENISE**  
Provider ID: 206355  
Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供  
者目錄中的資訊可能會更改。

## C. 初級保健名錄




License Number: NP23687  
 NPI: 1952737033  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF


 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

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 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供  
 者目錄中的資訊可能會更改。

## C. 初級保健名錄

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. 初級保健名錄

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

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

**CARRILLO, MARITZA**  
Provider ID: 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-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

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

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

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

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### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**





**AMANAT, SOROOSH**  
 Provider ID: 427322  
 Provider Gender: Male  
 License Number: A153022  
 NPI: 1003279621  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP



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

al- plaza  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:30AM-5:30PM  
 SA 8AM-2:30PM

### **FAMILY PRACTICE**

**ARCE GOMEZ, LAURA**  
 Provider ID: 427322  
 Provider Gender: Female  
 License Number: A123604  
 NPI: 1053532986  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: CHULA  
 VISTA COMM HOSP  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

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

**CAMPOS, MELISSA**  
 Provider ID: 427322  
 Provider Gender: Female  
 License Number: A138474  
 NPI: 1427475318  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

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

**CHERY, FARAH**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


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. 初級保健名錄

 *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. 初級保健名錄

### **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. 初級保健名錄

 *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*

 *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*

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## C. 初級保健名錄

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. 初級保健名錄

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. 初級保健名錄

 *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

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 *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. 初級保健名錄

### 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<p style="text-align: center;"><b>FQHC</b></p> <p><b>FAMILY HLTH CTR SAN DIEGO-RICE FAM HC,</b>  <b>Provider ID: 417641</b>  <b>NPI: 1083959464</b>  <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>662-4100  <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 style="text-align: center;"><b>FQHC</b></p> <p><b>SAN YSIDRO HEALTH CHULA VISTA,</b>  <b>Provider ID: 427322</b>  <b>NPI: 1326486861</b>  <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 style="text-align: center;"><b>FQHC</b></p> <p><b>SAN YSIDRO HEALTH SOUTH BAY PEDIATRICS,</b>  <b>Provider ID: 664445</b>  <b>NPI: 1184135873</b>  <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 style="text-align: center;"><b>GENERAL DENTISTRY</b></p> <p><b>PHAM, QUYNH</b></p>	<p style="text-align: center;"><b>GENERAL PRACTICE</b></p> <p><b>SAMI, REMAN</b>  <b>Provider ID: 427322</b>  <b>Provider Gender: Female</b>  <b>License Number: 20A19457</b>  <b>NPI: 1295362242</b>  <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>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<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> 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  <input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> 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  <input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> 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  <input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> 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. 初級保健名錄

<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></p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM</p>	<p>NPI: 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></p> <p>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. 初級保健名錄

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. 初級保健名錄

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. 初級保健名錄


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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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,

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## C. 初級保健名錄

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)



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: 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

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## C. 初級保健名錄



*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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。








## C. 初級保健名錄

 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

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## C. 初級保健名錄

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

### **PEDIATRICS**

#### **FRESNO, BLANCA**

Provider ID: 102434  
 Provider Gender: Female  
 NPI: 1346258787

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: PARADISE  
 VALLEY HOSPITAL, SHARP  
 CHULA VISTA MED CTR  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

1741 EASTLAKE PKWY STE  
 107  
 CHULA VISTA, CA 91915  
 Phone: (619) 482-1700  
 Fax: (619) 475-4578  
 After Hours Phone: (619)  
 482-1700  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

### **PEDIATRICS**

#### **GARCIA, CARLOS**

Provider ID: 64734  
 Provider Gender: Male  
 NPI: 1417959370

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

1392 E PALOMAR ST STE  
 501  
 CHULA VISTA, CA 91913  
 Phone: (619) 271-4059  
 Fax: (619) 271-7451  
 After Hours Phone: (619)  
 271-4059  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH  
 8:30AM-5:30PM  
 F 8:30AM-5PM

### **PEDIATRICS**

#### **GARCIA, RAFAEL**

Provider ID: 360408

Provider Gender: Male  
 NPI: 1053414086

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

752 MEDICAL CENTER CT  
 STE 210  
 CHULA VISTA, CA 91911  
 Phone: (619) 656-0206  
 Fax: (619) 656-8936  
 After Hours Phone: (619)  
 656-0206  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

### **PEDIATRICS**

#### **GHAHREMANI, SIMIN**

Provider ID: 634787  
 Provider Gender: Female  
 NPI: 1508904657

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


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 者目錄中的資訊可能會更改。

## C. 初級保健名錄

*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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。





## C. 初級保健名錄

<b>PEDIATRICS</b>		
<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	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	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
<b>PEDIATRICS</b>		
<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	<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	<b>MCMAHON, 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 *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,*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

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## C. 初級保健名錄

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. 初級保健名錄

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. 初級保健名錄


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. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 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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#### **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

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### CERTIFIED NURSE PRACTITIONER

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#### **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

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### 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

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### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

g


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

### CERTIFIED NURSE PRACTITIONER


#### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


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: RN428876


NPI: 1780603597

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

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER



**SMITH, SHARON**

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

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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

---

### CERTIFIED NURSE PRACTITIONER

---

#### **VERDUZCO GONZALEZ, AURORA**

Provider ID: 185267  
Provider Gender: Female  
License Number: NP95001961  
NPI: 1932452323

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

165 S 1ST ST  
EL CAJON, CA 92019  
Phone: (619) 312-0347  
After Hours Phone: (619) 312-0347

Website: [www.lamaestra.org](http://www.lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

---

### CERTIFIED NURSE PRACTITIONER

---

#### **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

---

### CERTIFIED NURSE PRACTITIONER

---

#### **WILLIAMS, BREAHA**

Provider ID: 185267  
Provider Gender: Female  
License Number: NP95001840  
NPI: 1063884864

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


 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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。






## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL): Provider Gender: Female

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

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### **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

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### **FAMILY PRACTICE**

---

#### **ALGHAMDI, ASMA**

Provider ID: 569910

Provider Gender: Female


License Number: A167529


NPI: 1316310840

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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### **FAMILY PRACTICE**

---


#### **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

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### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### 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](http://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](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



### 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](http://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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8AM-5PM

#### FAMILY PRACTICE

### NASSIR, BASSAM

Provider ID: 569910


Provider Gender: Male

License Number: A101888

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### 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 FOUNDTION

133 W MAIN ST STE 100  
EL CAJON, CA 92020

Phone: (619) 873-8940  
Fax: (619) 401-0522

After Hours Phone: (619) 873-8940

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: SU 8AM-8PM M-F 8AM-8PM</p>	<p>SAN DIEGO</p> <p> 525 E MAIN ST EL CAJON, CA 92020</p> <p> Phone: (619) 515-2498</p> <p> Fax: (619) 269-0191</p>	<p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8:30AM-5:30PM</p>
<b>FQHC</b>		
<p><b>CHASE AVENUE FAMILY HEALTH CTRS INC,</b> Provider ID: 206354 NPI: 1104861681</p> <p> Provider English Spoken: Y Cultural Competency: N</p> <p><b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p> 1111 W CHASE AVE EL CAJON, CA 92020</p> <p> Phone: (619) 515-2499</p> <p> Fax: (619) 593-7164</p> <p> After Hours Phone: (619) 515-2499</p> <p> Website: www.fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>	<p> After Hours Phone: (619) 515-2498</p> <p> Website: www.fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p> <p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM</p>	<p><b>FQHC</b></p> <p><b>LA MAESTRA CHC-REA AVE,</b> Provider ID: 664824 NPI: 1609849074</p> <p> Provider English Spoken: Y Cultural Competency: N</p> <p><b>LA MAESTRA FAMILY CLINIC</b></p> <p> 181 REA AVE EL CAJON, CA 92020</p> <p> Phone: (619) 312-0347</p> <p> Fax: (619) 510-4649</p> <p> After Hours Phone: (619) 312-0347</p> <p> Website: www.lamaestra.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8:30AM-5:30PM</p>
<b>FQHC</b>		
<p><b>FAMILY HLTH CTR SAN DIEGO-EL CAJON,</b> Provider ID: 418340 NPI: 1932561198</p> <p> Provider English Spoken: Y Cultural Competency: N</p> <p><b>FAMILY HEALTH CENTERS OF</b></p>	<p><b>LA MAESTRA CHC EL CAJON BROADWAY,</b> Provider ID: 418501 NPI: 1134590086</p> <p> Provider English Spoken: Y Cultural Competency: N</p> <p><b>LA MAESTRA FAMILY CLINIC</b></p> <p> 1032 BROADWAY EL CAJON, CA 92021</p> <p> Phone: (619) 795-5991</p> <p> Fax: (619) 795-5992</p> <p> After Hours Phone: (619) 795-5991</p> <p> Website: www.lamaestra.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p>	<p><b>FQHC</b></p> <p><b>LA MAESTRA FAMILY CLINIC INC,</b> Provider ID: 185267 NPI: 1336353721</p> <p> Provider English Spoken: Y Cultural Competency: N</p> <p><b>LA MAESTRA FAMILY CLINIC</b></p> <p> 165 S 1ST ST</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 Website: [www.fhcsd.org](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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*



 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F 8AM-5PM*


### **INTERNAL MEDICINE**




#### **NADI, FAHIMA**

*Provider ID: 418340*  
*Provider Gender: Female*  
*License Number: A175325*  
*NPI: 1770072290*

 *Provider English Spoken: Y*  
 *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](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**


#### **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](http://www.syhealth.org)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*



*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

### **INTERNAL MEDICINE**


#### **PARIKH, MILIND**


*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](http://www.fhcsd.org)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*

### **INTERNAL MEDICINE**

#### **PETITT, JOHN**

*Provider ID: 478971*  
*Provider Gender: Male*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

License Number: G52812  
 NPI: 1497992432  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 BORREGO COMMUNITY  
 HEALTH FOUNDTION  
 133 W MAIN ST STE 100  
 EL CAJON, CA 92020  
 Phone: (619) 401-0404  
 After Hours Phone: (619)  
 401-0404  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### INTERNAL MEDICINE

**REDDY, ARJUN**  
 Provider ID: 428134  
 Provider Gender: Male  
 NPI: 1730132457  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 5442 SYCUAN RD  
 EL CAJON, CA 92019

Phone: (619) 445-0707  
 Fax: (619) 445-0988  
 After Hours Phone: (619)  
 445-0707  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-4PM

### INTERNAL MEDICINE

**ROUEL, WADI**  
 Provider ID: 185267  
 Provider Gender: Male  
 License Number: C55979  
 NPI: 1740254713  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Assyrian,  
 Spanish, Syriac  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL, GROSSMONT  
 HOSPITAL  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 269-1262  
 After Hours Phone: (619)  
 269-1262  
 Website: www.lamaestra.or



























g  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TU 8AM-5PM  
 TH-F 8AM-5PM

### INTERNAL MEDICINE

**ROUEL, LINDA**  
 Provider ID: 308485  
 Provider Gender: Female  
 NPI: 1326128950  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Assyrian,  
 Mandarin, Syriac  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL, SHARP  
 MEMORIAL HOSPITAL,  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 860 JAMACHA RD STE 107  
 EL CAJON, CA 92019  
 Phone: (619) 456-9920  
 Fax: (619) 456-9340  
 After Hours Phone: (619)  
 456-9920  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供  
 者目錄中的資訊可能會更改。

## C. 初級保健名錄

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-7PM</i></p>	<p>8:30AM-5:30PM</p>	<p><i>Spoken: Armenian, Hebrew</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: NORTH BAY VACAVALLEY HOSPITAL</i></p>
<p><b>INTERNAL MEDICINE</b></p>	<p><b>INTERNAL MEDICINE</b></p>	<p><i>Board Certified Specialty: No</i></p>
<p><b>ROUEL, WADI</b></p> <p><i>Provider ID: 418501</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: C55979</i></p> <p><i>NPI: 1740254713</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Arabic, Assyrian, Spanish, Syriac</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>LA MAESTRA FAMILY CLINIC</i></p> <p> 1032 BROADWAY EL CAJON, CA 92021</p> <p> <i>Phone: (619) 795-5983</i></p> <p> <i>After Hours Phone: (619) 795-5983</i></p> <p> <i>Website: www.lamaestra.org</i></p>	<p><i>Provider ID: 569910</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: A159247</i></p> <p><i>NPI: 1972946770</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Arabic, Hindi, Urdu</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 875 EL CAJON BLVD EL CAJON, CA 92020</p> <p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: www.syhealth.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p>	<p> 875 EL CAJON BLVD EL CAJON, CA 92020</p> <p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: www.syhealth.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p>
<p><i>Medi-Cal Open Panel: Yes</i></p>	<p><b>INTERNAL MEDICINE</b></p>	<p><b>INTERNAL MEDICINE</b></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</i></p>	<p><b>TCHAKMAKJIAN, LEVON</b></p> <p><i>Provider ID: 569910</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: C144411</i></p> <p><i>NPI: 1790744795</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s)</i></p>	<p><b>YOON, TAE HYUN</b></p> <p><i>Provider ID: 418340</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: C161090</i></p> <p><i>NPI: 1508918178</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Korean</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> 525 E MAIN ST EL CAJON, CA 92020</p> <p> <i>Phone: (619) 515-2498</i></p> <p> <i>After Hours Phone: (619) 515-2498</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### 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 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**

#### **KHAN, ALIYA**

Provider ID: 418501  
Provider Gender: Female  
License Number: G50634  
NPI: 1285687350

Provider English Spoken: Y  
 Provider Language(s)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020  
Phone: (619) 515-2498  
After Hours Phone: (619)  
515-2498

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-5:30PM

### OPHTHALMOLOGY

**JARDON, JAVIER**

Provider ID: 569910

Provider Gender: Male

License Number: A131365

NPI: 1609171982

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

CALIFORNIA HOSP MED CTR  
LOS ANGELES, EL CENTRO  
REGIONAL MEDICAL CENTER

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### OPHTHALMOLOGY

**MANI, NASRIN**

Provider ID: 569910

Provider Gender: Female

License Number: A40473

NPI: 1023061314

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Faroese,  
Farsi, Persian, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL, UCSD

MEDICAL CTR, SHARP CHULA  
VISTA MED CTR, GROSSMONT  
HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100

Website: www.syhealth.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### OPHTHALMOLOGY

**PAPASTERGIU, GEORGIOS**

Provider ID: 569910

Provider Gender: Male

License Number: A127706

NPI: 1790054393

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Farsi,  
French, Greek, Italian,  
Spanish

Cultural Competency: N

Hospital Affiliation: EL

CENTRO REGIONAL MEDICAL  
CENTER, SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100

Website: www.syhealth.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供  
者目錄中的資訊可能會更改。

## C. 初級保健名錄

N

 **Accessibility: CONTACT PROVIDER**

 **Hours: M-F 8AM-5PM**

---

### **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**

---

### **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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 Phone: (619) 399-7878

Fax: (858) 499-5006

 After Hours Phone: (619) 399-7878


 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

---

### PEDIATRICS

#### **CONE, STEPHANIE**

Provider ID: 185267

Provider Gender: Female

License Number: A123929

NPI: 1437444858

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA

VISTA, RADY CHILDRENS


HOSPITAL SAN DIEGO


Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 165 S 1ST ST

EL CAJON, CA 92019

 Phone: (619) 312-0347

 After Hours Phone: (619) 312-0347

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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### PEDIATRICS

#### **CONE, STEPHANIE**

Provider ID: 418501

Provider Gender: Female

License Number: A123929

NPI: 1437444858

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, RADY CHILDRENS


HOSPITAL SAN DIEGO


Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 1032 BROADWAY

EL CAJON, CA 92021

 Phone: (619) 795-5991

 After Hours Phone: (619) 795-5991


 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:30AM-5:30PM

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### 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

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### PEDIATRICS

#### **FLEMING, TARA**

Provider ID: 418340

Provider Gender: Female

License Number: A152462

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


NPI: 1972965242


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

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### PEDIATRICS

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#### HOANG, VY

Provider ID: 546310

Provider Gender: Female

NPI: 1649575135


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 844 JACKMAN ST  
EL CAJON, CA 92020

 Phone: (619) 442-2560

Fax: (619) 442-7836

 After Hours Phone: (619)  
442-2560

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

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### PEDIATRICS

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#### JACKSON, DANA


Provider ID: 418340

Provider Gender: Female

License Number: 20A14119

NPI: 1689060063

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Portuguese,  
Spanish


Cultural Competency: N


Hospital Affiliation:

MARINHEALTH AND  
MARINHEALTH MEDICAL  
CENTER, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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### PEDIATRICS

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#### JONES, SETAREH

Provider ID: 418501

Provider Gender: Female


License Number: A110010


NPI: 1033441316


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

 1032 BROADWAY  
EL CAJON, CA 92021

 Phone: (619) 795-5983

 After Hours Phone: (619)  
795-5983

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes



Min/Max Age: 0\None

American Sign Language (ASL):

N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:30AM-5:30PM*



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### **PEDIATRICS**

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#### **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*


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### **PEDIATRICS**


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#### **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*

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


### **PEDIATRICS**

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#### **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*

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### **PEDIATRICS**

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#### **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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

Min/Max Age: 0\19

American Sign Language (ASL): Provider ID: 546215

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

---

### **PEDIATRICS**

#### **NGUYEN, VI**

Provider ID: 546509

Provider Gender: Female


NPI: 1053540534

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO


Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

 844 JACKMAN ST  
EL CAJON, CA 92020

 Phone: (619) 442-2560

Fax: (619) 442-7836

 After Hours Phone: (619) 442-2560


 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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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: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。






## C. 初級保健名錄

 Phone: (619) 312-0347  
 After Hours Phone: (619) 312-0347  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT






**ALYAS, ALISIA**  
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  
 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





**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)  
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, EISEL**  
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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

<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>  <i>Cultural Competency: N</i></p>	<p>EL CAJON, CA 92020   <i>Phone: (619) 662-4100</i>   <i>After Hours Phone: (619) 662-4100</i>   <i>Website: www.syhealth.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>
<b>PHYSICIANS ASSISTANT</b>		
<b>MERCER, KELLY</b>		
<p><i>Provider ID: 418501</i>  <i>Provider Gender: Female</i>  <i>License Number: PA21625</i>  <i>NPI: 1154609790</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Arabic</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>LA MAESTRA FAMILY CLINIC</b></p>	<p> 1111 W CHASE AVE            EL CAJON, CA 92020   <i>Phone: (619) 515-2499</i>   <i>After Hours Phone: (619) 515-2499</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i></p>
<b>PHYSICIANS ASSISTANT</b>		
<b>TURNER, ERIC</b>		
<p> 1032 BROADWAY            EL CAJON, CA 92021   <i>Phone: (619) 795-5991</i>   <i>After Hours Phone: (619) 795-5991</i>   <i>Website: www.lamaestra.org</i>  <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><i>Provider ID: 206354</i>  <i>Provider Gender: Male</i>  <i>License Number: PA55067</i>  <i>NPI: 1669756128</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p>
<b>PHYSICIANS ASSISTANT</b>		
<b>ROSENBLATT, SHERILYN</b>		
<p> <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8:30AM-5:30PM</i></p>	<p><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>		
<b>PATEL, SHREYA</b>		
<p><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>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


<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>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:30AM-5:30PM

SA 8:30AM-5:30PM

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### **REGISTERED PHYSICAL THERAPIST**

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#### **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](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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### **REGISTERED PHYSICAL THERAPIST**

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#### **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](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

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### **REGISTERED PHYSICAL THERAPIST**

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#### **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](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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### **REGISTERED PHYSICAL THERAPIST**

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#### **KUIOKA, TROY**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Provider ID: 569910  
Provider Gender: Male  
License Number: PT42665  
NPI: 1912640053  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM




### **REGISTERED PHYSICAL THERAPIST**




**MIGNEA, DAVID**  
Provider ID: 418340  
Provider Gender: Male  
License Number: PT293536  
NPI: 1043736879  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:30AM-5:30PM

### **ENCINITAS**





#### **PEDIATRICS**

**BRION, SONJA**  
Provider ID: 386639  
Provider Gender: Female  
NPI: 1306817317  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, RADY CHILDRENS  
HOSPITAL SAN DIEGO,  
SCRIPPS MEMORIAL  
HOSPITAL  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
 499 N EL CAMINO REAL  
STE B100  
ENCINITAS, CA 92024  
 Phone: (760) 436-4511  
Fax: (760) 436-5106  
 After Hours Phone: (760)  
436-4511

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM













#### **PEDIATRICS**

#### **CLEMENTINO, NANCY**

Provider ID: 386643  
Provider Gender: Female  
NPI: 1619948619  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
 499 N EL CAMINO REAL  
STE B100  
ENCINITAS, CA 92024  
 Phone: (760) 436-4511  
Fax: (760) 436-5106  
 After Hours Phone: (760)  
436-4511  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供  
者目錄中的資訊可能會更改。

## C. 初級保健名錄

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p>	<p> <i>Hours: M-F 8AM-5PM</i></p>	<p><b>TOLBA, KAMEI</b></p> <p><i>Provider ID: 386624</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1144221763</i></p>
<b>PEDIATRICS</b>		
<p><b>MENDENHALL, ANNA</b></p> <p><i>Provider ID: 386635</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1639140650</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: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL</i></p> <p><i>Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</i></p> <p> 499 N EL CAMINO REAL STE B100 ENCINITAS, CA 92024</p> <p> <i>Phone: (760) 436-4511</i></p> <p><i>Fax: (760) 436-5106</i></p> <p> <i>After Hours Phone: (760) 436-4511</i></p> <p> <i>Website: N/A</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><b>PEDIATRICS</b></p> <p><b>TERRY, AMANDA</b></p> <p><i>Provider ID: 386739</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1861770885</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 MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND</i></p> <p><i>Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</i></p> <p> 499 N EL CAMINO REAL STE B100 ENCINITAS, CA 92024</p> <p> <i>Phone: (760) 436-4511</i></p> <p><i>Fax: (760) 436-5106</i></p> <p> <i>After Hours Phone: (760) 436-4511</i></p> <p> <i>Website: N/A</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><b>PEDIATRICS</b></p>	<p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL</i></p> <p><i>Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</i></p> <p> 499 N EL CAMINO REAL STE B100 ENCINITAS, CA 92024</p> <p> <i>Phone: (760) 436-4511</i></p> <p><i>Fax: (760) 436-5106</i></p> <p> <i>After Hours Phone: (760) 436-4511</i></p> <p> <i>Website: N/A</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 style="text-align: center;"><b>ESCONDIDO</b></p> <p style="text-align: center;"><b>CERTIFIED NURSE PRACTITIONER</b></p> <p><b>CARNEY, AMY</b></p> <p><i>Provider ID: 206271</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

---

#### **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

---

#### **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

---

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1134513039

N

 Accessibility: CONTACT PROVIDER

 Hours: M-W 8AM-8PM  
TH-F 8AM-5PM

---

### FAMILY PRACTICE

#### CASTANER, ZALYA

Provider ID: 206270

Provider Gender: Female

License Number: A139490


NPI: 1487072179


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

---

### FAMILY PRACTICE

#### COBIAN, VANESSA

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

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

License Number: 20A14772

NPI: 1235576059

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

128 N BROADWAY  
ESCONDIDO, CA 92025

Phone: (760) 546-2858

After Hours Phone: (760)  
546-2858

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **KAUR, JATINDER**

Provider ID: 206270

Provider Gender: Female

License Number: A120771

NPI: 1912141391

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Punjabi,  
Urdu

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

460 N ELM ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8100

After Hours Phone: (760)

520-8100

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-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



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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: 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**


#### **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**


#### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

American Sign Language (ASL): NPI: 1184649212

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **RASHCOVSKY SCHIFF, KARIN**

Provider ID: 206270

Provider Gender: Female

License Number: A82173

NPI: 1699706333

 Provider English Spoken: Y


 Provider Language(s) Spoken: French


Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 460 N ELM ST ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760) 520-8100

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


### **FAMILY PRACTICE**

#### **RODARTE, GABRIEL**

Provider ID: 206266

Provider Gender: Male

License Number: A87906

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 425 N DATE ST

ESCONDIDO, CA 92025

 Phone: (760) 520-8340

 After Hours Phone: (760) 520-8340

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **SANDHU, BASANT**


Provider ID: 206271

Provider Gender: Male

License Number: A140398

NPI: 1265795744

 Provider English Spoken: Y

 Provider Language(s) Spoken: German, Hindi, Punjabi, Spanish


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 728 E VALLEY PKWY

ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760)

737-6900

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-W 8AM-8PM TH-F 8AM-5PM

### **FAMILY PRACTICE**

#### **SCHULTZ, JAMES**


Provider ID: 206271

Provider Gender: Male

License Number: G61829

NPI: 1356376164

 Provider English Spoken: Y

 Provider Language(s) Spoken: Farsi, Greek, Spanish

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,


PALOMAR MEDICAL CENTER


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 728 E VALLEY PKWY

ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760) 737-6900

 Website: N/A

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL): IHP OF SOUTHERN CAL-PHP

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 8AM-12PM  
M-F 8AM-8PM  
SA 8AM-12PM

---

### FQHC

#### ESCONDIDO FAMILY HEALTH CENTER,


Provider ID: 652372


NPI: 1417640491

 Provider English Spoken: Y  
Cultural Competency: N

FAMILY HEALTH CENTERS OF SAN DIEGO

 128 N BROADWAY  
ESCONDIDO, CA 92025

 Phone: (619) 515-2474

 After Hours Phone: (619) 515-2474


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### FQHC

#### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO,

Provider ID: 206270


NPI: 1598703647

 Provider English Spoken: Y

Cultural Competency: N

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

---

### FQHC

#### NEIGHBORHOOD

#### HEALTHCARE PIDS AND PRENATAL,


Provider ID: 206266

NPI: 1265618185


 Provider English Spoken: Y  
Cultural Competency: N


IHP OF SOUTHERN CAL-PHP

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8340

Fax: (360) 462-2752

 After Hours Phone: (760) 520-8340

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

---

### FQHC

#### NEIGHBORHOOD

#### HEALTHCARE VALLEY PARKWAY,

Provider ID: 206271








NPI: 1720264641

 Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP








請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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. 初級保健名錄

<b>PEDIATRICS</b>	
<p><b>ALDANA, NANCY</b>            Provider ID: 424775            Provider Gender: Female            License Number: A62467            NPI: 1558371963</p> <p> 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</p> <p> 426 N DATE ST            ESCONDIDO, CA 92025   Phone: (760) 520-8340   After Hours Phone: (760) 520-8340   Website: N/A            Medi-Cal Open Panel: Yes            Min/Max Age: 0\21            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM</p>	<p> 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</p> <p> 460 N ELM ST            ESCONDIDO, CA 92025   Phone: (760) 520-8100   After Hours Phone: (760) 520-8100   Website: www.ihpsocal.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
<b>PEDIATRICS</b>	
<p><b>CHOW, BYRON</b>            Provider ID: 206270            Provider Gender: Male            License Number: A78116            NPI: 1619907607</p>	<p><b>COHEN, CARA</b>            Provider ID: 661879            Provider Gender: Female            NPI: 1215021274</p> <p> 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</p>
<b>PEDIATRICS</b>	
	<p><b>HOSPITAL OAKLAND</b>            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK</p> <p> 625 CITRACADO PKWY STE 100            ESCONDIDO, CA 92025   Phone: (760) 746-2641   Fax: (760) 740-2178   After Hours Phone: (760) 746-2641   Website: N/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>
<b>PEDIATRICS</b>	
	<p><b>COULLAHAN, JESSICA</b>            Provider ID: 661887            Provider Gender: Female            NPI: 1750579108</p> <p> 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</p> <p> 625 CITRACADO PKWY STE 100            ESCONDIDO, CA 92025</p>


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## C. 初級保健名錄

 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

COMMUNITY CARE IPA LLC

 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):

 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

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## C. 初級保健名錄

*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. 初級保健名錄

 *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*

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## C. 初級保健名錄

PROVIDER	Board Certified Specialty: No	Min/Max Age: 0\None
<hr/> <b>PHYSICIANS ASSISTANT</b> <hr/> <b>SHARPE, NORMA</b> Provider ID: 588941 Provider Gender: Female License Number: PA20490 NPI: 1619100237 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP <input type="checkbox"/> 704 E GRAND AVE ESCONDIDO, CA 92025 <input type="checkbox"/> Phone: (619) 662-4100 <input type="checkbox"/> After Hours Phone: (619) 662-4100 <input type="checkbox"/> Website: N/A Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER	<input type="checkbox"/> 728 E VALLEY PKWY ESCONDIDO, CA 92025 <input type="checkbox"/> Phone: (760) 737-6900 <input type="checkbox"/> After Hours Phone: (760) 737-6900 <input type="checkbox"/> Website: N/A Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER	American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> Hours: M 8AM-4PM TU 8AM-12:30PM W-TH 8AM-5PM
<hr/> <b>PODIATRIST</b> <hr/> <b>NEGRON, RICARDO</b> Provider ID: 206271 Provider Gender: Male License Number: DPM5260 NPI: 1932548393 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: Providence St Joseph Hospital	<hr/> <b>FALLBROOK</b> <hr/> <b>CERTIFIED NURSE PRACTITIONER</b> <hr/> <b>EVERETT, ELIZABETH</b> Provider ID: 624122 Provider Gender: Female License Number: NP95025094 NPI: 1942952767 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Sign Language Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP <input type="checkbox"/> 321 E ALVARADO ST FALLBROOK, CA 92028 <input type="checkbox"/> Phone: (760) 723-6200 <input type="checkbox"/> After Hours Phone: (760) 723-6200 <input type="checkbox"/> Website: www.vistacommunityclinic.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> Hours: M 8AM-4PM TU 8AM-12:30PM W-TH 8AM-5PM	<hr/> <b>CERTIFIED NURSE PRACTITIONER</b> <hr/> <b>EVERETT, ELIZABETH</b> Provider ID: 624122 Provider Gender: Female License Number: NP95025094 NPI: 1942952767 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Sign Language Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP <input type="checkbox"/> 321 E ALVARADO ST FALLBROOK, CA 92028 <input type="checkbox"/> Phone: (760) 723-6200 <input type="checkbox"/> After Hours Phone: (760) 723-6200 <input type="checkbox"/> Website: www.vistacommunityclinic.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> Hours: M 8AM-4PM TU 8AM-12:30PM W-TH 8AM-5PM

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## C. 初級保健名錄

<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: 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</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: www.vistacommunityclinic.org            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: www.vistacommunityclinic.org            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> 321 E ALVARADO ST            FALLBROOK, CA 92028   Phone: (760) 723-6200   After Hours Phone: (760) 723-6200   Website: www.vistacommunityclinic.org            Medi-Cal Open Panel: Yes</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: www.vistacommunityclinic.org            Medi-Cal Open Panel: Yes</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

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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 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


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Cultural Competency: N


Hospital Affiliation: CHRISTUS SANTA ROSA MEDICAL CENTER

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 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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  
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 Phone: (760) 723-6200  
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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

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## C. 初級保健名錄


 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

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. 初級保健名錄

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


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者目錄中的資訊可能會更改。

## C. 初級保健名錄

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. 初級保健名錄

### NETWORK

7300 GIRARD AVE STE 106  
LA JOLLA, CA 92037

Phone: (858) 459-4351

Fax: (858) 459-4399

After Hours Phone: (858)  
459-4351

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### ROBERTS, KENDALL

Provider ID: 48933

Provider Gender: Male

NPI: 1265762033

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

4150 REGENTS PARK ROW  
STE 355

LA JOLLA, CA 92037

Phone: (858) 457-2043

Fax: (858) 457-2092

After Hours Phone: (858)  
457-2043

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### TUNG, VIVIAN

Provider ID: 11291

Provider Gender: Female

NPI: 1285665133

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

7300 GIRARD AVE STE 106  
LA JOLLA, CA 92037

Phone: (858) 459-4351

Fax: (858) 459-4399

After Hours Phone: (858)  
459-4351

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### LA MESA

#### CERTIFIED NURSE PRACTITIONER

#### WARD, KATHERINE

Provider ID: 480827

Provider Gender: Female

License Number: NP95017921

NPI: 1477223576

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
BORREGO COMMUNITY

HEALTH FOUNDATION

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

Phone: (616) 464-6434

After Hours Phone: (616)  
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### CERTIFIED NURSE PRACTITIONER

#### WARD, KATHERINE

Provider ID: 613881

Provider Gender: Female

NPI: 1477223576

Provider English Spoken: Y  
Cultural Competency: N

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## C. 初級保健名錄

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

8881 FLETCHER PKWY STE  
200  
LA MESA, CA 91942

Phone: (619) 464-6434  
Fax: (619) 464-5109

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-6PM  
SA 11:30AM-3:30PM

### CERTIFIED NURSE PRACTITIONER

**WARD, KATHERINE**

Provider ID: 613887

Provider Gender: Female

NPI: 1477223576

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

8881 FLETCHER PKWY STE  
205  
LA MESA, CA 91942

Phone: (619) 464-6434  
Fax: (619) 464-5109

After Hours Phone: (619)

464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-6PM  
SA 11:30AM-3:30PM

### FAMILY PRACTICE

**PATEL, HEMANSHU**

Provider ID: 664660

Provider Gender: Male

NPI: 1255777439

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: BARSTOW  
COMMUNITY HOSPITAL,  
DESERT VALLEY HOSPITAL,  
Providence St Mary Medical  
Center, VICTOR VALLEY  
GLOBAL MED CTR

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

7339 EL CAJON BLVD STE I  
LA MESA, CA 91942

Phone: (619) 698-0606  
Fax: (619) 332-5149

After Hours Phone: (619)  
698-0606

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5:30PM

### FQHC

**LA MESA PEDIATRICS,**

Provider ID: 480827

NPI: 1033759311

Provider English Spoken: Y  
Cultural Competency: N

BORREGO COMMUNITY  
HEALTH 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. 初級保健名錄

*Hospital Affiliation:*

GROSSMONT HOSPITAL,  
Sharp Grossmont Hospital  
Board Certified Specialty: No  
BORREGO COMMUNITY  
HEALTH FOUNDTION

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

Phone: (619) 464-6434

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **PAPA, RHETT**

Provider ID: 480827

Provider Gender: Male

License Number: 20A11733

NPI: 1063642312

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

*Hospital Affiliation:*

GROSSMONT HOSPITAL  
Board Certified Specialty: No  
BORREGO COMMUNITY  
HEALTH FOUNDTION

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

Phone: (619) 464-6434

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **ALSHEIKH, HUDA**

Provider ID: 480827

Provider Gender: Female

License Number: C133872

NPI: 1487746855

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

BORREGO COMMUNITY  
HEALTH FOUNDTION

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

Phone: (619) 464-6434

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **ALSHEIKH, HUDA**

Provider ID: 435468

Provider Gender: Female

NPI: 1487746855

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH  
NETWORK

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 7:30AM-6PM  
W-F 7:30AM-6:30PM  
SA 8:30AM-5PM

### **PEDIATRICS**

#### **ALSHEIKH, HUDA**

Provider ID: 451191

Provider Gender: Female

NPI: 1487746855

Provider English Spoken: Y


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## C. 初級保健名錄

 *Provider Language(s) Spoken: Arabic*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**  
 8881 FLETCHER PKWY STE 205  
 LA MESA, CA 91942  
 *Phone: (619) 464-6434*  
*Fax: (619) 464-5109*  
 *After Hours Phone: (619) 464-6434*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TU 7:30AM-6PM W-F 7:30AM-6:30PM SA 8:30AM-5PM*

### **PEDIATRICS**






#### **CLAY, CORRIE**



*Provider ID: 536652*  
*Provider Gender: Female*  
*NPI: 1437207750*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS*

*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**  
 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942  
 *Phone: (619) 464-6434*  
*Fax: (619) 464-5109*  
 *After Hours Phone: (619) 464-6434*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-6PM SA 11:30AM-3:30PM*

### **PEDIATRICS**


#### **EMPIE, KRISTEN**







*Provider ID: 648986*  
*Provider Gender: Female*  
*NPI: 1093343105*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**  
 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942  
 *Phone: (619) 464-6434*  
*Fax: (619) 464-5109*  
 *After Hours Phone: (619) 464-6434*  
 *Website: N/A*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-6PM SA 11:30AM-3:30PM*

### **PEDIATRICS**

#### **EMPIE, KRISTEN**

*Provider ID: 648987*  
*Provider Gender: Female*  
*NPI: 1093343105*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

 8881 FLETCHER PKWY STE 205  
 LA MESA, CA 91942  
 *Phone: (619) 464-6434*  
*Fax: (619) 464-5109*  
 *After Hours Phone: (619) 464-6434*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-6PM SA 11:30AM-3:30PM*

### **PEDIATRICS**

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## C. 初級保健名錄

### **GIANFORTUNE, RACHEL**

Provider ID: 433091

Provider Gender: Female

NPI: 1912193301

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MEMORIAL  
HOSPITAL, GROSSMONT  
HOSPITAL

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

#### **PEDIATRICS**

### **GIANFORTUNE, RACHEL**

Provider ID: 450501

Provider Gender: Female

NPI: 1912193301

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MEMORIAL  
HOSPITAL, GROSSMONT  
HOSPITAL

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

8881 FLETCHER PKWY STE  
205

LA MESA, CA 91942

Phone: (619) 464-6434

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

#### **PEDIATRICS**

### **IMUS, PAUL**

Provider ID: 239590

Provider Gender: Male

NPI: 1104116680

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MARY BIRCH

HOSP FOR WOMEN AND  
NEWBORNS, GROSSMONT  
HOSPITAL

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

Phone: (619) 401-0404

Fax: (619) 401-0522

After Hours Phone: (619)  
401-0404

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

#### **PEDIATRICS**

### **MOFFATT, KYRRA**

Provider ID: 275099

Provider Gender: Female

NPI: 1194922419

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

Board Certified Specialty: No  
**RADY CHILDRENS HEALTH NETWORK**

8881 FLETCHER PKWY STE 200

LA MESA, CA 91942

Phone: (619) 401-0404

Fax: (619) 401-0522

After Hours Phone: (619) 401-0404

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

### **PEDIATRICS**

**MOLINOS, NICOLE**

Provider ID: 538098

Provider Gender: Female

NPI: 1538685524

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: Yes

**RADY CHILDRENS HEALTH NETWORK**

6942 UNIVERSITY AVE STE A

LA MESA, CA 91942

Phone: (619) 698-2184

Fax: (619) 698-2084

After Hours Phone: (619) 698-2184

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 9AM-5PM

### **PEDIATRICS**

**RONQUILLO, RINA**

Provider ID: 377359

Provider Gender: Female

NPI: 1407047749

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

RADY CHILDRENS HOSPITAL

SAN DIEGO, SHARP MARY

BIRCH HOSP FOR WOMEN

AND NEWBORNS, SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No

**RADY CHILDRENS HEALTH**

**NETWORK**

8881 FLETCHER PKWY STE 200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619) 464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 9AM-5PM

### **PEDIATRICS**

**SHORT, RICHARD**

Provider ID: 60736

Provider Gender: Male

NPI: 1568552727

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

RADY CHILDRENS HOSPITAL

SAN DIEGO, SHARP MARY

BIRCH HOSP FOR WOMEN

AND NEWBORNS

Board Certified Specialty: Yes

**RADY CHILDRENS HEALTH**

**NETWORK**

8881 FLETCHER PKWY STE 200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619) 464-6434

Website: N/A



Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

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## C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-6PM  
SA 11:30AM-3:30PM*

### LAKESIDE

#### CHIROPRACTOR


##### PAGE, BIANCA

*Provider ID: 353843*


*Provider Gender: Female*


*License Number: DC33688*


*NPI: 1649787607*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*


 10039 VINE ST  
LAKESIDE, CA 92040

 *Phone: (858) 218-3000*

 *After Hours Phone: (858)  
218-3000*

 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

#### FAMILY PRACTICE

##### FERRAILOLO, NATALIE

*Provider ID: 353843*

*Provider Gender: Female*


*License Number: A152372*


*NPI: 1306290143*


 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 10039 VINE ST  
LAKESIDE, CA 92040


 *Phone: (858) 218-3000*

 *After Hours Phone: (858)  
218-3000*

 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

#### FAMILY PRACTICE



##### LIU-BARBARO, DOROTHY

*Provider ID: 353843*

*Provider Gender: Female*


*License Number: A115342*


*NPI: 1851602270*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish*

*Cultural Competency: N*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 10039 VINE ST  
LAKESIDE, CA 92040

 *Phone: (619) 440-2751*

 *After Hours Phone: (619)  
440-2751*

 *Website: www.ihpsocal.org*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*


#### FQHC

##### NEIGHBORHOOD


##### HEALTHCARE LAKESIDE,

*Provider ID: 353843*

*NPI: 1932384120*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*IHP OF SOUTHERN CAL-PHP*

 10039 VINE ST  
LAKESIDE, CA 92040

 *Phone: (858) 218-3000*


*Fax: (360) 462-2744*

 *After Hours Phone: (858)  
218-3000*

 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

#### GENERAL PRACTICE

##### MANNINO, ELIZABETH

*Provider ID: 353843*

*Provider Gender: Female*

*License Number: A43914*

*NPI: 1548290463*







請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Italian, Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 10039 VINE ST  
 LAKESIDE, CA 92040  
 Phone: (858) 218-3000  
 After Hours Phone: (858)  
 218-3000  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

### INTERNAL MEDICINE

#### **MCFARLAND, NATHAN**








Provider ID: 353843  
 Provider Gender: Male  
 License Number: A75411  
 NPI: 1265462196  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Italian, Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 10039 VINE ST  
 LAKESIDE, CA 92040  
 Phone: (858) 218-3000  
 After Hours Phone: (858)  
 218-3000  
 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

### **LEMON GROVE**

#### CERTIFIED NURSE PRACTITIONER








#### **ALLEN, KATHERINE**

Provider ID: 419139  
 Provider Gender: Female  
 License Number: NP95009933  
 NPI: 1831557024  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619)  
 515-2550  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 9AM-5PM

#### CERTIFIED NURSE



### PRACTITIONER

#### **SMITH, SHARON**

Provider ID: 419139  
 Provider Gender: Female  
 License Number: NP15444  
 NPI: 1780603597  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619)  
 515-2550  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  

#### CERTIFIED NURSE PRACTITIONER

#### **SMITH, SHARON**

 Provider ID: 419139  
 Provider Gender: Female  
 License Number: RN428876  
 NPI: 1780603597  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

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## C. 初級保健名錄

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

**TOTH, JESSICA**

Provider ID: 419139

Provider Gender: Female

License Number: NP95001050

NPI: 1578993788

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

**WILLIAMS, TAKISHA**

Provider ID: 419139

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

**DORN, TIA**

Provider ID: 419139

Provider Gender: Female

License Number: C172318

NPI: 1285074740

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

### FAMILY PRACTICE

**KIM, YUHEE**

Provider ID: 419139

Provider Gender: Female

License Number: A107323

NPI: 1629289400

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Korean

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER

### FQHC


#### **LEMON GROVE FAMILY HEALTH CENTER,**

Provider ID: 419139

NPI: 1427282466

 Provider English Spoken: Y  
Cultural Competency: N  
FAMILY HEALTH CENTERS OF SAN DIEGO

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

Fax: (619) 825-9577


 After Hours Phone: (619) 515-2550

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

### INTERNAL MEDICINE

#### **GALLARES, DANIEL**

Provider ID: 419139

Provider Gender: Male


License Number: A165925


NPI: 1245689488


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619) 515-2550

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### OBSTETRICS / GYNECOLOGY



#### **BUECHNER, CHARLENE**

Provider ID: 419139

Provider Gender: Female

License Number: A68463

NPI: 1376663831

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY


BIRCH HOSP FOR WOMEN AND NEWBORNS

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619) 515-2550

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### OBSTETRICS / GYNECOLOGY

#### **CARTER, KHALIL**

Provider ID: 419139

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS MERCY HOSPITAL,


GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619) 515-2550

 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


Medi-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

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## C. 初級保健名錄

📞 After Hours Phone: (619) 515-2550

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 419139

Provider Gender: Female

License Number: A72005

NPI: 1649208711

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

📍 7592 BROADWAY  
LEMON GROVE, CA 91945

📞 Phone: (619) 515-2550

📞 After Hours Phone: (619) 515-2550

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider Gender: Female

N

♿ Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

Provider ID: 419139

Provider Gender: Female

License Number: A164859

NPI: 1952751711

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

📍 7592 BROADWAY  
LEMON GROVE, CA 91945

📞 Phone: (619) 515-2550

📞 After Hours Phone: (619) 515-2550

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 419139

License Number: 20A13958

NPI: 1932269198

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

📍 7592 BROADWAY  
LEMON GROVE, CA 91945

📞 Phone: (619) 515-2550

📞 After Hours Phone: (619) 515-2550

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 419139

Provider Gender: Male

License Number: G78814

NPI: 1699790634

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,




SCRIPPS MERCY HOSPITAL,


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## C. 初級保健名錄

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.operationsamahan.org](http://www.operationsamahan.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

#### CERTIFIED NURSE

#### PRACTITIONER

#### **AQUINO, FELINO**

Provider ID: 417102

Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

License Number: NP22974

NPI: 1356684781

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No  
OPERATION SAMAHAN

2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Phone: (844) 200-2426

After Hours Phone: (844)  
200-2426

Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-6PM  
F 8AM-5PM

### **CERTIFIED NURSE PRACTITIONER**

**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.or  
g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

**LIM, IMELDA**

Provider ID: 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.operationsa  
mahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-6PM  
F 8AM-5PM

### **CERTIFIED NURSE PRACTITIONER**

**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.operationsa  
mahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

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## C. 初級保健名錄

<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>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

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](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

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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **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](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM

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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](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM

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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **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](http://www.lamaestra.org)






















Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5:30PM</i></p>	<p><i>NPI: 1316310840</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></p>	<p><i>515-2399</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i></p>
<b>CHIROPRACTOR</b>		
<p><b>HOURIHAN, KEITH</b>  <i>Provider ID: 185270</i>  <i>Provider Gender: Male</i>  <i>License Number: DC29314</i>  <i>NPI: 1306916994</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>LA MAESTRA FAMILY CLINIC</b>   217 HIGHLAND AVE            NATIONAL CITY, CA 91950   <i>Phone: (619) 434-7308</i>   <i>After Hours Phone: (619) 434-7308</i></p>	<p> 2400 E 8TH ST STE A            NATIONAL CITY, CA 91950   <i>Phone: (619) 662-4100</i>   <i>After Hours Phone: (619) 662-4100</i>   <i>Website: syhealth.org/clinics/paradise-hills-family-clinic</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></p>	<p> <i>Accessibility: CONTACT PROVIDER</i></p>
<b>FAMILY PRACTICE</b>		
<p> <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>            N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: TH 8AM-2PM</i></p>	<p><b>ANDAYA, MIKHAEL</b>  <i>Provider ID: 418930</i>  <i>Provider Gender: Male</i>  <i>License Number: A176878</i>  <i>NPI: 1780189209</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Tagalog</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i></p>	<p><b>BAEZ, BEATRICE</b>  <i>Provider ID: 417102</i>  <i>Provider Gender: Female</i>  <i>License Number: A74777</i>  <i>NPI: 1245372507</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></p>
<b>FAMILY PRACTICE</b>		
<p><b>ALGHAMDI, ASMA</b>  <i>Provider ID: 227418</i>  <i>Provider Gender: Female</i>  <i>License Number: A167529</i></p>	<p><b>FAMILY HEALTH CENTERS OF SAN DIEGO</b>   1000 EUCLID AVE            NATIONAL CITY, CA 91950   <i>Phone: (619) 515-2399</i>   <i>After Hours Phone: (619)</i></p>	<p><b>OPERATION SAMAHAN</b>   2743 HIGHLAND AVE            NATIONAL CITY, CA 91950   <i>Phone: (844) 200-2426</i>   <i>After Hours Phone: (844) 200-2426</i>   <i>Website: www.operationsamahan.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<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>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


**DILLON, MAYRA**

Provider ID: 227412

Provider Gender: Female

License Number: A112571

NPI: 1629232715

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA VISTA


Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 336-2323

 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinics/national-city-family-clinic-1](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**

**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/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**

**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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP



 330 E 8TH ST  
 NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100




 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER


### **FAMILY PRACTICE**

#### **NOLASCO, JOANNA**



Provider ID: 227412  
 Provider Gender: Female  
 License Number: A138919  
 NPI: 1154749315

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 1136 D AVE  
 NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100

 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)


Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM


### **FAMILY PRACTICE**

#### **OCEGUEDA, JOSHUA**

Provider ID: 227412  
 Provider Gender: Male  
 License Number: A165184  
 NPI: 1336643345


 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 1136 D AVE  
 NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100

 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N



 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM




### **FAMILY PRACTICE**


#### **RICHARDSON, DANIELLE**

Provider ID: 227418  
 Provider Gender: Female  
 License Number: A127555  
 NPI: 1609142892

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French,  
 Portuguese, Spanish  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 2400 E 8TH ST STE A  
 NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

### **FAMILY PRACTICE**

#### **ROBERTS, POMAI**

Provider ID: 227412  
 Provider Gender: Female


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

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

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### **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

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### **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

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### **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

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### **FAMILY PRACTICE**

#### **VELASQUEZ, SHARON**

Provider ID: 227418


Provider Gender: Female

License Number: A71304

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

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### 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄








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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

**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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<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>	<input type="checkbox"/> <i>Provider English Spoken: Y</i>	<i>MERCY HOSPITAL</i>
<i>Provider Gender: Male</i>	<input type="checkbox"/> <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>	<input type="location"/> <i>2400 E 8TH ST STE A</i>
<input type="checkbox"/> <i>Provider English Spoken: Y</i>	<i>Hospital Affiliation: SHARP</i>	<i>NATIONAL CITY, CA 91950</i>
<input type="checkbox"/> <i>Provider Language(s)</i>	<i>CHULA VISTA MED CTR</i>	<input type="phone"/> <i>Phone: (619) 662-4100</i>
<i>Spoken: Arabic, Assyrian,</i>	<i>Board Certified Specialty: No</i>	<input type="phone"/> <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>	<input type="location"/> <i>217 HIGHLAND AVE</i>	<input type="website"/> <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>	<input type="phone"/> <i>Phone: (619) 798-3977</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>SCRIPPS MEMORIAL</i>	<input type="phone"/> <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>	<input type="website"/> <i>Website: www.lamaestra.org</i>	<i>N</i>
<i>Board Certified Specialty: No</i>	<i>g</i>	<input type="accessibility"/> <i>Accessibility: CONTACT</i>
<i>LA MAESTRA FAMILY CLINIC</i>	<i>Medi-Cal Open Panel: Yes</i>	<i>PROVIDER</i>
<input type="location"/> <i>217 HIGHLAND AVE</i>	<i>Min/Max Age: 0\None</i>	<hr/>
<i>NATIONAL CITY, CA 91950</i>	<i>American Sign Language (ASL):</i>	<b>PEDIATRICS</b>
<input type="phone"/> <i>Phone: (619) 434-7308</i>	<i>N</i>	<b>BAILONY, MOHAMMED</b>
<input type="phone"/> <i>After Hours Phone: (619)</i>	<input type="accessibility"/> <i>Accessibility: CONTACT</i>	<i>Provider ID: 30132</i>
<i>434-7308</i>	<i>PROVIDER</i>	<i>Provider Gender: Male</i>
<input type="website"/> <i>Website: www.lamaestra.org</i>	<hr/>	<i>NPI: 1376625913</i>
<i>g</i>	<b>OBSTETRICS / GYNECOLOGY</b>	<input type="checkbox"/> <i>Provider English Spoken: Y</i>
<i>Medi-Cal Open Panel: Yes</i>	<b>ASLIAN, AZITA</b>	<input type="checkbox"/> <i>Provider Language(s)</i>
<i>Min/Max Age: 0\None</i>	<i>Provider ID: 227418</i>	<i>Spoken: Arabic</i>
<i>American Sign Language (ASL):</i>	<i>Provider Gender: Female</i>	<i>Cultural Competency: N</i>
<i>N</i>	<i>License Number: A118227</i>	<i>Hospital Affiliation: SHARP</i>
<input type="accessibility"/> <i>Accessibility: CONTACT</i>	<i>NPI: 1851667661</i>	<i>MARY BIRCH HOSP FOR</i>
<i>PROVIDER</i>	<input type="checkbox"/> <i>Provider English Spoken: Y</i>	<i>WOMEN AND NEWBORNS,</i>
<input type="clock"/> <i>Hours: M-F 8AM-5:30PM</i>	<input type="checkbox"/> <i>Provider Language(s)</i>	<i>PARADISE VALLEY HOSPITAL,</i>
<hr/>	<i>Spoken: Faroese, Fataleka</i>	<i>SHARP CHULA VISTA MED</i>
<b>NEUROLOGY</b>	<i>Cultural Competency: N</i>	<i>CTR, RADY CHILDRENS</i>
<b>CANTU-REYNA, GUILLERMO</b>	<i>Hospital Affiliation: Hemet</i>	

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## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## C. 初級保健名錄

 *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*


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS


#### **VALENCIA, MARILES**

Provider ID: 104060

Provider Gender: Female

NPI: 1275541625

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 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**

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Provider Gender: Female

License Number: NP95003571

NPI: 1053776914


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 Spoken: Korean


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Board Certified Specialty: No  
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 After Hours Phone: (760)  
 631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

#### CERTIFIED NURSE PRACTITIONER

#### **BINETTE, DONYA**

Provider ID: 480247

Provider Gender: Female

License Number: NP95001653

NPI: 1427325166



Provider English Spoken: Y

Provider Language(s)


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

*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. 初級保健名錄


 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

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### **CERTIFIED NURSE PRACTITIONER**

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#### **CHRISTY, TYLER**

Provider ID: 206341

Provider Gender: Male


License Number: NP95025871


NPI: 1689094971

 Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No  
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 After Hours Phone: (760)  
 631-5000


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

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### **CERTIFIED NURSE PRACTITIONER**

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#### **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**

---

#### **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)




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄







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  
 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  
 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. 初級保健名錄

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

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631-5000

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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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

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**CERTIFIED NURSE**  
**PRACTITIONER**

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**EVERETT, ELIZABETH**

Provider ID: 206341

Provider Gender: Female

License Number: NP95025094


NPI: 1942952767


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 Provider Language(s)  
Spoken: Sign Language

Cultural Competency: N

Board Certified Specialty: No  
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631-5000


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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---



**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)

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## C. 初級保健名錄


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)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### **CERTIFIED NURSE PRACTITIONER**


**HALGEDAHL, YI TING**

Provider ID: 402434

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **CERTIFIED NURSE PRACTITIONER**

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Provider ID: 402434

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IHP OF SOUTHERN CAL-PHP

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## C. 初級保健名錄


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

---

### **CERTIFIED NURSE PRACTITIONER**


**HALGEDAHL, YI TING**


Provider ID: 206341

Provider Gender: Female

License Number: NP95006826



NPI: 1619246907

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese, Mandarin  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

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### **CERTIFIED NURSE PRACTITIONER**


**HALGEDAHL, YI TING**


Provider ID: 206341

Provider Gender: Female

License Number: NP95006826



NPI: 1619246907

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Min/Max Age: 0\None

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**HALGEDAHL, YI TING**


Provider ID: 206341

Provider Gender: Female

License Number: NP95006826



NPI: 1619246907


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese, Mandarin  
Cultural Competency: N

Board Certified Specialty: No  
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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

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
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 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

**HARRIS, PAMELA**

Provider ID: 206341

Provider Gender: Female


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American Sign Language (ASL):  
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 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

**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

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Min/Max Age: 0\None

American Sign Language (ASL):  
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Min/Max Age: 0\None

American Sign Language (ASL):





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## C. 初級保健名錄







<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM SA 9AM-4PM</i></p> <hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>HOWELL, AMANDA</b></p> <p><i>Provider ID: 206341</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: NP95020894</i></p> <p><i>NPI: 1427797943</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> 4700 N RIVER RD OCEANSIDE, CA 92057</p> <p> <i>Phone: (760) 631-5000</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p> <i>Website: www.vistacommunityclinic.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM SA 9AM-4PM</i></p> <hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>KELLEHER, BRIDGET</b></p> <p><i>Provider ID: 402434</i></p>	<p><i>Provider Gender: Female</i></p> <p><i>License Number: NP95003447</i></p> <p><i>NPI: 1245695006</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: TRI CITY MEDICAL CTR</i></p> <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 818 PIER VIEW WAY OCEANSIDE, CA 92054</p> <p> <i>Phone: (760) 631-5000</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p> <i>Website: www.vistacommunityclinic.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-TU 8AM-5PM W 8AM-7PM TH-F 8AM-5PM SA 9AM-4PM</i></p> <hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>KELLEHER, BRIDGET</b></p> <p><i>Provider ID: 402434</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: NP95003447</i></p> <p><i>NPI: 1245695006</i></p> <p> <i>Provider English Spoken: Y</i></p>	<p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: TRI CITY MEDICAL CTR</i></p> <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 818 PIER VIEW WAY OCEANSIDE, CA 92054</p> <p> <i>Phone: (760) 631-5000</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p> <i>Website: www.vistacommunityclinic.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-TU 8AM-5PM W 8AM-7PM TH-F 8AM-5PM SA 9AM-4PM</i></p> <hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>TAYLOR, CHRISTOPHER</b></p> <p><i>Provider ID: 206341</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: NP95020584</i></p> <p><i>NPI: 1851747166</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 4700 N RIVER RD</p>
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請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄







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

**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.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

**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  
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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

**ESPINOSA-SILVA, YAMINAH**  
 Provider ID: 206341  
 Provider Gender: Female  
 License Number: 20A12958  
 NPI: 1003172016

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, TRI CITY MEDICAL CTR  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 9AM-4PM

### FAMILY PRACTICE

**ESPINOSA-SILVA, YAMINAH**  
 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

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## C. 初級保健名錄

MEMORIAL HOSPITAL  
ENCINITAS, TRI CITY MEDICAL  
CTR

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

After Hours Phone: (760)  
631-5000

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 9AM-4PM

### **FAMILY PRACTICE**

**ESPINOSA-SILVA, YAMINAH**

Provider ID: 206341

Provider Gender: Female

License Number: 20A12958

NPI: 1003172016

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Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, TRI CITY MEDICAL  
CTR

Board Certified Specialty: No

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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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Min/Max Age: 0\None

American Sign Language (ASL):

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Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM  
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Provider ID: 206341

Provider Gender: Female

License Number: 20A18374

NPI: 1831354026

Provider English Spoken: Y  
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Board Certified Specialty: No

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PROVIDER

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**FATLAND, SARAH**

Provider ID: 206341

Provider Gender: Female

License Number: 20A18374




NPI: 1831354026

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## C. 初級保健名錄


Cultural Competency: N  
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 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  
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American Sign Language (ASL):  
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 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### **FAMILY PRACTICE**



#### **KETCHEL, CLINT**

Provider ID: 402434

Provider Gender: Male

License Number: A135564

NPI: 1699038125

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Chaldean  
Neo-Aramaic, Spanish,  
Syriac





Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,

TRI CITY MEDICAL CTR,  
WHITTIER HOSPITAL MEDICAL  
CENTER

Board Certified Specialty: No  
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Syriac

Cultural Competency: N

Hospital Affiliation:

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RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

TRI CITY MEDICAL CTR,  
WHITTIER HOSPITAL MEDICAL  
CENTER

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**


#### **KETCHEL, CLINT**


Provider ID: 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**

#### **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

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## C. 初級保健名錄








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  
 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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### **FAMILY PRACTICE**

#### **NGUYEN, DANIELA**


Provider ID: 206341  
 Provider Gender: Female






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## C. 初級保健名錄


nityclinic.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 9AM-4PM






### **FAMILY PRACTICE**

**PANICKER, CIBU**  
 Provider ID: 206341  
 Provider Gender: Male  
 License Number: A149340  
 NPI: 1235492760  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP


 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000  
 Website: www.vistacommunityclinic.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**






**PANICKER, CIBU**  
 Provider ID: 206341  
 Provider Gender: Male  
 License Number: A149340  
 NPI: 1235492760  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000  
 Website: www.vistacommunityclinic.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

**PANICKER, CIBU**  
 Provider ID: 206341  
 Provider Gender: Male  
 License Number: A149340  
 NPI: 1235492760  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000  
 Website: www.vistacommunityclinic.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER



### **FAMILY PRACTICE**

**VIDAL, MONICA**  
 Provider ID: 206341  
 Provider Gender: Female  
 License Number: 20A8949  
 NPI: 1871791749  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000  
 Website: www.vistacommunityclinic.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。







## C. 初級保健名錄

 *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*



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## C. 初級保健名錄

 *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*


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## C. 初級保健名錄

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

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OCEANSIDE, CA 92057

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 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

---

### 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

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## C. 初級保健名錄

IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD  
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After Hours Phone: (760) 631-5000  
Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM  
SA 9AM-4PM

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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


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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

**PROVIDER**  
 Hours: M-F 8AM-5PM

---

### **PEDIATRICS**


#### **GUNTA, SUJANA**


Provider ID: 402434

Provider Gender: Female

License Number: A109056

NPI: 1932304342

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Marathi, Telugu


Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

---

### **PEDIATRICS**


#### **GUNTA, SUJANA**


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

---

### **PEDIATRICS**

#### **KRAMER, MELISSA**

Provider ID: 469759

Provider Gender: Female

NPI: 1467833467


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, TRI CITY MEDICAL CTR


Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

 3605 VISTA WAY BLDG B  
OCEANSIDE, CA 92056

 Phone: (760) 547-1010

Fax: (760) 547-1011

 After Hours Phone: (760)  
547-1010


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-12PM

---

### **PEDIATRICS**

#### **MAC, VICTOR**

Provider ID: 480247

Provider Gender: Male

License Number: 20A17766


NPI: 1790281236


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
COMMUNITY HOSPITAL OF  
THE MONTEREY PENINSULA

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

Medi-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

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## C. 初級保健名錄


 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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

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


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## C. 初級保健名錄

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

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## C. 初級保健名錄

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

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## C. 初級保健名錄

*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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

📞 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<b>INTERNAL MEDICINE</b>	<i>Cultural Competency: N</i>	<i>PROVIDER</i>
<b>YUNG, DORIS</b> <i>Provider ID: 449438</i> <i>Provider Gender: Female</i> <i>License Number: A89893</i> <i>NPI: 1730386863</i> <input type="checkbox"/> <i>Provider English Spoken: Y</i> <input type="checkbox"/> <i>Provider Language(s) Spoken: Chinese, Mandarin, Spanish</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS</i> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i>  220 ROTANZI ST RAMONA, CA 92065  <i>Phone: (760) 736-6767</i>  <i>After Hours Phone: (760) 736-6767</i>  <i>Website: www.ihpsocal.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>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i>  220 ROTANZI ST RAMONA, CA 92065  <i>Phone: (760) 736-6767</i>  <i>After Hours Phone: (760) 736-6767</i>  <i>Website: www.ihpsocal.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>	<b>SAN DIEGO</b> <b>CARDIOVASCULAR DISEASE</b> <b>GARIBYAN, VARTAN</b> <i>Provider ID: 417937</i> <i>Provider Gender: Male</i> <i>License Number: 20A12504</i> <i>NPI: 1790084143</i> <input type="checkbox"/> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL</i> <i>Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</i>  4094 4TH AVE SAN DIEGO, CA 92103  <i>Phone: (619) 515-2545</i>  <i>After Hours Phone: (619) 515-2545</i>  <i>Website: www.fhcsd.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-TH 8AM-9PM F 8AM-5PM</i>
<b>PHYSICIANS ASSISTANT</b>	<b>PHYSICIANS ASSISTANT</b>	<b>CERTIFIED NURSE PRACTITIONER</b>
<b>REIFENBERGER, JODY</b> <i>Provider ID: 449438</i> <i>Provider Gender: Female</i> <i>License Number: PA22669</i> <i>NPI: 1386741072</i> <input type="checkbox"/> <i>Provider English Spoken: Y</i>	<b>ZANGEN, ROCHELLE</b> <i>Provider ID: 449438</i> <i>Provider Gender: Female</i> <i>License Number: PA51494</i> <i>NPI: 1447681150</i> <input type="checkbox"/> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i>  220 ROTANZI ST RAMONA, CA 92065  <i>Phone: (760) 736-6767</i>  <i>After Hours Phone: (760) 736-6767</i>  <i>Website: www.ihpsocal.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>	<b>AQUINO, FELINO</b> <i>Provider ID: 432308</i> <i>Provider Gender: Male</i>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

License Number: NP22974

NPI: 1356684781

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

OPERATION SAMAHAN

9855 ERMA RD STE 105  
SAN DIEGO, CA 92131

Phone: (844) 200-2426

After Hours Phone: (844)  
200-2426

Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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### **CERTIFIED NURSE** **PRACTITIONER**

#### **AQUINO, FELINO**

Provider ID: 418535

Provider Gender: Male

License Number: NP22974

NPI: 1356684781

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

OPERATION SAMAHAN

9995 CARMEL MOUNTAIN  
RD STE B10 AND B11

SAN DIEGO, CA 92129

Phone: (844) 200-2426

After Hours Phone: (844)  
200-2426

Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

Hours: M-TU  
8:30AM-5:30PM

W 10AM-7PM  
TH-F 8:30AM-5:30PM

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### **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.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

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### **CERTIFIED NURSE** **PRACTITIONER**

#### **BELEN, NEZER**

Provider ID: 206363

Provider Gender: Male

License Number: NP95009292


NPI: 1386120723


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

 4725 MARKET ST  
 SAN DIEGO, CA 92102

 *Phone: (619) 515-2560*


 *After Hours Phone: (619) 515-2560*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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### **CERTIFIED NURSE PRACTITIONER**

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#### **BESTERFELDT, LYDIA**

*Provider ID: 482070*

*Provider Gender: Female*


*License Number: NP95013060*


*NPI: 1265929442*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*  
**IHP OF SOUTHERN CAL-PHP**

 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111

 *Phone: (858) 810-8700*

 *After Hours Phone: (858) 810-8700*

 *Website: www.sdfamilycare.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:30AM-5:30PM SA 9AM-4PM*

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### **CERTIFIED NURSE PRACTITIONER**

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#### **BURNS, DELLA**

*Provider ID: 233597*

*Provider Gender: Female*


*License Number: NP7413*


*NPI: 1871577023*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*  
**IHP OF SOUTHERN CAL-PHP**

 4290 POLK AVE  
 SAN DIEGO, CA 92105

 *Phone: (619) 563-0250*

 *After Hours Phone: (619) 563-0250*

 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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### **CERTIFIED NURSE PRACTITIONER**

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#### **CELESTIN-RAMSEY, AKANKE**

*Provider ID: 451167*

*Provider Gender: Female*

*License Number: NP8563*


*NPI: 1447450275*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL*

*Board Certified Specialty: No*  
**IHP OF SOUTHERN CAL-PHP**

 950 S EUCLID AVE  
 SAN DIEGO, CA 92114

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*


 *Website: www.syhealth.org /clinics/king-chavez-health-center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM SA 8AM-4PM*

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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*


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

*Cultural Competency: N*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


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### **CERTIFIED NURSE PRACTITIONER**

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**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): N*  
**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*



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### **CERTIFIED NURSE PRACTITIONER**




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**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*

*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*

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### **CERTIFIED NURSE PRACTITIONER**

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**GALLEGOS, CYNTHIA**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: NP95016217*

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### **CERTIFIED NURSE PRACTITIONER**

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請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

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## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄


 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

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### **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

---

### **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

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### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

☎ 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

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### **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**

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**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**

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**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



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄






 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2355  
After Hours Phone: (619)  
515-2355

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### LIEBER, CAROL

Provider ID: 517403  
Provider Gender: Female  
License Number: NP20849  
NPI: 1487889846

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

316 25TH ST  
SAN DIEGO, CA 92102  
Phone: (619) 238-5551  
After Hours Phone: (619)  
238-5551

Website: N/A  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### LIM, IMELDA

Provider ID: 417101  
Provider Gender: Female  
License Number: NP95000203  
NPI: 1093130395

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N  
Board Certified Specialty: No  
OPERATION SAMAHAN

10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
Phone: (844) 200-2426  
After Hours Phone: (844)  
200-2426  
Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU  
8:30AM-5:30PM  
W 10AM-7PM  
TH-F 8:30AM-5:30PM

### CERTIFIED NURSE PRACTITIONER

#### LU, TAMMY

Provider ID: 206360  
Provider Gender: Female  
License Number: NP95007253  
NPI: 1457879132

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### MANZO, CORINA

Provider ID: 207382  
Provider Gender: Female  
License Number: NP95020369  
NPI: 1669087326

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄


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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

License Number: NP19505

NPI: 1386971760

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700


 After Hours Phone: (858)  
810-8700


 Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-9PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

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### **CERTIFIED NURSE PRACTITIONER**


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**OCAMPO, ELAINE**

Provider ID: 206046

Provider Gender: Female

License Number: NP95003427  
NPI: 1063856805


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Mandarin, Yue  
Chinese

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

 Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

### **CERTIFIED NURSE PRACTITIONER**



---

**OCAMPO, ELAINE**

Provider ID: 482070

Provider Gender: Female

License Number: NP95003427  
NPI: 1063856805


 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Mandarin, Yue  
Chinese

Cultural Competency: N


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)

810-8700

 Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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### **CERTIFIED NURSE PRACTITIONER**

---

**OCAMPO, ELAINE**

Provider ID: 206046

Provider Gender: Female

License Number: NP95003427  
NPI: 1063856805


 Provider English Spoken: Y  
 Provider Language(s)


Spoken: Mandarin, Yue  
Chinese

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925


 After Hours Phone: (858)  
279-0925

 Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

**CERTIFIED NURSE**  
**PRACTITIONER**

**ODA, THAGHAR**  
 Provider ID: 206360  
 Provider Gender: Female  
 License Number: RN810863  
 NPI: 1063835692

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Amharic, Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**CERTIFIED NURSE**  
**PRACTITIONER**

**ODA, THAGHAR**  
 Provider ID: 206360  
 Provider Gender: Female  
 License Number: NP95000205  
 NPI: 1063835692

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Amharic, Arabic

Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO


 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**CERTIFIED NURSE**  
**PRACTITIONER**

**ODA, THAGHAR**  
 Provider ID: 206363  
 Provider Gender: Female  
 License Number: RN810863  
 NPI: 1063835692

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Amharic, Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
 515-2560  
 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**CERTIFIED NURSE**  
**PRACTITIONER**

**ODA, THAGHAR**  
 Provider ID: 206363  
 Provider Gender: Female  
 License Number: NP95000205  
 NPI: 1063835692

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Amharic, Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
 515-2560  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**CERTIFIED NURSE**  
**PRACTITIONER**

**ORPILLA, IMELDA**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄


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**

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#### **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

---

### **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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請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<b>PRACTITIONER</b>		<i>Cultural Competency: N</i>	<i>American Sign Language (ASL): N</i>
<b>OWEN, MICHAEL</b>		<i>Board Certified Specialty: No</i>	<i>Accessability: CONTACT PROVIDER</i>
<i>Provider ID: 206362</i>		<i>IHP OF SOUTHERN CAL-PHP</i>	<i>Hours: M-W 8:30AM-5:30PM</i>
<i>Provider Gender: Female</i>		1501 IMPERIAL AVE	<i>TH 9AM-6PM</i>
<i>License Number: NP95001492</i>		SAN DIEGO, CA 92101	<i>F 8:30AM-5:30PM</i>
<i>NPI: 1073869145</i>		<i>Phone: (619) 233-8500</i>	
<i>Provider English Spoken: Y</i>		<i>After Hours Phone: (619) 233-8500</i>	
<i>Provider Language(s) Spoken: Spanish</i>		<i>Website: N/A</i>	
<i>Cultural Competency: N</i>		<i>Medi-Cal Open Panel: Yes</i>	
<i>Board Certified Specialty: No</i>		<i>Min/Max Age: 0\None</i>	
<i>FAMILY HEALTH CENTERS OF SAN DIEGO</i>		<i>American Sign Language (ASL): N</i>	
3544 30TH ST		<i>Accessability: CONTACT PROVIDER</i>	
SAN DIEGO, CA 92104		<i>Hours: M-F 8AM-5:30PM</i>	
<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>Accessability: CONTACT PROVIDER</i>			
<i>Hours: M-TH 8:30AM-5:30PM</i>			
<i>F 8AM-5PM</i>			
<b>CERTIFIED NURSE PRACTITIONER</b>		<b>CERTIFIED NURSE PRACTITIONER</b>	<b>CERTIFIED NURSE PRACTITIONER</b>
<b>PADILLA, MICHELE</b>		<b>PATEL, KELLY</b>	<b>PATIAG, DANIEL</b>
<i>Provider ID: 403583</i>		<i>Provider ID: 402851</i>	<i>Provider ID: 206046</i>
<i>Provider Gender: Female</i>		<i>Provider Gender: Female</i>	<i>Provider Gender: Male</i>
<i>License Number: NP95020636</i>		<i>License Number: NP95004735</i>	<i>License Number: NP95012511</i>
<i>NPI: 1356083828</i>		<i>NPI: 1033493747</i>	<i>NPI: 1073169769</i>
<i>Provider English Spoken: Y</i>		<i>Provider English Spoken: Y</i>	<i>Provider English Spoken: Y</i>
		<i>Provider Language(s) Spoken: Tagalog</i>	<i>Provider Language(s) Spoken: Tagalog</i>
		<i>Cultural Competency: N</i>	<i>Cultural Competency: N</i>
		<i>Board Certified Specialty: No</i>	<i>Board Certified Specialty: No</i>
		<i>IHP OF SOUTHERN CAL-PHP</i>	<i>IHP OF SOUTHERN CAL-PHP</i>
		3705 MISSION BLVD	6973 LINDA VISTA RD
		SAN DIEGO, CA 92109	SAN DIEGO, CA 92111
		<i>Phone: (619) 515-2444</i>	<i>Phone: (858) 279-0925</i>
		<i>After Hours Phone: (619) 515-2444</i>	<i>After Hours Phone: (858) 279-0925</i>
		<i>Website: www.fhcsd.org</i>	<i>Website: www.sdfamilycare.org</i>
		<i>Medi-Cal Open Panel: Yes</i>	<i>Medi-Cal Open Panel: Yes</i>
		<i>Min/Max Age: 0\None</i>	<i>Min/Max Age: 0\None</i>
		<i>American Sign Language (ASL): N</i>	<i>American Sign Language (ASL): N</i>
		<i>Accessability: CONTACT PROVIDER</i>	<i>Accessability: CONTACT PROVIDER</i>
		<i>Hours: M-F 8:30AM-5:30PM</i>	<i>Hours: M-F 8:30AM-5:30PM</i>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### 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


#### **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

#### **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: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

Min/Max Age: 0\22

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-2PM

### CERTIFIED NURSE PRACTITIONER


#### QUINTO, CINDY


Provider ID: 482070

Provider Gender: Female

License Number: NP16433

NPI: 1902810377

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French, Lao,  
Spanish

Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### REID, EMILY

Provider ID: 185268

Provider Gender: Female

License Number: NP95002766


NPI: 1083081467


 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)  
255-9155

 Website: www.lamaestra.or  
g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### ROGERS, TANYA

Provider ID: 417987

Provider Gender: Female

License Number: NP95004443


NPI: 1558710038

 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)  
515-2426

 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### SABIN, NANCY

Provider ID: 206046

Provider Gender: Female

License Number: NP4668

NPI: 1285732586

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

 Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 8AM-5PM  
TU 8AM-8PM  
W-F 8AM-5PM  
SA 9AM-1PM*



---

**CERTIFIED NURSE  
PRACTITIONER**

---



**SABIN, NANCY**

*Provider ID: 206046  
Provider Gender: Female  
License Number: NP4668  
NPI: 1285732586*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*

*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*

 *6973 LINDA VISTA RD  
SAN DIEGO, CA 92111*

 *Phone: (858) 279-0925*  
 *After Hours Phone: (858)  
279-0925*

 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 8AM-5PM  
TU 8AM-8PM  
W-F 8AM-5PM  
SA 9AM-1PM*



---

**CERTIFIED NURSE  
PRACTITIONER**

---



**SABIN, NANCY**


*Provider ID: 482070  
Provider Gender: Female  
License Number: NP4668  
NPI: 1285732586*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*

*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*

 *7011 LINDA VISTA RD  
SAN DIEGO, CA 92111*

 *Phone: (858) 810-8700*  
 *After Hours Phone: (858)  
810-8700*

 *Website: www.sdfamilycare.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 8:30AM-5:30PM  
TU 8:30AM-9PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM*

---

**CERTIFIED NURSE  
PRACTITIONER**

---

**SAMPSON, ANDRIECE**



*Provider ID: 207382  
Provider Gender: Female*

*License Number: NP95026377  
NPI: 1619594124*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*

 *2630 1ST AVE  
SAN DIEGO, CA 92103*

 *Phone: (619) 234-2158*  
 *After Hours Phone: (619)  
234-2158*

 *Website: WWW.SDAIHC.ORG*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM  
Indian Health Services: Y*

---

**CERTIFIED NURSE  
PRACTITIONER**

---



**SANTANGELO, JOANNE**

*Provider ID: 482070  
Provider Gender: Female  
License Number: NP2390  
NPI: 1619370475*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*

 *7011 LINDA VISTA RD  
SAN DIEGO, CA 92111*

 *Phone: (858) 810-8700*  
 *After Hours Phone: (858)*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

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## C. 初級保健名錄

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: RN486421

NPI: 1295750339


Provider English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO





 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None


American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **SEBRING, JAN**

Provider ID: 206360  
Provider Gender: Female  
License Number: NP10906  
NPI: 1295750339  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO


 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None


American Sign Language (ASL): License Number: NP95006792  
NPI: 1730604414  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO


### CERTIFIED NURSE PRACTITIONER

#### **TAYLOR, KAYLA**



Provider ID: 417429  
Provider Gender: Female  
License Number: NP95006792  
NPI: 1730604414

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101  
 Phone: (619) 515-2525  
 After Hours Phone: (619)  
515-2525

 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:30AM-5:30PM


### CERTIFIED NURSE PRACTITIONER

#### **TAYLOR, KAYLA**

Provider ID: 206362  
Provider Gender: Female

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424


 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **TAYLOR, KAYLA**

Provider ID: 206362  
Provider Gender: Female  
License Number: NP95006792  
NPI: 1730604414

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供  
者目錄中的資訊可能會更改。

## C. 初級保健名錄

 Website: [www.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**

---


#### **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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **TUEROS, VICTORIA**

Provider ID: 206360

Provider Gender: Female

License Number: NP2286

NPI: 1598989261

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **VEGA, TERESA**

Provider ID: 206360

Provider Gender: Female

License Number: NP95001705

NPI: 1912304569

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)





























Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<p>N  Accessibility: CONTACT PROVIDER</p>	<p>NPI: 1841758984  Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p> 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</p>
<hr/> <p><b>CERTIFIED NURSE PRACTITIONER</b></p>		
<p><b>VILLALOBOS, REBECA</b> Provider ID: 206360 Provider Gender: Female License Number: NP95015780 NPI: 1184224396  Provider English Spoken: Y  Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p> 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</p>	<p> Accessibility: CONTACT PROVIDER</p>
<p> 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</p>	<p> Accessibility: CONTACT PROVIDER  Hours: M-F 8:30AM-5:30PM</p>	
<hr/> <p><b>CERTIFIED NURSE PRACTITIONER</b></p>	<hr/> <p><b>CERTIFIED NURSE PRACTITIONER</b></p>	<hr/> <p><b>CERTIFIED NURSE PRACTITIONER</b></p>
<p><b>WEICKERT, MARIA</b> Provider ID: 417429 Provider Gender: Female License Number: NP95010814</p>	<p><b>WILLIAMS, TAKISHA</b> Provider ID: 402851 Provider Gender: Female License Number: NP95013978 NPI: 1881727386  Provider English Spoken: Y  Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p>Provider ID: 416831 Provider Gender: Female License Number: NP95013978 NPI: 1881727386  Provider English Spoken: Y  Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p>
	<p> 3705 MISSION BLVD SAN DIEGO, CA 92109</p>	<p> 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</p>
		<p> Accessibility: CONTACT PROVIDER</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

---

### **CERTIFIED NURSE PRACTITIONER**

---


#### **WILLIAMS, BREAHA**

Provider ID: 185268

Provider Gender: Female

License Number: NP95001840

NPI: 1063884864

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)  
255-9155

 Website: [www.lamaestra.org](http://www.lamaestra.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM  
SA 8AM-2PM

---

### **CERTIFIED NURSE PRACTITIONER**

---

#### **WOLF, CELIA**

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

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**

---


#### **BOSTON, LAURA**

Provider ID: 206360

Provider Gender: Female

License Number: NM792

NPI: 1174553259

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No


FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

---

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**

---

#### **GEPSHTEIN, YANA**


Provider ID: 402851

Provider Gender: Female

License Number: NM1662

NPI: 1396956512

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Hebrew


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**

---

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### **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: 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): Provider Gender: Male

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-4:30PM

### **CHIROPRACTOR**

### **CABALLERO, JAMES**

Provider ID: 418535


Provider Gender: Male


License Number: DC27726


NPI: 1093991549


Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
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: 418535

Provider Gender: Male


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

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### 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

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### 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

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### CHIROPRACTOR

#### PAGE, BIANCA

Provider ID: 417937

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


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

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### **CHIROPRACTOR**

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#### **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

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### **CHIROPRACTOR**

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#### **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

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### **CHIROPRACTOR**

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#### **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

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### **CHIROPRACTOR**

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#### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## C. 初級保健名錄

### 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

*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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

SA 8:30AM-5PM

### ENDOCRINOLOGY

### METABOLISM DIABETES

#### **NAGELBERG, JODI**

Provider ID: 206360

Provider Gender: Female

License Number: A146838

NPI: 1720474141

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### 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

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

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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 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: 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

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **BAHRAMZI, MARIA**


Provider ID: 417987

Provider Gender: Female

License Number: A173486

NPI: 1588141865


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Pashto


Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)  
515-2426

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

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

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### 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

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### FAMILY PRACTICE

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#### **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

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### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 *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**  
 *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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## C. 初級保健名錄

Provider Gender: Male  
 License Number: 20A13060  
 NPI: 1629339593  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO



 3705 MISSION BLVD  
 SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
 515-2444  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### **FAMILY PRACTICE**

**DAPPEN, AMANDA**  
 Provider ID: 227409  
 Provider Gender: Female  
 License Number: A153414  
 NPI: 1689037111  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
 After Hours Phone: (619)

662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

**DAVIS, DEIRDRE**  
 Provider ID: 693813  
 Provider Gender: Female  
 NPI: 1265921365  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 Fax: (619) 687-1067  
 After Hours Phone: (619)  
 233-8500  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

**DAVIS, DEIRDRE**  
 Provider ID: 451167  
 Provider Gender: Female  
 License Number: A165432  
 NPI: 1265921365  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄






 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105  
 *Phone: (619) 280-2058*  
 *After Hours Phone: (619) 280-2058*  
 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\22*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

**GRIFFITHS, KENNETH**  
*Provider ID: 417937*  
*Provider Gender: Male*  
*License Number: C52451*  
*NPI: 1760563068*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*  
*Board Certified Specialty: No*  
*FAMILY HEALTH CENTERS OF SAN DIEGO*

 4094 4TH AVE


SAN DIEGO, CA 92103  
 *Phone: (619) 515-2545*  
 *After Hours Phone: (619) 515-2545*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TH 8AM-9PM F 8AM-5PM*

### **FAMILY PRACTICE**

**GUTIERREZ, TANIA**  
*Provider ID: 417987*  
*Provider Gender: Female*  
*License Number: 20A19345*  
*NPI: 1285196311*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
*FAMILY HEALTH CENTERS OF SAN DIEGO*


 4874 POLK AVE  
 SAN DIEGO, CA 92105  
 *Phone: (619) 515-2426*  
 *After Hours Phone: (619) 515-2426*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*


 *Accessibility: CONTACT*

*PROVIDER*  
 *Hours: M-F 8:30AM-5:30PM*



### **FAMILY PRACTICE**

**HAMILTON, LISA MARIE**  
*Provider ID: 206363*  
*Provider Gender: Female*  
*License Number: 20A14772*  
*NPI: 1235576059*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
*FAMILY HEALTH CENTERS OF SAN DIEGO*

 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 *Phone: (619) 515-2560*  
 *After Hours Phone: (619) 515-2560*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5:30PM*

### **FAMILY PRACTICE**

**HAMILTON, LISA MARIE**  
*Provider ID: 418142*  
*Provider Gender: Female*  
*License Number: 20A14772*  
*NPI: 1235576059*

 *Provider English Spoken: Y*



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄






*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**






#### **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](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**


#### **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](http://www.syhealth.org)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **JAINCHILL, AMANDA**


*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.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**

#### **KAUFHOLD, ANNE**

*Provider ID: 227409*  
*Provider Gender: Female*  
*License Number: A88893*  
*NPI: 1164508073*  
 *Provider English Spoken: Y*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 *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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Provider Gender: Female

License Number: A177922

NPI: 1679137780

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

*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**

---

#### **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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Board Certified Specialty: No  
**FAMILY HEALTH CENTERS 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄


### FAMILY HEALTH CENTERS 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。










## C. 初級保健名錄

SAN DIEGO, CA 92102  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
Medi-Cal Open Panel: 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):


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## C. 初級保健名錄


<p>N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>COMMUNITY CARE IPA LLC</b></p>	<p><i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i></p>
<b>FAMILY PRACTICE</b>		
<p><b>RAGUVEER, VISHAKA</b>  <i>Provider ID: 418535</i>  <i>Provider Gender: Female</i>  <i>License Number: A172736</i>  <i>NPI: 1740609387</i></p>	<p> 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></p>	<p><b>FAMILY PRACTICE</b>  <b>RITTER, STEVEN</b>  <i>Provider ID: 451167</i>  <i>Provider Gender: Male</i>  <i>License Number: 20A7435</i>  <i>NPI: 1356556021</i></p>
<p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>OPERATION SAMAHAN</b></p>	<p> <i>Website: N/A</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N</p>	<p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CAL-PHP</b></p>
<p> 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></p>	<p> <i>Website: N/A</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i></p>	<p> 950 S EUCLID AVE            SAN DIEGO, CA 92114   <i>Phone: (619) 662-4100</i>   <i>After Hours Phone: (619) 662-4100</i></p>
<p> <i>Website: www.operationsamahan.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N</p>	<b>FAMILY PRACTICE</b>	
<p> <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM</i></p>	<p><b>RIDGE, NEAL</b>  <i>Provider ID: 631494</i>  <i>Provider Gender: Male</i>  <i>License Number: 20A6920</i>  <i>NPI: 1053381004</i></p>	<p> <i>Website: www.syhealth.org /clinics/king-chavez-health-center</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N</p>
<p><b>FAMILY PRACTICE</b>  <b>RAGUVEER, VISHAKA</b>  <i>Provider ID: 618164</i>  <i>Provider Gender: Female</i>  <i>NPI: 1740609387</i></p>	<p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CAL-PHP</b></p>	<p> <i>Accessibility: CONTACT PROVIDER</i></p>
<p><b>FAMILY PRACTICE</b>  <b>RODRIGUEZ, LOUIE</b>  <i>Provider ID: 206360</i>  <i>Provider Gender: Male</i>  <i>License Number: A176144</i>  <i>NPI: 1558823625</i>   <i>Provider English Spoken: Y</i></p>	<p> 1666 PRECISION PARK LN            SAN DIEGO, CA 92173   <i>Phone: (619) 662-4100</i>   <i>After Hours Phone: (619) 662-4100</i>   <i>Website: www.syhealth.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i></p>	<p><b>FAMILY PRACTICE</b>  <b>RODRIGUEZ, LOUIE</b>  <i>Provider ID: 206360</i>  <i>Provider Gender: Male</i>  <i>License Number: A176144</i>  <i>NPI: 1558823625</i>   <i>Provider English Spoken: Y</i></p>

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## C. 初級保健名錄

 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF  
SAN DIEGO**

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619)  
515-2300*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*



*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

### **FAMILY PRACTICE**

#### **RODRIGUEZ, LOUIE**

*Provider ID: 417937*  
*Provider Gender: Male*  
*License Number: A176144*  
*NPI: 1558823625*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF  
SAN DIEGO**

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 *Phone: (619) 515-2545*  
 *After Hours Phone: (619)  
515-2545*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*



*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

### **FAMILY PRACTICE**




#### **RODRIGUEZ, SEAN**


*Provider ID: 227409*  
*Provider Gender: Male*  
*License Number: A120576*  
*NPI: 1780909903*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA*

*Board Certified Specialty: No*  
**IHP OF SOUTHERN CAL-PHP**

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)  
662-4100*


 *Website: https://www.syhe  
alth.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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL): *License Number: 20A12796*

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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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### **FAMILY PRACTICE**

#### **SHUMILAK, KAILI**

Provider ID: 418142

Provider Gender: Female

License Number: 20A12796

NPI: 1831489855

Provider English Spoken: Y

Provider Language(s)


Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105

 Phone: (619) 515-2454

 After Hours Phone: (619)  
515-2454

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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### **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

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### **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](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







請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<p><b>FAMILY PRACTICE</b></p> <p><b>SNYDER, CHRISTOPHER</b>            Provider ID: 517998            Provider Gender: Male            License Number: 20A7502            NPI: 1922041235</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> 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><input type="checkbox"/> 4690 EL CAJON BLVD SAN DIEGO, CA 92115  <input type="checkbox"/> Phone: (619) 662-4100  <input type="checkbox"/> After Hours Phone: (619) 662-4100  <input type="checkbox"/> Website: N/A            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N  <input type="checkbox"/> Accessibility: CONTACT PROVIDER</p>	<p>Provider Gender: Female            License Number: A157547            NPI: 1013441203</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p><input type="checkbox"/> 1501 IMPERIAL AVE SAN DIEGO, CA 92101  <input type="checkbox"/> Phone: (619) 233-8500  <input type="checkbox"/> After Hours Phone: (619) 233-8500  <input type="checkbox"/> Website: N/A            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N  <input type="checkbox"/> Accessibility: CONTACT PROVIDER  <input type="checkbox"/> 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><input type="checkbox"/> 1016 OUTER RD SAN DIEGO, CA 92154  <input type="checkbox"/> Phone: (619) 429-3733  <input type="checkbox"/> After Hours Phone: (619) 429-3733  <input type="checkbox"/> Website: www.ibclinic.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N  <input type="checkbox"/> 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><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> 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><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, LOS ANGELES COUNTY HARBOR UCLA MEDICAL CENTER            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p>



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。






## C. 初級保健名錄

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。





## C. 初級保健名錄

PROVIDER		
<b><u>FAMILY PRACTICE</u></b>		
<b>VILLA, MARIA</b>	BEACH MEMORIAL MED CTR, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON	 After Hours Phone: (619) 662-4100  Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER
Provider ID: 107710 Provider Gender: Female NPI: 1861541385  Provider English Spoken: Y  Provider Language(s) Spoken: Spanish, Tagalog Cultural Competency: N Board Certified Specialty: No COMMUNITY CARE IPA LLC  655 SATURN BLVD STE J SAN DIEGO, CA 92154  Phone: (619) 575-4442  Fax: (619) 575-1297  After Hours Phone: (619) 575-4442  Website: N/A Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8:30AM-5PM	 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	<hr/> <b><u>FAMILY PRACTICE</u></b> <b>WU, JENNIFER</b> Provider ID: 403583 Provider Gender: Female License Number: A54702 NPI: 1215953013  Provider English Spoken: Y  Provider Language(s) Spoken: Mandarin, Spanish Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  1501 IMPERIAL AVE SAN DIEGO, CA 92101  Phone: (619) 233-8500  After Hours Phone: (619) 233-8500  Website: N/A Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N
<b><u>FAMILY PRACTICE</u></b>		
<b>WANG, REGINA</b>	<b>WHITE, KATHERINE</b>	
Provider ID: 403583 Provider Gender: Female License Number: A109828 NPI: 1154554871  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: LONG	Provider ID: 227409 Provider Gender: Female License Number: A120447 NPI: 1801112925  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113  Phone: (619) 662-4100	

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5PM*

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### **FAMILY PRACTICE**

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#### **ZAHLER, MARVIN**

*Provider ID: 417937*

*Provider Gender: Male*

*License Number: 20A11612*


*NPI: 1134380710*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS MERCY HOSPITAL*

*Board Certified Specialty: No*  
*FAMILY HEALTH CENTERS OF SAN DIEGO*

 *4094 4TH AVE*  
*SAN DIEGO, CA 92103*

 *Phone: (619) 515-2545*


 *After Hours Phone: (619) 515-2545*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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### **FAMILY PRACTICE**

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#### **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*

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### **FQHC**

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#### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC,**

*Provider ID: 206363*

*NPI: 1982747671*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*FAMILY HEALTH CENTERS OF SAN DIEGO*

 *4725 MARKET ST*  
*SAN DIEGO, CA 92102*

 *Phone: (619) 515-2560*

*Fax: (619) 263-2499*

 *After Hours Phone: (619) 515-2560*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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### **FQHC**

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#### **DOWNTOWN FAMILY CTR AT CONNECTIONS,**

*Provider ID: 417782*

*NPI: 1588901045*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*FAMILY HEALTH CENTERS OF SAN DIEGO*

 *1250 6TH AVE STE 100*  
*SAN DIEGO, CA 92101*

 *Phone: (619) 515-2430*

*Fax: (619) 578-2410*

 *After Hours Phone: (619) 515-2430*


 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

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### **FQHC**

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#### **FAMILY HEALTH CTR IBARRA,**

*Provider ID: 417987*

*NPI: 1477953933*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 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](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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### 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](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

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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](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

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### 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](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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### FQHC

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#### LA MAESTRA FAMILY CLINIC INC,

Provider ID: 185268

NPI: 1336353721

 Provider English Spoken: Y


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


*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

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### 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

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### 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

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### FQHC

**LOGAN HEIGHTS FAMILY  
HEALTH CENTER,**

Provider ID: 206360


NPI: 1447281936

 Provider English Spoken: Y  
Cultural Competency: N

FAMILY HEALTH CENTERS OF


SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

Fax: (619) 234-2447

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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### FQHC

**LOGAN HEIGHTS FAMILY  
HEALTH CENTER,**


Provider ID: 624977

NPI: 1447281936

 Provider English Spoken: Y  
Cultural Competency: N


FAMILY HEALTH CENTERS OF  
SAN DIEGO

 2204 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2355

Fax: (619) 232-7011

 After Hours Phone: (619)  
515-2355

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<p style="text-align: center;"><b>FQHC</b></p> <p><b>MID-CITY COMMUNITY CLINIC,</b>  <i>Provider ID: 233597</i>  <i>NPI: 1962483040</i>  <input type="checkbox"/> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <b>IHP OF SOUTHERN CAL-PHP</b>  <input type="checkbox"/> 4290 POLK AVE            SAN DIEGO, CA 92105  <input type="phone"/> <i>Phone: (619) 563-0250</i>  <i>Fax: (858) 633-4681</i>  <input type="clock"/> <i>After Hours Phone: (619) 563-0250</i>  <input type="website"/> <i>Website: www.sdfamilycare.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>  <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i>  <input type="clock"/> <i>Hours: M-F 8AM-5PM SA 8AM-2PM</i></p>	<p><input type="phone"/> <i>Phone: (619) 280-2058</i>  <i>Fax: (858) 633-4682</i>  <input type="clock"/> <i>After Hours Phone: (619) 280-2058</i>  <input type="website"/> <i>Website: www.sdfamilycare.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\22</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-2PM</i></p>	<p style="text-align: center;"><b>FQHC</b></p> <p><b>NORTH PARK FAMILY HEALTH CENTERS,</b>  <i>Provider ID: 206362</i>  <i>NPI: 1184169963</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="checkbox"/> 3544 30TH ST            SAN DIEGO, CA 92104  <input type="phone"/> <i>Phone: (619) 515-2424</i>  <i>Fax: (619) 501-0627</i>  <input type="clock"/> <i>After Hours Phone: (619) 515-2424</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></p>
<p style="text-align: center;"><b>FQHC</b></p> <p><b>MID-CITY COMMUNITY CLINIC,</b>  <i>Provider ID: 233532</i>  <i>NPI: 1962483040</i>  <input type="checkbox"/> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <b>IHP OF SOUTHERN CAL-PHP</b>  <input type="checkbox"/> 4305 UNIVERSITY AVE STE 150            SAN DIEGO, CA 92105</p>	<p style="text-align: center;"><b>FQHC</b></p> <p><b>NESTOR COMMUNITY HEALTH CENTER,</b>  <i>Provider ID: 214492</i>  <i>NPI: 1215246996</i>  <input type="checkbox"/> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <b>IHP OF SOUTHERN CAL-PHP</b>  <input type="checkbox"/> 1016 OUTER RD            SAN DIEGO, CA 92154  <input type="phone"/> <i>Phone: (619) 429-3733</i>  <i>Fax: (619) 628-5550</i>  <input type="clock"/> <i>After Hours Phone: (619) 429-3733</i>  <input type="website"/> <i>Website: www.ibclinic.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 8:30AM-5PM TU-TH 8:30AM-8PM</i></p>	<p style="text-align: center;"><b>FQHC</b></p> <p><b>NORTH PARK FAMILY HEALTH CENTERS,</b>  <i>Provider ID: 416831</i>  <i>NPI: 1700821303</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="checkbox"/> 3514 30TH ST            SAN DIEGO, CA 92104  <input type="phone"/> <i>Phone: (619) 515-2424</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


### INDIAN HEALTH CENTER,

Provider ID: 207382


NPI: 1003902917

 Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 2630 1ST AVE

SAN DIEGO, CA 92103

 Phone: (619) 234-2158

Fax: (619) 234-0206

 After Hours Phone: (619)  
234-2158


 Website: WWW.SDAIHC.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

Indian Health Services: Y

#### FQHC

### SAN DIEGO FAMILY CARE,

Provider ID: 482070


NPI: 1457724858

 Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD

SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700


 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM

TU 8:30AM-8:30PM

W-F 8:30AM-5:30PM

SA 9AM-4PM

#### FQHC


### SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE,

Provider ID: 517403


NPI: 1598308926

 Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 316 25TH ST

SAN DIEGO, CA 92102

 Phone: (619) 238-5551

Fax: (619) 238-3807

 After Hours Phone: (619)  
238-5551


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

#### FQHC

### SAN YSIDRO HEALTH CHC - OCEAN VIEW,

Provider ID: 227409


NPI: 1326225632

 Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 3177 OCEAN VIEW BLVD

SAN DIEGO, CA 92113

 Phone: (619) 662-4100

Fax: (619) 595-0258

 After Hours Phone: (619)  
662-4100


 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

#### FQHC

### SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED,

Provider ID: 517998


NPI: 1205477841

 Provider English Spoken: Y  
Cultural Competency: N


IHP OF SOUTHERN CAL-PHP

 4690 EL CAJON BLVD

SAN DIEGO, CA 92115

 Phone: (619) 662-4100

Fax: (619) 824-9076

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### FQHC


#### SAN YSIDRO HEALTH PRECISION PARK,


Provider ID: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

SAN DIEGO, CA 92101  
☎ Phone: (619) 233-8500  
📞 After Hours Phone: (619) 233-8500  
🌐 Website: N/A  
Medi-Cal Open Panel: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

VISTA, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### DAHMS, ERIC

Provider ID: 417937

Provider Gender: Male

License Number: G80316

NPI: 1306808464

Provider English Spoken: Y

Provider Language(s)  
Spoken: German

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### DIETZ, KEVIN

Provider ID: 417937

Provider Gender: Male

License Number: 20A17657

NPI: 1083117865

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-9PM  
F 8AM-5PM

### INTERNAL MEDICINE

#### DODGE, JOHN

Provider ID: 417937

Provider Gender: Male

License Number: G67831

NPI: 1770510489

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### DOMINGUEZ, FERNANDO

Provider ID: 417937

Provider Gender: Male

License Number: A154708

NPI: 1972917672

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
 515-2545

Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-9PM  
 F 8AM-5PM

### INTERNAL MEDICINE

#### **FABELLA, GABRIEL**

Provider ID: 9774  
 Provider Gender: Male  
 NPI: 1124060827

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Japanese, Spanish,  
 Tagalog  
 Cultural Competency: N  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

10737 CAMINO RUIZ STE 115  
 SAN DIEGO, CA 92126  
 Phone: (858) 695-1262  
 Fax: (858) 695-2132

After Hours Phone: (858)  
 695-1262  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 9AM-3PM

### INTERNAL MEDICINE

#### **FRENETTE, CATHERINE**

Provider ID: 417937  
 Provider Gender: Female  
 License Number: A80461  
 NPI: 1417935081

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 GREEN HOSPITAL, SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, CALIFORNIA  
 PACIFIC MED CTR  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
 515-2545

Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-9PM  
 F 8AM-5PM

### INTERNAL MEDICINE

#### **GEHR, MARC**

Provider ID: 417937  
 Provider Gender: Male  
 License Number: G67338  
 NPI: 1306800180

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
 515-2545

Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

### INTERNAL MEDICINE

#### **GERWER, JOHANNA**

Provider ID: 206360

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

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

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## C. 初級保健名錄

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



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 *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.org*


*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*


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## C. 初級保健名錄

*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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

License Number: A81206  
 NPI: 1750498119  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi  
 Cultural Competency: N  
 Hospital Affiliation: ST MARYS  
 MEDICAL CENTER SAN  
 FRANCISCO, TRI CITY  
 MEDICAL CTR  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 1666 PRECISION PARK LN  
 SAN DIEGO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### INTERNAL MEDICINE

#### SHI, RUJING

Provider ID: 417937  
 Provider Gender: Female  
 License Number: 20A19399  
 NPI: 1710446539  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF

SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
 515-2545  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-9PM  
 F 8AM-5PM

### INTERNAL MEDICINE

#### SMILDE, RENEE

Provider ID: 417937  
 Provider Gender: Female  
 License Number: A70175  
 NPI: 1427010594  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Dutch  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)

515-2545  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-9PM  
 F 8AM-5PM

### INTERNAL MEDICINE

#### URIBE-BRUCE, LILIANA

Provider ID: 206360  
 Provider Gender: Female  
 License Number: C55724  
 NPI: 1689010324  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### INTERNAL MEDICINE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供  
 者目錄中的資訊可能會更改。

## C. 初級保健名錄


### 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


### VIDAURRAZAGA, MONICA

Provider ID: 417937

Provider Gender: Female

License Number: A169207

NPI: 1346628310


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No


FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

#### INTERNAL MEDICINE


### WASTILA, LISA

Provider ID: 403583

Provider Gender: Female

License Number: A60801

NPI: 1043375231

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE

SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

#### INTERNAL MEDICINE

### WATTANAMANO, 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

🕒 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

HOSPITAL, Adventist Health and Rideout, UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST  
SAN DIEGO, CA 92102  
Phone: (619) 515-2560  
After Hours Phone: (619) 515-2560

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### MULTI SPECIALTY MEDICAL CLINIC

UCSD MEDICAL GROUP,  
Provider ID: 179639  
NPI: 1508968751  
Provider English Spoken: Y  
Cultural Competency: N  
UCSD MEDICAL GROUP

4168 FRONT ST  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Website: N/A

Medi-Cal Open Panel: Yes  
Min/Max Age: 25\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM

### MULTI SPECIALTY MEDICAL CLINIC

UCSD MEDICAL GROUP,  
Provider ID: 179619  
NPI: 1578672184  
Provider English Spoken: Y  
Cultural Competency: N  
UCSD MEDICAL GROUP

330 LEWIS ST STE 400  
SAN DIEGO, CA 92103  
Phone: (619) 471-9260  
Fax: (619) 471-9310  
After Hours Phone: (619) 471-9260  
Website: N/A

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\25  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### NEUROLOGY

CANTU-REYNA, GUILLERMO  
Provider ID: 185268  
Provider Gender: Male  
License Number: A41375  
NPI: 1447389101  
Provider English Spoken: Y

Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP CHULA VISTA MED CTR  
Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Phone: (619) 255-9155  
After Hours Phone: (619) 255-9155  
Website: www.lamaestra.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM

### NEUROLOGY

LUHAR, RIYA  
Provider ID: 417937  
Provider Gender: Female  
License Number: 20A19975  
NPI: 1235665662  
Provider English Spoken: Y  
Provider Language(s) Spoken: Gujarati, Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS,

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## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供  
者目錄中的資訊可能會更改。

## C. 初級保健名錄

 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,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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: 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: 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: 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



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供  
者目錄中的資訊可能會更改。

## C. 初級保健名錄


 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**



Provider ID: 206363  
 Provider Gender: Female  
 License Number: A68463  
 NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO




 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **CARTER, KHALIL**



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**

#### **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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### **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: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


### 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: 206360  
Provider Gender: Female  
License Number: A163464  
NPI: 1326531401

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](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: 206363  
Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

License Number: A163464

NPI: 1326531401

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **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: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## C. 初級保健名錄



 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider ID: 402851  
Provider Gender: Male  
License Number: A108228  
NPI: 1629277322  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
515-2444




 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER



### **OBSTETRICS / GYNECOLOGY**

#### **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: 416831  
Provider Gender: Female  
License Number: A178499  
NPI: 1033613732

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**




#### **DORUELO, ASHLEY**


Provider ID: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。


## C. 初級保健名錄

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
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):  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: 206363

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Provider Gender: Female  
License Number: C174771  
NPI: 1053392035  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **HANLEY, LAUREN**






Provider ID: 416831  
Provider Gender: Female  
License Number: C174771  
NPI: 1053392035  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**




#### **HANLEY, LAUREN**

Provider ID: 402851  
Provider Gender: Female  
License Number: C174771  
NPI: 1053392035  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444  
 After Hours Phone: (619)  
515-2444  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-W  
8:30AM-5:30PM  
TH 9AM-6PM  
F 8:30AM-5:30PM


### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**


Provider ID: 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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

515-2444  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-W 8:30AM-5PM  
 TH 9:30AM-6PM

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 206362

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)  
 Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP


CORONADO HOSP AND  
 HEALTHCARE CTR, SCRIPPS  
 MERCY HOSPITAL,  
 GROSSMONT HOSPITAL

Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 3544 30TH ST  
 SAN DIEGO, CA 92104


 Phone: (619) 515-2424

 After Hours Phone: (619)  
 515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
 8:30AM-5:30PM  
 F 8:30AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 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  
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 SAN DIEGO, CA 92104

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 After Hours Phone: (619)  
 515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

PROVIDER

 Hours: M-TH  
 8:30AM-5:30PM  
 F 8:30AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 416831

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)  
 Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP


CORONADO HOSP AND  
 HEALTHCARE CTR, SCRIPPS  
 MERCY HOSPITAL,  
 GROSSMONT HOSPITAL

Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
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 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**

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## C. 初級保健名錄

### LIPSCHITZ, LISA

Provider ID: 206363

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND  
HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

### OBSTETRICS / GYNECOLOGY

### LIPSCHITZ, LISA

Provider ID: 206360

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND  
HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

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After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### OBSTETRICS / GYNECOLOGY

### PHAN, TIFFANI

Provider ID: 417101

Provider Gender: Female

License Number: A161105

NPI: 1134515695

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CHULA VISTA MED CTR,

SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA

Board Certified Specialty: No  
OPERATION SAMAHAN

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)  
200-2426

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### OBSTETRICS / GYNECOLOGY

### SAPRA, SONIA

Provider ID: 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

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## C. 初級保健名錄

### SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### SAPRA, SONIA


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): Provider Gender: Female  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### SAPRA, SONIA


Provider ID: 416831

Provider Gender: Female

License Number: A164859

NPI: 1952751711

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi



Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO


 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](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: 402851

License Number: A164859

NPI: 1952751711

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi



Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3705 MISSION BLVD  
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 Phone: (619) 515-2444  
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515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-W  
8:30AM-5:30PM  
TH 9AM-6PM  
F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### STABEN, REBECCA

Provider ID: 402851

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

 Provider English Spoken: Y

Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Hospital Affiliation: Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619)  
515-2444

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-W  
8:30AM-5:30PM  
TH 9AM-6PM  
F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 416831

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp  
Grossmont Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3514 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 206363

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp  
Grossmont Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 206360

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp  
Grossmont Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **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: 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

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **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

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## C. 初級保健名錄

 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

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 After Hours Phone: (619) 515-2424

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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

### **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

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 402851

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

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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):

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 Accessibility: CONTACT PROVIDER

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## C. 初級保健名錄

<b>OPHTHALMOLOGY</b>	<b>OPHTHALMOLOGY</b>	<b>OPHTHALMOLOGY</b>
<p><b>NAJAFI, DAVID</b>            Provider ID: 206360            Provider Gender: Male            License Number: A68124            NPI: 1396715991</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Farsi, Persian, Spanish</p> <p>Cultural Competency: N            Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL</p> <p>Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 1809 NATIONAL AVE            SAN DIEGO, CA 92113   Phone: (619) 515-2300   After Hours Phone: (619) 515-2300   Website: www.fhcsd.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-TU 8:30AM-6PM            TH 8:30AM-6PM            F 8:30AM-5PM            SA 8:30AM-5PM</p>	<p><b>SHAW, BLAKE</b>            Provider ID: 206360            Provider Gender: Male            License Number: G61394            NPI: 1649206541</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 1809 NATIONAL AVE            SAN DIEGO, CA 92113   Phone: (619) 515-2300   After Hours Phone: (619) 515-2300   Website: www.fhcsd.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M 8:30AM-7:30PM            TU-F 8:30AM-5:30PM</p>	<p>Cultural Competency: N            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 4725 MARKET ST            SAN DIEGO, CA 92102   Phone: (619) 515-2560   After Hours Phone: (619) 515-2560   Website: www.fhcsd.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
	<p><b>OPHTHALMOLOGY</b></p>	<p><b>ZABLIT, KARIM</b>            Provider ID: 403583            Provider Gender: Male            License Number: A42127            NPI: 1083700538</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: French</p> <p>Cultural Competency: N            Hospital Affiliation: SCRIPPS GREEN HOSPITAL</p> <p>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</p>
	<p><b>OPHTHALMOLOGY</b></p>	
	<p><b>SHAW, BLAKE</b>            Provider ID: 206363            Provider Gender: Male            License Number: G61394            NPI: 1649206541</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish</p>	

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1275152662

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4:45PM

### OTOLARYNGOLOGY


#### **DAVIS, MORGAN**

Provider ID: 206360

Provider Gender: Female

License Number: A181809

NPI: 1891359154


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### OTOLARYNGOLOGY

#### **YOUSEF, ANDREW**

Provider ID: 206360

Provider Gender: Male


License Number: A186426


NPI: 1275152662

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### **ABELL, GEOFFREY**

Provider ID: 27341

Provider Gender: Male

NPI: 1245256130

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PARADISE VALLEY

HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,


SHARP MARY BIRCH HOSP  
FOR WOMEN AND


NEWBORNS, SCRIPPS MERCY

HOSPITAL

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 292 EUCLID AVE STE 220  
SAN DIEGO, CA 92114

 Phone: (619) 262-8624  
Fax: (619) 262-6639

 After Hours Phone: (619)  
262-8624

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### **ABRAMSON, RACHEL**

Provider ID: 185268

Provider Gender: Female

License Number: A104918

NPI: 1588707178

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS GREEN

HOSPITAL, SHARP CHULA  
VISTA MED CTR

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


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-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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

*Provider Language(s)*  
Spoken: German, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 After Hours Phone: (619)  
280-2058  
 Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\22  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **ANDREE, GREGOR**

Provider ID: 482070  
Provider Gender: Male  
License Number: A72833  
NPI: 1467436063  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: German, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700  
 Website: www.sdfamilycare

.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M 8:30AM-5:30PM  
TU 8:30AM-9PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

### PEDIATRICS

#### **ARCHAMBAULT, CHRISTIAN**

Provider ID: 5589  
Provider Gender: Male  
NPI: 1992776918  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MERCY  
HOSPITAL, PALOMAR  
HEALTH, SHARP MARY BIRCH  
HOSP FOR WOMEN AND  
NEWBORNS, CHILDRENS  
HOSPITAL OF ORANGE  
COUNTY, PARADISE VALLEY  
HOSPITAL, PARADISE VALLEY  
HOSPITAL, PALOMAR  
MEDICAL CENTER  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH

### NETWORK

16918 DOVE CANYON RD  
STE 200  
SAN DIEGO, CA 92127  
 Phone: (858) 924-1960  
Fax: (858) 924-1964  
 After Hours Phone: (858)  
924-1960  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

### PEDIATRICS

#### **AWDYKOVYCH, MARTA**

Provider ID: 206360  
Provider Gender: Female  
License Number: A44027  
NPI: 1447265137  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese, French,  
Spanish, Ukrainian  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **AYSON, NICOLE**

Provider ID: 417429

Provider Gender: Female

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.syhe  
alth.org/locations](https://www.syhealth.org/locations)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **CABARLO, JEHRIB**

Provider ID: 206360

Provider Gender: Male

License Number: 20A8516

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## C. 初級保健名錄

NPI: 1770661340

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **CARSON, STEPHEN**

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.or  
g

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):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。






## C. 初級保健名錄

<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i></p>	<p><i>NPI: 1437444858</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i></p>	<p><i>Cultural Competency: N</i>  <i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL</i>  <i>Board Certified Specialty: No</i></p>
<b>PEDIATRICS</b>		
<p><b>CHEN, JENNIFER</b>  <i>Provider ID: 206363</i>  <i>Provider Gender: Female</i>  <i>License Number: A141057</i>  <i>NPI: 1255785150</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i>  <i>Board Certified Specialty: No</i>  <i>FAMILY HEALTH CENTERS OF SAN DIEGO</i>   4725 MARKET ST            SAN DIEGO, CA 92102   <i>Phone: (619) 515-2560</i>   <i>After Hours Phone: (619) 515-2560</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><i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO</i>  <i>Board Certified Specialty: No</i>  <i>LA MAESTRA FAMILY CLINIC</i>   4060 FAIRMOUNT AVE            SAN DIEGO, CA 92105   <i>Phone: (619) 255-9154</i>   <i>After Hours Phone: (619) 255-9154</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> 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></p>
<b>PEDIATRICS</b>		
<p>N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-6PM SA 8AM-2PM</i></p>	<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M 8AM-7PM TU-TH 8AM-6PM F 8AM-5:30PM SA 8AM-5PM</i></p>
<b>PEDIATRICS</b>		
<p><b>CONE, STEPHANIE</b>  <i>Provider ID: 185268</i>  <i>Provider Gender: Female</i>  <i>License Number: A123929</i></p>	<p><b>CORDES, WILLIAM</b>  <i>Provider ID: 206360</i>  <i>Provider Gender: Male</i>  <i>License Number: 20A15743</i>  <i>NPI: 1174942544</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i></p>	<p><b>DIXON, SARAH</b>  <i>Provider ID: 482070</i>  <i>Provider Gender: Female</i>  <i>License Number: A137415</i>  <i>NPI: 1467751131</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>   7011 LINDA VISTA RD            SAN DIEGO, CA 92111</p>




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。






## C. 初級保健名錄

 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

### **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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Provider ID: 230500  
 Provider Gender: Female  
 NPI: 1144297961  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, PALOMAR HEALTH,  
 PALOMAR MEDICAL CENTER  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

16918 DOVE CANYON RD  
 STE 200  
 SAN DIEGO, CA 92127

Phone: (858) 924-1960  
 Fax: (858) 924-1964

After Hours Phone: (858)  
 924-1960

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8AM-5PM

### **PEDIATRICS**

#### **GOGGIN, SAMANTHA**

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

PROVIDER	PEDIATRICS	PEDIATRICS
<b>HENDERSON, TREVOR</b> 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	<b>HIBBS, NICOLE</b> 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	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
	<b>HOANG, VY</b>	<b>HORMOZDYARAN, SANAYA</b> Provider ID: 612398 Provider Gender: Female NPI: 1750887634 ☐ Provider English Spoken: Y



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## C. 初級保健名錄

*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
**MEDICAL CTR**  
*Board Certified Specialty: Yes*  
**RADY CHILDRENS HEALTH**  
**NETWORK**


 2790 TRUXTUN RD STE  
 120A  
 SAN DIEGO, CA 92106  
 *Phone: (619) 222-1253*  
*Fax: (619) 222-1276*  
 *After Hours Phone: (619)*  
 222-1253  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL):*







*N*  
 *Accessibility: CONTACT*  
**PROVIDER**  
 *Hours: M-F*  
 8:30AM-5:30PM

### **PEDIATRICS**

#### **JORDAN, JAMIE**



*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.operationsa*  
*mahan.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄








American Sign Language (ASL):  *N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TU  
8:30AM-5:30PM  
W 10AM-7PM  
TH-F 8:30AM-5:30PM*

### **PEDIATRICS**

**KESANAPALLI, DEEPTHI**  
*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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Provider ID: 490610  
 Provider Gender: Female  
 NPI: 1619908936  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SHARP MARY BIRCH  
 HOSP FOR WOMEN AND  
 NEWBORNS, SCRIPPS MERCY  
 HOSPITAL  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 550 WASHINGTON ST STE  
 300  
 SAN DIEGO, CA 92103  
 Phone: (619) 297-5437  
 Fax: (619) 297-4567  
 After Hours Phone: (619)  
 297-5437  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

### **PEDIATRICS**



#### **LUJAN, ARLEEN**






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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供  
 者目錄中的資訊可能會更改。

## C. 初級保健名錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **MANRIQUEZ-CASTILLO, ERENDIRA**

Provider ID: 185268

Provider Gender: Female

License Number: A75533

NPI: 1356397418

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: VALLEY

CHILDRENS HOSPITAL, RADY

CHILDRENS HOSPITAL SAN


DIEGO


Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619) 255-9155


 Website: [www.lamaestra.org](http://www.lamaestra.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-6PM  
SA 8AM-2PM

### **PEDIATRICS**

#### **MARTINEZ-ANDREE, INGRID**

Provider ID: 319049

Provider Gender: Female

NPI: 1205807203

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SHARP MEMORIAL


HOSPITAL

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

 7910 FROST ST STE 400

SAN DIEGO, CA 92123

 Phone: (858) 495-0500

Fax: (858) 560-4279

 After Hours Phone: (858) 495-0500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **PEDIATRICS**

#### **NGUYEN, JANICE**

Provider ID: 416831

Provider Gender: Female

License Number: A157335

NPI: 1760916589


Provider English Spoken: Y

Provider Language(s) Spoken: Vietnamese


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 3514 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619) 515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-5PM

### **PEDIATRICS**

#### **PARK, TARI**

Provider ID: 237711

Provider Gender: Female

NPI: 1285669085

Provider English Spoken: Y

Provider Language(s) Spoken: Korean

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

RADY CHILDRENS HOSPITAL

SAN DIEGO

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

### RADY CHILDRENS HEALTH NETWORK

12036 SCRIPPS  
HIGHLANDS DR STE 102  
SAN DIEGO, CA 92131

Phone: (858) 566-4444

Fax: (858) 566-3321

After Hours Phone: (858)  
566-4444

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

#### PEDIATRICS

### PARKER, SHERINE

Provider ID: 206360

Provider Gender: Female

License Number: G81658

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 Hours: M-F 8AM-5PM

### **PEDIATRICS**


#### **PRESKILL, CATALINA**

Provider ID: 403583

Provider Gender: Female

License Number: G29879

NPI: 1598088759

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE

SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500


 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

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- healt  
h- 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.or  
g

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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

American Sign Language (ASL): **SEBSO, JODI**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-12PM

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### **PEDIATRICS**

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**SAMPATH, SRIVIDYA**

Provider ID: 416831

Provider Gender: Female

License Number: A132576

NPI: 1275892754

 Provider English Spoken: Y



 Provider Language(s)  
Spoken: French


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3514 30TH ST  
SAN DIEGO, CA 92104


 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

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### **PEDIATRICS**


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Provider ID: 416831

Provider Gender: Female

License Number: A103099

NPI: 1538484316

 Provider English Spoken: Y



 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

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### **PEDIATRICS**

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**SEBSO, JODI**

Provider ID: 206360

Provider Gender: Female

License Number: A103099

NPI: 1538484316

 Provider English Spoken: Y



 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113


 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

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### **PEDIATRICS**

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**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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

### NETWORK

 292 EUCLID AVE STE 220  
SAN DIEGO, CA 92114

 Phone: (619) 262-8624

Fax: (619) 262-6639

 After Hours Phone: (619)  
262-8624

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### SHETH, HASMUKH

Provider ID: 451167

Provider Gender: Male

License Number: A45942

NPI: 1396812236

Provider English Spoken: Y

Provider Language(s)  
Spoken: Gujarati, Hindi,  
Urdu

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY  
HOSPITAL


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)

662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### SHIAU, NANCY

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


### **SPITZER, MARSHA**

Provider ID: 417429

Provider Gender: Female

License Number: A76785

NPI: 1851323315

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL,


GROSSMONT HOSPITAL

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)  
515-2525

 Website: [www.fhcsd.org](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**


### **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](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**

### **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

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#### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

SA 8AM-12PM

### PEDIATRICS

#### **SULEIMAN-QAFITI, KHAWLA**

Provider ID: 416831

Provider Gender: Female

License Number: A51318

NPI: 1659303121

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-5PM

### PEDIATRICS


#### **TAMAYO, MAITHE**

Provider ID: 356145

Provider Gender: Female

License Number: A80504

NPI: 1487748430

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 2391 ISLAND AVE  
SAN DIEGO, CA 92102

 Phone: (619) 515-2435

 After Hours Phone: (619)  
515-2435

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS


#### **TAMAYO, MAITHE**

Provider ID: 206360

Provider Gender: Female

License Number: A80504

NPI: 1487748430

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **WASSON, MINA**

Provider ID: 698929

Provider Gender: Female

NPI: 1366753022

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Russian

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL


ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

 12036 SCRIPPS  
HIGHLANDS DR STE 102  
SAN DIEGO, CA 92131

 Phone: (858) 566-4444

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

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 SAN DIEGO

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

📍 292 EUCLID AVE STE 220  
SAN DIEGO, CA 92114

☎ Phone: (619) 262-8624  
Fax: (619) 262-6639

☎ After Hours Phone: (619) 262-8624

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

### **PEDIATRICS**

#### **WEATHERLY, JACOB**

Provider ID: 637376

Provider Gender: Male

NPI: 1538520457

🗒 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: LUCILE SALTER PACKARD CHILDRENS HOSP, Stanford Health Care

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

📍 6699 ALVARADO RD STE 2200  
SAN DIEGO, CA 92120

☎ Phone: (619) 265-3400  
Fax: (619) 265-3407

☎ After Hours Phone: (619) 265-3400

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM  
SA 8:30AM-12PM

### **PEDIATRICS**

#### **WONG, IAN**

Provider ID: 689204

Provider Gender: Male

NPI: 1174152128

🗒 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

📍 11943 EL CAMINO REAL STE 210  
SAN DIEGO, CA 92130

☎ Phone: (858) 793-1011  
Fax: (858) 793-1035

☎ After Hours Phone: (858) 793-1011

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM  
SA 8AM-12PM

### **PEDIATRICS**

#### **WONG, YOLANDA**

Provider ID: 482070


Provider Gender: Female

License Number: A94449

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

NPI: 1851599872

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-9PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

### **PEDIATRICS**


#### **WONG, YOLANDA**

Provider ID: 233532

Provider Gender: Female

License Number: A94449

NPI: 1851599872

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

 After Hours Phone: (619)  
280-2058

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**


#### **ZAHEER, AARON**


Provider ID: 482070

Provider Gender: Male

License Number: A61238

NPI: 1902882301

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Persian, Spanish


Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **ZAHEER, AARON**


Provider ID: 233532

Provider Gender: Male

License Number: A61238

NPI: 1902882301

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Persian, Spanish

Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

 After Hours Phone: (619)  
280-2058

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## C. 初級保健名錄


<p>N   Accessibility: CONTACT PROVIDER</p>	<p>NPI: 1346382611   Provider English Spoken: Y            Cultural Competency: N</p>	<p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):</p>
<hr/>		
<b>PHYSICIANS ASSISTANT</b>		
<hr/>		
<p><b>ALVARADO, EDMUND</b>            Provider ID: 419529            Provider Gender: Male            License Number: PA20888            NPI: 1720303340   Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p> 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):</p>	<p>N   Accessibility: CONTACT PROVIDER</p>
<hr/>		
<b>PHYSICIANS ASSISTANT</b>		
<hr/>		
<p> 2325 COMMERCIAL ST STE 1400            SAN DIEGO, CA 92113   Phone: (619) 515-2422   After Hours Phone: (619) 515-2422   Website: www.fhcsd.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):</p>	<p>N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-6PM            SA 8AM-2PM</p>	<p> 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):</p>
<hr/>		
<b>PHYSICIANS ASSISTANT</b>		
<hr/>		
<p><b>ARMENTA, JORGE</b>            Provider ID: 185268            Provider Gender: Male            License Number: PA13694</p>	<p> 3544 30TH ST            SAN DIEGO, CA 92104   Phone: (619) 515-2424   After Hours Phone: (619) 515-2424   Website: www.fhcsd.org</p>	<p>N   Accessibility: CONTACT PROVIDER</p>
<hr/>		
<b>PHYSICIANS ASSISTANT</b>		
<hr/>		
<p><b>CASTILLO, PATRICIA</b>            Provider ID: 206362            Provider Gender: Female            License Number: PA17220            NPI: 1376550657</p>	<p> 3544 30TH ST            SAN DIEGO, CA 92104   Phone: (619) 515-2424   After Hours Phone: (619) 515-2424   Website: www.fhcsd.org</p>	<p>N   Accessibility: CONTACT PROVIDER</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

 3544 30TH ST  
 SAN DIEGO, CA 92104  
 *Phone: (619) 515-2424*  
 *After Hours Phone: (619) 515-2424*


 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*




 *Accessibility: CONTACT PROVIDER*


### **PHYSICIANS ASSISTANT**

#### **CASTILLO, PATRICIA**

*Provider ID: 206362*  
*Provider Gender: Female*  
*License Number: PA17220*  
*NPI: 1376550657*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

 3544 30TH ST  
 SAN DIEGO, CA 92104  
 *Phone: (619) 515-2424*  
 *After Hours Phone: (619) 515-2424*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*


*American Sign Language (ASL): N*




 *Accessibility: CONTACT PROVIDER*


### **PHYSICIANS ASSISTANT**

#### **CONDEZ, ESEL**

*Provider ID: 206360*  
*Provider Gender: Male*  
*License Number: PA53129*  
*NPI: 1073978680*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*



### **PHYSICIANS ASSISTANT**


#### **CONTRERAS, LORETTA**

*Provider ID: 403583*  
*Provider Gender: Female*  
*License Number: PA54617*  
*NPI: 1679096341*



 *Provider English Spoken: Y*  
*Cultural Competency: N*

 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101

 *Phone: (619) 233-8500*  
 *After Hours Phone: (619) 233-8500*

 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*


*American Sign Language (ASL): N*




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M 8:30AM-5:30PM*  
*TU-W 8:30AM-5PM*  
*TH 8:30AM-9PM*  
*F 8:30AM-5PM*


### **PHYSICIANS ASSISTANT**

#### **DAVID, MARVIC**

*Provider ID: 206360*  
*Provider Gender: Male*  
*License Number: PA53748*  
*NPI: 1750832317*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

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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](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**

#### **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](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

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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

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 After Hours Phone: (619) 515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### **PHYSICIANS ASSISTANT**

#### **HOXMEIER, KRISTA**

Provider ID: 418142

Provider Gender: Female

License Number: PA58505

NPI: 1104203454

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105

 Phone: (619) 515-2454

 After Hours Phone: (619) 515-2454

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### **PHYSICIANS ASSISTANT**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### **HOXMEIER, KRYSTA**

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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>  <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  <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>  <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>  <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  <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>  <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  <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>  <input type="checkbox"/> <i>Provider English Spoken: Y</i></p>

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## C. 初級保健名錄

Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619)  
515-2525

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

### PHYSICIANS ASSISTANT

#### SHARPE, NORMA

Provider ID: 517403

Provider Gender: Female

License Number: PA20490

NPI: 1619100237

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

316 25TH ST  
SAN DIEGO, CA 92102

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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

Provider English Spoken: Y

Cultural Competency: N


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上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供  
者目錄中的資訊可能會更改。




## C. 初級保健名錄

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

---

### 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

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## C. 初級保健名錄

**PROVIDER**  
 Hours: M-F 8AM-5PM  
 SA 8AM-2PM

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### 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

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### 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

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### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供  
 者目錄中的資訊可能會更改。

## C. 初級保健名錄

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: 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

### PODIATRIST

#### **SCHNEIDER, SARAH**

Provider ID: 417429

Provider Gender: Female


License Number: DPM4819


NPI: 1326282237


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525


 After Hours Phone: (619)  
515-2525

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### PREVENTATIVE MEDICINE

#### GENERAL

#### **HILL, LINDA**

Provider ID: 482070


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

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](http://www.sdfamilycare.org)

.org

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M 8:30AM-5:30PM

TU 8:30AM-9PM

W-F 8:30AM-5:30PM

SA 9AM-4PM

### 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](http://www.sdfamilycare.org)

.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F

8:30AM-5:30PM

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](http://www.sdfamilycare.org)

.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F

8:30AM-5:30PM

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](http://www.sdfamilycare.org)

.org

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## C. 初級保健名錄


Medi-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

#### **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

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

#### **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):

 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

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## C. 初級保健名錄

Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
UCSD MEDICAL CTR

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 279-0377

After Hours Phone: (858)  
279-0925

Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### REGISTERED PHYSICAL THERAPIST

#### **BLOCKER, NIRIT**

Provider ID: 206360

Provider Gender: Female

License Number: PT30272

NPI: 1457689309

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hebrew

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

### REGISTERED PHYSICAL THERAPIST

#### **CUMMINGS, GEORGE**

Provider ID: 417937

Provider Gender: Male

License Number: PT295173

NPI: 1497236384

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

### REGISTERED PHYSICAL THERAPIST

#### **FIELDING, JOSEPH**

Provider ID: 417937

Provider Gender: Male

License Number: PT40975

NPI: 1235577560

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### REGISTERED PHYSICAL THERAPIST

#### **HERMES, MARY**

Provider ID: 206360

Provider Gender: Female

License Number: PT24707

NPI: 1518028547




Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

*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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### **REGISTERED PHYSICAL THERAPIST**

---



#### **MIGNEA, DAVID**

*Provider ID: 417937*  
*Provider Gender: Male*  
*License Number: PT293536*  
*NPI: 1043736879*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 *Phone: (619) 515-2545*  
 *After Hours Phone: (619) 515-2545*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*  
*Provider ID: 417937*  
*Provider Gender: Male*  
*License Number: PT28061*  
*NPI: 1780685032*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TH 8AM-9PM  
F 8AM-5PM*


---

### **REGISTERED PHYSICAL THERAPIST**


---

#### **SALES, JAN ERIC**



*Provider ID: 417937*  
*Provider Gender: Female*  
*License Number: PT303890*  
*NPI: 1417650169*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 *Phone: (619) 515-2545*  
 *After Hours Phone: (619) 515-2545*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TH 8AM-9PM  
F 8AM-5PM*

---

### **REGISTERED PHYSICAL THERAPIST**


---

#### **SCHMIDT, BRYAN**

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 *Phone: (619) 515-2545*  
 *After Hours Phone: (619) 515-2545*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


---

### **REGISTERED PHYSICAL THERAPIST**

---

#### **TOVAR, NICOLE**

*Provider ID: 206360*  
*Provider Gender: Female*  
*License Number: PT33914*  
*NPI: 1003088063*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

 1809 NATIONAL AVE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

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  
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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

### **MILLER, WILLIAM**

Provider ID: 206360

Provider Gender: Male

License Number: SP35150

NPI: 1972002210

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300


 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **SPEECH PATHOLOGIST**

### **WILLIAMS, JESSICA**

Provider ID: 206360

Provider Gender: Female

License Number: SP27677

NPI: 1932680006

Provider English Spoken: Y


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
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

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## C. 初級保健名錄

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**

**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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

American Sign Language (ASL): NPI: 1538319645

N

 Accessibility: CONTACT PROVIDER

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---


**HENLEY, MEARA**

Provider ID: 206426

Provider Gender: Female

License Number: NP95002545

NPI: 1538319645


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760) 736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

**CERTIFIED NURSE**  
**PRACTITIONER**


---

**HENLEY, MEARA**

Provider ID: 206426

Provider Gender: Female

License Number: NP95002545


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760) 736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---


**KOUSARI, JHALEH**


Provider ID: 206426

Provider Gender: Female

License Number: NP20893

NPI: 1811262405

 Provider English Spoken: Y


 Provider Language(s) Spoken: Farsi, Persian, Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760) 736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**KOUSARI, JHALEH**


Provider ID: 206426

Provider Gender: Female

License Number: NP20893

NPI: 1811262405

 Provider English Spoken: Y


 Provider Language(s) Spoken: Farsi, Persian, Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760) 736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

*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 VALPREDA RD  
 SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
 *After Hours Phone: (760) 736-6767*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM SA 8AM-5PM*

### **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*  
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*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  
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*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
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## C. 初級保健名錄

**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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 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**FQHC**

**TRUECARE,**  
 Provider ID: 614511  
 NPI: 1598484255

Provider English Spoken: Y  
 Cultural Competency: N

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 Min/Max Age: 0\None  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

**FQHC**

**TRUECARE,**  
 Provider ID: 614511  
 NPI: 1811617939

Provider English Spoken: Y  
 Cultural Competency: N

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 Min/Max Age: 0\None  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

**FQHC**

**TRUECARE,**  
 Provider ID: 614511  
 NPI: 1245246917

Provider English Spoken: Y  
 Cultural Competency: N

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## C. 初級保健名錄

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### FQHC

#### TRUECARE,

Provider ID: 206426  
 NPI: 1598484255  
 Provider English Spoken: Y  
 Cultural Competency: N  
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 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM  
 SA 8AM-5PM

### FQHC

#### TRUECARE,

Provider ID: 206426  
 NPI: 1245246917  
 Provider English Spoken: Y  
 Cultural Competency: N  
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 NPI: 1811617939

Provider English Spoken: Y  
 Cultural Competency: N  
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 N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM  
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### 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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### GENERAL PRACTICE

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License Number: A71311

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Provider Language(s)  
 Spoken: Polish


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## C. 初級保健名錄

*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS*

*Board Certified Specialty: No  
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*American Sign Language (ASL):  
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 *Accessibility: CONTACT  
PROVIDER*

### **GENERAL PRACTICE**


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*Provider Gender: Female*

*License Number: A71311*

*NPI: 1184735201*

 *Provider English Spoken: Y*


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 *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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PROVIDER*

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### **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  
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Grossmont Hospital, Adventist  
Health and Rideout*

*Board Certified Specialty: No  
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### **INTERNAL MEDICINE**

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## C. 初級保健名錄

### **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

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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

### **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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### **PONIACHIK, SAMUEL**

Provider ID: 206426

Provider Gender: Male

License Number: G74757

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Provider Language(s)  
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### **OBSTETRICS / GYNECOLOGY**

### **MOSTOFIAN, EIMANEH**

Provider ID: 206426

Provider Gender: Female

License Number: A97181

NPI: 1154477628

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## C. 初級保健名錄

*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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*Min/Max Age: 0\None*

*American Sign Language (ASL): N*  
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 *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*  
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*Cultural Competency: N*  
*Hospital Affiliation: PALOMAR MEDICAL CENTER, TRI CITY MEDICAL CTR*  
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### **OBSTETRICS / GYNECOLOGY**

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*Provider English Spoken: Y*  
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*Cultural Competency: N*  
*Hospital Affiliation: PALOMAR MEDICAL CENTER, TRI CITY MEDICAL CTR*  
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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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 *Accessibility: CONTACT PROVIDER*

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 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER*  
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## C. 初級保健名錄

### **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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American Sign Language (ASL):

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Accessibility: CONTACT  
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Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER

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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 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**

#### **MALHOTRA, ARATI**

Provider ID: 206426

Provider Gender: Female

License Number: A63903

NPI: 1215135306

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

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## C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**


#### **MALHOTRA, ARATI**


*Provider ID: 206426*

*Provider Gender: Female*

*License Number: A63903*

*NPI: 1215135306*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Hindi, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: TRI CITY*


*MEDICAL CTR, PALOMAR*


*MEDICAL CENTER*

*Board Certified Specialty: No*

*IHP OF SOUTHERN CAL-PHP*

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**


#### **MALHOTRA, ARATI**


*Provider ID: 206426*

*Provider Gender: Female*

*License Number: A63903*

*NPI: 1215135306*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Hindi, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: TRI CITY*


*MEDICAL CTR, PALOMAR*


*MEDICAL CENTER*

*Board Certified Specialty: No*

*IHP OF SOUTHERN CAL-PHP*

 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**

#### **MATIAS, JULIE**

*Provider ID: 661065*

*Provider Gender: Female*

*NPI: 1083094510*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

*RADY CHILDRENS HEALTH*

*NETWORK*

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

*Fax: (760) 736-6744*

 *After Hours Phone: (760) 736-6767*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 8AM-6PM*

*TU 8AM-5PM*

*W-F 8AM-6PM*

*SA 8AM-5PM*

### **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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

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

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## C. 初級保健名錄

 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 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



### **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 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-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 VALPREDA 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 VALPREDA RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767

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## C. 初級保健名錄

 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

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## C. 初級保健名錄






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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

American Sign Language (ASL): Cultural Competency: N

N

 Accessibility: CONTACT PROVIDER

---

### PHYSICIANS ASSISTANT

#### CHISWICK, GARY

Provider ID: 206426

Provider Gender: Male

License Number: PA22667

NPI: 1174964001


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): IHP OF SOUTHERN CAL-PHP  
N

 Accessibility: CONTACT PROVIDER

---

### PHYSICIANS ASSISTANT


#### KOSEL, MATTHEW

Provider ID: 206426

Provider Gender: Male


License Number: PA17101


NPI: 1316947302

 Provider English Spoken: Y

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): IHP OF SOUTHERN CAL-PHP  
N

 Accessibility: CONTACT PROVIDER

---

### PHYSICIANS ASSISTANT

#### KOSEL, MATTHEW

Provider ID: 206426

Provider Gender: Male


License Number: PA17101


NPI: 1316947302

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): IHP OF SOUTHERN CAL-PHP  
N

 Accessibility: CONTACT

PROVIDER

---

### PHYSICIANS ASSISTANT

#### KOSEL, MATTHEW

Provider ID: 206426

Provider Gender: Male


License Number: PA17101


NPI: 1316947302

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): IHP OF SOUTHERN CAL-PHP  
N

 Accessibility: CONTACT PROVIDER

---

### PHYSICIANS ASSISTANT

#### NAVARRETE CELESTINO, MISHEL

Provider ID: 206426

Provider Gender: Female

License Number: PA62228

NPI: 1578263760

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish




Cultural Competency: N


Board Certified Specialty: No

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## C. 初級保健名錄

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](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
SA 8AM-5PM

### PHYSICIANS ASSISTANT


**NAVARRETE CELESTINO,  
MISHEL**

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](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

### PHYSICIANS ASSISTANT


**NAVARRETE CELESTINO,  
MISHEL**

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

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SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 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](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

### PHYSICIANS ASSISTANT

**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

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 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

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## C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL): N


N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

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

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT

#### RUSSO, KRISTA

Provider ID: 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

 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

### 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

### PHYSICIANS ASSISTANT


#### SPENCE, JAMIE


Provider ID: 206426

Provider Gender: Female

 150 VALPREDA RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

License Number: PA51867

NPI: 1295147387

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

150 VALPREDA RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-5PM

### PHYSICIANS ASSISTANT

**TAHRIRI, BAHAREH**

Provider ID: 206426

Provider Gender: Female

License Number: PA51867

NPI: 1295147387

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

150 VALPREDA RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-5PM

### PHYSICIANS ASSISTANT

**TAHRIRI, BAHAREH**

Provider ID: 206426

Provider Gender: Female

License Number: PA51867

NPI: 1295147387

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

150 VALPREDA RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-5PM

### PODIATRIST

**DASGUPTA, DEBORSHI**

Provider ID: 614511

Provider Gender: Male

License Number: DPM5542

NPI: 1598129223

Provider English Spoken: Y

Provider Language(s)  
Spoken: Bengali, Hindi,  
Spanish

Cultural Competency: N

Hospital Affiliation: CLOVIS

COMMUNITY HOSPITAL,  
COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
FRESNO HEART AND  
SURGICAL HOSPITAL

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PODIATRIST

**DASGUPTA, DEBORSHI**

Provider ID: 614511

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## C. 初級保健名錄

**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





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## C. 初級保健名錄

 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)

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## C. 初級保健名錄

<p>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>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>	<p>SA 8:30AM-2PM</p>
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		
<p><b>IBARRA, MARTHA</b></p> <p>Provider ID: 227469</p> <p>Provider Gender: Female</p> <p>License Number: NP12112</p> <p>NPI: 1114957289</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 CHULA VISTA</p> <p>Board Certified Specialty: No 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><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>IBARRA, MARTHA</b></p> <p>Provider ID: 206292</p> <p>Provider Gender: Female</p> <p>License Number: NP12112</p> <p>NPI: 1114957289</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 CHULA VISTA</p> <p>Board Certified Specialty: No 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> Hours: M-F 8AM-5:30PM</p>	<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>KANTAS, PARIS</b></p> <p>Provider ID: 206292</p> <p>Provider Gender: Male</p> <p>License Number: NP18661</p> <p>NPI: 1114329612</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR</p> <p>Board Certified Specialty: No 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> Hours: M-F 8AM-5:30PM SA 8:30AM-2PM</p> <p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>ORDINANZA, MYLENE</b></p> <p>Provider ID: 227469</p>

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## C. 初級保健名錄


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**

---

#### **PITTMAN, LILIANA**

Provider ID: 227469

Provider Gender: Female


License Number: NP95017732

NPI: 1326599002

Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)

662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

### **CERTIFIED NURSE PRACTITIONER**

---

#### **SANCHEZ, MYRNA**

Provider ID: 227469

Provider Gender: Female


License Number: NP95003721


NPI: 1548614506


Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

### **CERTIFIED NURSE PRACTITIONER**

---

#### **VAZQUEZ-ERLBECK, MARTHA**

Provider ID: 227469

Provider Gender: Female

License Number: NP95001960


NPI: 1669865960


Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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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

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## C. 初級保健名錄

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 *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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<p><b>FAMILY PRACTICE</b></p> <p><b>DAVIS, CHARLES</b>            Provider ID: 685520            Provider Gender: Male            NPI: 1194840231  <input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP  <input type="checkbox"/> 4004 BEYER BLVD            SAN YSIDRO, CA 92173  <input type="checkbox"/> Phone: (619) 662-4100            Fax: (619) 205-6305  <input type="checkbox"/> After Hours Phone: (619) 662-4100  <input type="checkbox"/> Website: N/A            Medi-Cal Open Panel: Yes            Min/Max Age: 18\None            American Sign Language (ASL): N  <input type="checkbox"/> Accessibility: CONTACT PROVIDER  <input type="checkbox"/> Hours: M-F 8AM-5PM</p>	<p>IHP OF SOUTHERN CAL-PHP  <input type="checkbox"/> 4004 BEYER BLVD            SAN YSIDRO, CA 92173  <input type="checkbox"/> Phone: (619) 662-4100            Fax: (619) 205-6305  <input type="checkbox"/> After Hours Phone: (619) 662-4100  <input type="checkbox"/> Website: N/A            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N  <input type="checkbox"/> Accessibility: CONTACT PROVIDER  <input type="checkbox"/> Hours: M-F 8AM-5PM</p>	<p><input type="checkbox"/> After Hours Phone: (619) 662-4100  <input type="checkbox"/> 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  <input type="checkbox"/> Accessibility: CONTACT PROVIDER  <input type="checkbox"/> Hours: M-F 8AM-5:30PM            SA 8:30AM-2PM</p>
<p><b>FAMILY PRACTICE</b></p> <p><b>DUENAS RUIZ, KAREN</b>            Provider ID: 692209            Provider Gender: Female            NPI: 1972181345  <input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA            Board Certified Specialty: No</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>ESTRADA, JOHANNA</b>            Provider ID: 206292            Provider Gender: Female            License Number: A127188            NPI: 1255698155  <input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> 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  <input type="checkbox"/> 4004 BEYER BLVD            SAN YSIDRO, CA 92173  <input type="checkbox"/> Phone: (619) 662-4100</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>HEINRICI, ALEKA</b>            Provider ID: 206292            Provider Gender: Female            License Number: A125329            NPI: 1780979120  <input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP  <input type="checkbox"/> 4004 BEYER BLVD            SAN YSIDRO, CA 92173  <input type="checkbox"/> Phone: (619) 662-4100  <input type="checkbox"/> After Hours Phone: (619) 662-4100  <input type="checkbox"/> Website: <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</p>


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## C. 初級保健名錄

American Sign Language (ASL): License Number: C42207

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

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### **FAMILY PRACTICE**

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#### **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

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### **FAMILY PRACTICE**


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#### **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

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### **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

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### **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):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<p>N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><i>License Number: A164201</i>  <i>NPI: 1417480948</i></p>	<p><i>Hospital Affiliation: ST ELIZABETH HOSP</i></p>
<b><u>FAMILY PRACTICE</u></b>		
<p><b>LARA, LESLEY</b>  <i>Provider ID: 206292</i>  <i>Provider Gender: Female</i>  <i>License Number: A173435</i>  <i>NPI: 1184112682</i>   <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>   4004 BEYER BLVD            SAN YSIDRO, CA 92173   <i>Phone: (619) 662-4100</i>   <i>After Hours Phone: (619) 662-4100</i>   <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</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>   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: www.syhealth.org /clinics/san-ysidro-health-center</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i></p>	<p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i>   3364 BEYER BLVD            SAN YSIDRO, CA 92173   <i>Phone: (619) 662-4100</i>   <i>After Hours Phone: (619) 662-4100</i>   <i>Website: https://www.syhealth.org/locations</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i></p>
<p>N   <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>	<b><u>FAMILY PRACTICE</u></b>	
<p><b>LEE, JOSEPH</b>  <i>Provider ID: 206292</i>  <i>Provider Gender: Male</i></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>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i></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>   <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>   4004 BEYER BLVD            SAN YSIDRO, CA 92173   <i>Phone: (619) 662-4100</i></p>

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## C. 初級保健名錄

<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>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> Accessibility: CONTACT PROVIDER</p>	<hr/> <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><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> 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><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><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CAL-PHP</p>	<p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA</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> 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> 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> 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> <hr/> <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. 初級保健名錄

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. 初級保健名錄

<p>N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><i>Provider Gender: Female</i>  <i>License Number: A145480</i>  <i>NPI: 1508286709</i></p>	<p> <i>Phone: (619) 662-4100</i>   <i>After Hours Phone: (619) 662-4100</i></p>
<b><u>FAMILY PRACTICE</u></b>		
<b>RAJAIPOUR, NEGIN</b>		
<p><i>Provider ID: 206292</i>  <i>Provider Gender: Female</i>  <i>License Number: A145480</i>  <i>NPI: 1508286709</i></p>	<p> <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Farsi, Persian</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: CHULA VISTA COMM HOSP</i>  <i>Board Certified Specialty: No</i></p>	<p> <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>
<p> <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Farsi, Persian</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: CHULA VISTA COMM HOSP</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: https://www.syhealth.org/locations</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i></p>
<b><u>FAMILY PRACTICE</u></b>		
<b>ROJAS, STEVEN</b>		
<p><i>Provider ID: 206292</i>  <i>Provider Gender: Male</i>  <i>License Number: A132982</i>  <i>NPI: 1801230297</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> 4004 BEYER BLVD            SAN YSIDRO, CA 92173   <i>Phone: (619) 662-4100</i>   <i>After Hours Phone: (619) 662-4100</i>   <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>
<p> 4004 BEYER BLVD            SAN YSIDRO, CA 92173   <i>Phone: (619) 662-4100</i>   <i>After Hours Phone: (619) 662-4100</i>   <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5:30PM SA 8:30AM-2PM</i></p>	<p><b><u>FAMILY PRACTICE</u></b></p> <p><b>RITTER, STEVEN</b>  <i>Provider ID: 206292</i>  <i>Provider Gender: Male</i>  <i>License Number: 20A7435</i>  <i>NPI: 1356556021</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></p>	<p> 4004 BEYER BLVD            SAN YSIDRO, CA 92173   <i>Phone: (619) 662-4100</i>   <i>After Hours Phone: (619) 662-4100</i>   <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>
<b><u>FAMILY PRACTICE</u></b>		
<b>RAJAIPOUR, NEGIN</b>		
<p><i>Provider ID: 227469</i></p>	<p> 4004 BEYER BLVD            SAN YSIDRO, CA 92173</p>	<p> <i>Accessibility: CONTACT</i></p>

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## C. 初級保健名錄

**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. 初級保健名錄

 *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*

*VISTA, GROSSMONT*

*HOSPITAL, SCRIPPS*

*MEMORIAL HOSPITAL,*

*DESERT REGIONAL MED CTR,*

*SHARP CORONADO HOSP*

*AND HEALTHCARE CTR,*

*PIONEERS MEMORIAL*


*HOSPITAL, PIONEERS*


*MEMORIAL HOSPITAL*


*Board Certified Specialty: No*

*IHP OF SOUTHERN CAL-PHP*

 *4004 BEYER BLVD  
SAN YSIDRO, CA 92173*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)  
662-4100*

 *Website: www.syhealth.org  
/clinics/san-ysidro-health  
-center*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM*

### **FAMILY PRACTICE**

#### **SWEET, PATRICK**

*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*

### **FAMILY PRACTICE**

#### **TALAVERA, GREGORY**

*Provider ID: 206292*

*Provider Gender: Male*

*License Number: A40061*

*NPI: 1740337161*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Spanish*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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. 初級保健名錄

### 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


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## C. 初級保健名錄

 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

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## C. 初級保健名錄

*Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL, PALOMAR MEDICAL CENTER*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5:30PM SA 8:30AM-2PM*

### **INTERNAL MEDICINE**

#### **ALDOUS, JEANNETTE**

*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: A101017*  
*NPI: 1073650339*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, PALOMAR MEDICAL CENTER*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **INTERNAL MEDICINE**

#### **CHEN, TSUH-YIN**

*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: C55563*  
*NPI: 1093803520*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Portuguese, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
*Fax: (619) 205-6341*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **INTERNAL MEDICINE**





#### **CHOW, MAN HUNG**

*Provider ID: 227469*  
*Provider Gender: Female*  
*License Number: G66745*  
*NPI: 1225149115*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Chinese, Mandarin*  
*Cultural Competency: N*  
*Hospital Affiliation: PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173





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## C. 初級保健名錄





 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: 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

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## C. 初級保健名錄

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



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR, SCRIPPS*  
*MEMORIAL HOSPITAL*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*


 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
 662-4100  
 *Website: www.syhealth.org*  
*/clinics/san-ysidro-health*  
*-center*



*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N


 *Accessibility: CONTACT*  
 PROVIDER  
 *Hours: M-F 8AM-5:30PM*  
 SA 8:30AM-2PM

### **INTERNAL MEDICINE**

#### **POAST, JENNIFER**

*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: 20A8245*  
*NPI: 1164435681*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*



 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*





662-4100  
 *Website: www.syhealth.org*  
*/clinics/san-ysidro-health*  
*-center*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N

 *Accessibility: CONTACT*  
 PROVIDER


### **INTERNAL MEDICINE**


#### **RAMIREZ SANCHEZ, CLAUDIA**

*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: A160493*  
*NPI: 1659720555*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MEMORIAL HOSPITAL,*  
*SCRIPPS MERCY HOSPITAL*  
*CHULA VISTA, UCSD MEDICAL*  
*CTR*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
 662-4100  
 *Website: www.syhealth.org*  
*/clinics/san-ysidro-health*  
*-center*  
*Medi-Cal Open Panel: Yes*



*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*





 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
 662-4100  
 *Website: www.syhealth.org*  
*/clinics/san-ysidro-health*  
*-center*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER

### **INTERNAL MEDICINE**

#### **REDDY, SAMATHHA**

*Provider ID: 227469*  
*Provider Gender: Female*  
*License Number: A120797*  
*NPI: 1659620854*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Gujarati, Hindi,*  
*Punjabi, Spanish, Telugu*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MEMORIAL HOSPITAL,*  
*GROSSMONT HOSPITAL,*  
*SHARP CHULA VISTA MED*  
*CTR, ST AGNES MEDICAL*  
*CENTER, UC SAN DIEGO*  
*HEALTH - EAST CAMPUS*  
*MEDICAL CENTER*





















*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
 662-4100  
 *Website: https://www.syhe*  
*alth.org/locations*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
 662-4100  
 *Website: https://www.syhe*  
*alth.org/locations*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

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## C. 初級保健名錄

<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            CHULA VISTA</i>  <i>Board Certified Specialty: No</i></p>
<b>INTERNAL MEDICINE</b>		
<b>SALERNO, MARIANA</b>		
<p><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>
<b>INTERNAL MEDICINE</b>		
<b>SY, RAMON</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>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i></p>	<p><i>Provider ID: 227469</i>  <i>Provider Gender: Male</i>  <i>License Number: A51843</i>  <i>NPI: 1982617403</i></p>
<b>INTERNAL MEDICINE</b>		
<b>SHEIKH MOHAMED, AMIRA</b>		
<p><i>Provider ID: 227469</i>  <i>Provider Gender: Female</i>  <i>License Number: A153975</i>  <i>NPI: 1831583079</i></p>	<p> <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Arabic, French, Hindi, Italian, Urdu</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,</i></p>	<p> <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish, Tagalog</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL, PARADISE VALLEY HOSPITAL</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i></p>
<b>INTERNAL MEDICINE</b>		
<b>SCHNEIDER-MUNOZ, MARGARITA</b>		
<p><i>Provider ID: 206292</i></p>	<p><i>MEMORIAL HOSPITAL,</i></p>	<p><i>IHP OF SOUTHERN CAL-PHP</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

 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):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### INTERVENTIONAL

### CARDIOLOGY

#### **MOUSSAVIAN, MEHRAN**

Provider ID: 206292

Provider Gender: Male

License Number: 20A7241

NPI: 1689788234

 Provider English Spoken: Y

 Provider Language(s)

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## C. 初級保健名錄

*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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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: 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

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## C. 初級保健名錄

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-1948

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **DANESHMAND, SHAHRAM**

Provider ID: 206292

Provider Gender: Male

License Number: A63844

NPI: 1891867412

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, GROSSMONT

HOSPITAL, SHARP MEMORIAL

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL, TRI

CITY MEDICAL CTR, SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

SHARP MARY BIRCH HOSP

FOR WOMEN AND

NEWBORNS, SCRIPPS GREEN

HOSPITAL, SCRIPPS MERCY

HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)

662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-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**

#### **DINH, MY**

Provider ID: 227411

Provider Gender: Female

License Number: 20A9907

NPI: 1316146996

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DINH, MY**

Provider ID: 206292

Provider Gender: Female

License Number: 20A9907

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

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## C. 初級保健名錄

 *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: 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**


#### **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**

#### **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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


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. 初級保健名錄

<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> Accessibility: CONTACT PROVIDER</p>	<p> Provider Language(s) Spoken: Spanish, Tagalog</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SHARP CHULA VISTA MED CTR</p> <p>Board Certified Specialty: No 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="https://www.syhealth.org/clinic/s/maternal-child-health-center">syhealth.org/clinic/s/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>
<b>PEDIATRICS</b>		
<p><b>ACEVEDO, SUSANA</b></p> <p>Provider ID: 227411</p> <p>Provider Gender: Female</p> <p>License Number: A74960</p> <p>NPI: 1801971569</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No 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="https://www.syhealth.org/clinic/s/maternal-child-health-center">syhealth.org/clinic/s/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> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish, Tagalog</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SHARP CHULA VISTA MED CTR</p> <p>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p>	<p><b>PEDIATRICS</b></p> <p><b>BARBADILLO, FERDINAND</b></p> <p>Provider ID: 206292</p> <p>Provider Gender: Male</p> <p>License Number: A49307</p> <p>NPI: 1982662193</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish, Tagalog</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SHARP CHULA VISTA MED CTR</p> <p>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p>
<b>PEDIATRICS</b>		
<p><b>SKAF, AYHAM</b></p> <p>Provider ID: 227469</p> <p>Provider Gender: Male</p> <p>License Number: A120584</p> <p>NPI: 1285888628</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Arabic, Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL</p> <p>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 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><b>PEDIATRICS</b></p> <p><b>BARBADILLO, FERDINAND</b></p> <p>Provider ID: 227411</p> <p>Provider Gender: Male</p> <p>License Number: A49307</p> <p>NPI: 1982662193</p> <p> Provider English Spoken: Y</p>	





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## C. 初級保健名錄

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-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. 初級保健名錄

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

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After Hours Phone: (619) 662-4100

Website: [www.syhealth.org](http://www.syhealth.org)







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## C. 初級保健名錄

<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. 初級保健名錄

 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: 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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: 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

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## C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

---

### **PHYSICIANS ASSISTANT**

#### **ROSS, COLLIN**

*Provider ID: 206292*

*Provider Gender: Male*

*License Number: PA16058*


*NPI: 1629182050*


*Provider English Spoken: Y*


*Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org /clinics/san-ysidro-health-center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

---

### **PHYSICIANS ASSISTANT**

#### **SHARPE, NORMA**

*Provider ID: 206292*

*Provider Gender: Female*

*License Number: PA20490*


*NPI: 1619100237*


*Provider English Spoken: Y*


*Cultural Competency: N*


*Board Certified Specialty: No*

*IHP OF SOUTHERN CAL-PHP*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org /clinics/san-ysidro-health-center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

---

### **PHYSICIANS ASSISTANT**

#### **SMITH, DOUGLAS**

*Provider ID: 206292*

*Provider Gender: Male*

*License Number: PA12304*


*NPI: 1902016611*


*Provider English Spoken: Y*


*Cultural Competency: N*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org /clinics/san-ysidro-health-center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

---

### **PHYSICIANS ASSISTANT**

#### **SUNA-SITTO, MOHEEN**

*Provider ID: 227469*

*Provider Gender: Female*

*License Number: PA22855*


*NPI: 1497196729*


*Provider English Spoken: Y*

*Cultural Competency: N*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: https://www.syhealth.org/locations*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

---

### **PHYSICIANS ASSISTANT**

#### **TRUJILLO, MIGUEL**

*Provider ID: 206292*

*Provider Gender: Male*

*License Number: PA15655*

*NPI: 1285806794*

*Provider English Spoken: Y*

*Provider Language(s)*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

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## C. 初級保健名錄



 *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*







請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 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

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上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## C. 初級保健名錄

 Phone: (619) 749-2150

Fax: (619) 456-9744


 After Hours Phone: (619) 749-2150


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### **IKE, ERICA**

Provider ID: 520609

Provider Gender: Female

License Number: 20A16603


NPI: 1821413907


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ST JOHNS MEDICAL CENTER

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 120 TOWN CENTER PKWY  
SANTEE, CA 92071

 Phone: (619) 662-4100


 After Hours Phone: (619) 662-4100


 Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


### PEDIATRICS

#### **MANGINE, REGINA**

Provider ID: 366456

Provider Gender: Female

NPI: 1417177577

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT

HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 9600 CUYAMACA ST STE 101  
SANTEE, CA 92071

 Phone: (619) 749-2150

Fax: (619) 456-9744

 After Hours Phone: (619) 749-2150


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **SPRING VALLEY**

### CERTIFIED NURSE

#### PRACTITIONER

#### **LEONARD, BEVERLY**

Provider ID: 206361

Provider Gender: Female

License Number: NP10943

NPI: 1285772392


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619) 515-2555

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **WILLIAMS, TAKISHA**


Provider ID: 206361

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

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## C. 初級保健名錄

Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

**BACHARACH, REBECCA**

Provider ID: 206361

Provider Gender: Female

License Number: 20A15459

NPI: 1225442643

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

**CARDONES, ARTHUR**

Provider ID: 206361

Provider Gender: Male

License Number: A55932

NPI: 1962436451

Provider English Spoken: Y

Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

**CONSTANTINO, STEPHANIE**

Provider ID: 206361

Provider Gender: Female

License Number: A149063

NPI: 1366824971

Provider English Spoken: Y

Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU 8:30AM-7PM

W-F 8:30AM-5:30PM

### FAMILY PRACTICE

**ROSE, PATRICIA**

Provider ID: 206361

Provider Gender: Female

License Number: A76059

NPI: 1588677314






Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA 91977


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄



 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


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## C. 初級保健名錄

 *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*

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## C. 初級保健名錄

 *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. 初級保健名錄

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 9AM-5PM</p>	<p>License Number: PA21385</p> <p>NPI: 1932335080</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 8788 JAMACHA RD SPRING VALLEY, CA 91977</p> <p> Phone: (619) 515-2555</p> <p> After Hours Phone: (619) 515-2555</p> <p> Website: www.fhcsd.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p>	<p> Phone: (619) 515-2555</p> <p> After Hours Phone: (619) 515-2555</p> <p> Website: www.fhcsd.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p>
<hr/> <p style="text-align: center;"><b>PEDIATRICS</b></p> <hr/>		
<p><b>JI, AMANDA</b></p> <p>Provider ID: 206361</p> <p>Provider Gender: Female</p> <p>License Number: A169342</p> <p>NPI: 1750745493</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</p> <p>Board Certified Specialty: No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 8788 JAMACHA RD SPRING VALLEY, CA 91977</p> <p> Phone: (619) 515-2555</p> <p> After Hours Phone: (619) 515-2555</p> <p> Website: www.fhcsd.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>	<p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M 8:30AM-5:30PM W-F 8:30AM-5:30PM</p>	<hr/> <p style="text-align: center;"><b>PHYSICIANS ASSISTANT</b></p> <hr/>
<p><b>LOPEZ, MARIO</b></p> <p>Provider ID: 206361</p> <p>Provider Gender: Male</p>	<p><b>PHYSICIANS ASSISTANT</b></p> <hr/> <p><b>TRAN, TU-UYEN</b></p> <p>Provider ID: 206361</p> <p>Provider Gender: Female</p> <p>License Number: PA54588</p> <p>NPI: 1598293748</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Vietnamese</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 8788 JAMACHA RD SPRING VALLEY, CA 91977</p>	<p> Phone: (619) 515-2555</p> <p> After Hours Phone: (619) 515-2555</p> <p> Website: www.fhcsd.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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. 初級保健名錄

<p><b>FAMILY PRACTICE</b></p>	<p>TU 10:30AM-7:30PM W-F 8AM-5PM</p>	<p>Fax: (760) 414-3892</p>
<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="checkbox"/> Phone: (760) 631-5000 <input type="checkbox"/> After Hours Phone: (760) 631-5000 <input type="checkbox"/> Website: www.vistacommunityclinic.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> 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="checkbox"/> Phone: (844) 308-5003 Fax: (760) 414-3892</p> <p><input type="checkbox"/> After Hours Phone: (844) 308-5003 <input type="checkbox"/> Website: www.vistacommunityclinic.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> Hours: M-TU 8:30AM-5PM TH-F 8:30AM-5PM</p>	<p><input type="checkbox"/> After Hours Phone: (760) 631-5000 <input type="checkbox"/> Website: www.vistacommunityclinic.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> 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="checkbox"/> 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="checkbox"/> Phone: (760) 631-5000 Fax: (760) 414-3892</p> <p><input type="checkbox"/> After Hours Phone: (760) 631-5000 <input type="checkbox"/> Website: N/A Medi-Cal Open Panel: Yes Min/Max Age: 16\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> Hours: M-TH 9AM-8PM</p>	<p><b>INTERNAL MEDICINE</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="checkbox"/> Phone: (760) 631-5000 Fax: (760) 414-3892</p> <p><input type="checkbox"/> After Hours Phone: (760) 631-5000 <input type="checkbox"/> Website: N/A Medi-Cal Open Panel: Yes Min/Max Age: 16\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> Hours: M-TH 9AM-8PM</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

F 9AM-5PM  
SA 9AM-4PM

### PEDIATRICS

#### AMBO, STANLEY

Provider ID: 52269

Provider Gender: Male

NPI: 1891735676

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, RADY CHILDRENS

HOSPITAL SAN DIEGO

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

2067 W VISTA WAY STE 180  
VISTA, CA 92083

Phone: (760) 945-3434

Fax: (760) 945-6761

After Hours Phone: (760)  
945-3434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### ASSELIN, LYNETTE

Provider ID: 65507

Provider Gender: Female

NPI: 1053484568

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

2067 W VISTA WAY STE  
280

VISTA, CA 92083

Phone: (760) 941-3630

Fax: (760) 941-1214

After Hours Phone: (760)  
941-3630

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-6PM  
SA 9AM-1PM

### PEDIATRICS

#### HARTFORD, NICOLE

Provider ID: 411518

Provider Gender: Female

License Number: 20A14390

NPI: 1346530466

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

105 DURIAN ST STE A  
VISTA, CA 92083

Phone: (844) 308-5003

After Hours Phone: (844)  
308-5003

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### KRAK, MICHAEL

Provider ID: 23455

Provider Gender: Male

NPI: 1003989419

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, TRI CITY MEDICAL

CTR

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH  
NETWORK

2067 W VISTA WAY STE  
280

VISTA, CA 92083

Phone: (760) 941-3630

Fax: (760) 941-1214

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## C. 初級保健名錄

 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):

N

 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. 初級保健名錄

*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES, PALOMAR MEDICAL CENTER*  
*Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK*

2067 W VISTA WAY STE 180 VISTA, CA 92083

Phone: (760) 945-3434  
 Fax: (760) 945-6761

After Hours Phone: (760) 945-3434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: SU 10AM-2PM  
 M-F 8AM-5PM  
 SA 8AM-12PM

### **PEDIATRICS**

#### **RONAN, KEVIN**

Provider ID: 400339

Provider Gender: Male

License Number: G77176

NPI: 1225017353

Provider English Spoken: Y

Provider Language(s)

*Spoken: Spanish, Tagalog*  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

134 GRAPEVINE RD VISTA, CA 92083

Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M 8AM-5PM  
 TU 10:30AM-7:30PM  
 W-F 8AM-5PM

### **PHYSICIANS ASSISTANT**

#### **WEAVER, APRIL**

Provider ID: 400339

Provider Gender: Female

License Number: PA20775

NPI: 1063552800

Provider English Spoken: Y

Provider Language(s)  
 Spoken: Spanish

*Cultural Competency: N*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

134 GRAPEVINE RD VISTA, CA 92083

Phone: (760) 631-5000

After Hours Phone: (760) 631-5000

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER

Hours: M-TH 9AM-2PM  
 F 8AM-5PM  
 SA 8AM-4PM

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## D. 專業提供者目錄

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **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. 專業提供者目錄

**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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **NEPHROLOGY**

#### **HAMILTON, ROSS**

Provider ID: 310675

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Phone: (760) 631-3000

Fax: (760) 631-3016

After Hours Phone: (760)  
631-3000

Provider Gender: Male

NPI: 1538587852

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, TRI CITY  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-4:30PM

Website: N/A

IPA: Community Care IPA LLC

### **NEUROLOGY**

#### **DROKER, BRIAN**

Provider ID: 306953

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Phone: (760) 631-3000

Fax: (760) 270-9534

After Hours Phone: (760)  
631-3000

Provider Gender: Male

NPI: 1801112669

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8AM-5PM  
W 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **OTOLARYNGOLOGY**

#### **CHANG, EDWARD**

Provider ID: 309534

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

2390 FARADAY AVE  
CARLSBAD, CA 92008

Phone: (858) 909-0770

Fax: (858) 909-0880

After Hours Phone: (858)  
909-0770

Provider Gender: Male

NPI: 1528146008

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **OTOLARYNGOLOGY**

#### **DONALDSON, CHADWICK**

Provider ID: 268146

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

2390 FARADAY AVE  
CARLSBAD, CA 92008

Phone: (858) 909-0770

Fax: (858) 909-0880

After Hours Phone: (858)  
909-0770

Provider Gender: Male

NPI: 1891743910

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL,  
TEMECULA VALLEY HOSPITAL

INC, SCRIPPS MEMORIAL  
HOSPITAL, SOUTHWEST




HEALTHCARE RANCHO  
SPRINGS HOSPITAL,

SOUTHWEST HEALTHCARE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄




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. 專業提供者目錄

☎ *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*

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### **REGISTERED PHYSICAL THERAPIST**

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#### **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*

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### **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*

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### **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. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄


 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER

---

**BRAYTENBAH, MELANIE**


Provider ID: 295830

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 752 MEDICAL CENTER CT  
STE 302

CHULA VISTA, CA 91911

 Phone: (619) 421-3361

Fax: (619) 869-4378

 After Hours Phone: (619)  
421-3361

Provider Gender: Female

NPI: 1508370875

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

---

### CERTIFIED NURSE PRACTITIONER

---

**BRAYTENBAH, MELANIE**

Provider ID: 262342


Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

 752 MEDICAL CENTER CT  
STE 302

CHULA VISTA, CA 91911

 Phone: (619) 421-3361

Fax: (619) 869-4378

 After Hours Phone: (619)  
421-3361

Provider Gender: Female

NPI: 1508370875

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

---

### CERTIFIED NURSE PRACTITIONER

---

**BRAYTENBAH, MELANIE**


Provider ID: 268746

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 752 MEDICAL CENTER CT  
STE 302

CHULA VISTA, CA 91911

 Phone: (619) 421-3361

Fax: (619) 869-4378

 After Hours Phone: (619)  
421-3361

Provider Gender: Female

NPI: 1508370875

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

---

### CERTIFIED NURSE PRACTITIONER

---

**CARRION GELABERT, ANA**


Provider ID: 302402

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 450 4TH AVE STE 215

CHULA VISTA, CA 91910

 Phone: (619) 425-3840

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## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 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




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## D. 專業提供者目錄

*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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

MERCY HOSPITAL CHULA  
VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:30AM-4:30PM  
F 8:30AM-3PM

 Website: N/A

IPA: BLUE SHIELD PROMISE

HEALTH PLAN DIRECT, IHP of  
Southern Cal-PHP


### HEARING AID DEALER / SUPPLIER

**ANDERSON, ELAINE**


Provider ID: 268688

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 310 3RD AVE STE C11  
CHULA VISTA, CA 91910

 Phone: (619) 426-0841

Fax: (619) 426-9197

 After Hours Phone: (619)  
426-0841

Provider Gender: Female

NPI: 1063558856

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### HEARING AID DEALER / SUPPLIER

**DAVIS, KELLE**


Provider ID: 268651

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 310 3RD AVE STE C11  
CHULA VISTA, CA 91910

 Phone: (619) 426-0841

Fax: (619) 426-9197

 After Hours Phone: (619)  
426-0841

Provider Gender: Female

NPI: 1902853344

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8:30AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### HEMATOLOGY / ONCOLOGY


**JOHNSON, KENNETH**

Provider ID: 262288

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

 769 MEDICAL CENTER CT  
STE 202

CHULA VISTA, CA 91911

 Phone: (619) 482-8430

Fax: (619) 482-8005

 After Hours Phone: (619)  
482-8430

Provider Gender: Male

NPI: 1063527711

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SHARP MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Imperial Health Holdings

Medical Group-SD

### INTERVENTIONAL CARDIOLOGY


**MOHAMEDALI, BURHAN**

Provider ID: 245576

Board Certified Specialty: Yes  
COMMUNITY CARE IPA LLC

 765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911

 Phone: (619) 616-2100

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Fax: (619) 616-2104

☎ After Hours Phone: (619) 616-2100

Provider Gender: Male

NPI: 1831393289

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish, Swahili

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

Adventist Health and Rideout

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY

#### **MOHAMEDALI, BURHAN**

Provider ID: 309249

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

📍 865 3RD AVE STE 133  
CHULA VISTA, CA 91911

☎ Phone: (619) 616-2100

Fax: (619) 616-2104

☎ After Hours Phone: (619) 616-2100

Provider Gender: Male

NPI: 1831393289

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish, Swahili

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

Adventist Health and Rideout

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY

#### **NAGHI, JESSE**

Provider ID: 247625

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

📍 752 MEDICAL CENTER CT  
STE 207

CHULA VISTA, CA 91911

☎ Phone: (619) 867-0557

Fax: (619) 867-0558

☎ After Hours Phone: (619) 867-0557

Provider Gender: Male

NPI: 1386896736

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Arabic, Bulgarian, Russian, Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SHARP CHULA  
VISTA MED CTR, TRI CITY  
MEDICAL CTR, TRI CITY  
MEDICAL CTR, UC SAN DIEGO  
HEALTH - EAST CAMPUS  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY

#### **ROUGH, STEVEN**

Provider ID: 302985

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

📍 754 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911

☎ Phone: (619) 434-4208

Fax: (619) 434-4315

☎ After Hours Phone: (619) 434-4208

Provider Gender: Male

NPI: 1386821460

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SHARP MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP,  
 Imperial Health Holdings  
 Medical Group-SD

### INTERVENTIONAL CARDIOLOGY

#### **ROUGH, STEVEN**

Provider ID: 298442  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 754 MEDICAL CENTER CT  
 STE 101  
 CHULA VISTA, CA 91911  
 Phone: (619) 434-4208  
 Fax: (619) 434-4315  
 After Hours Phone: (619)  
 434-4208  
 Provider Gender: Male  
 NPI: 1386821460  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SHARP MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP,  
 Imperial Health Holdings  
 Medical Group-SD

### INTERVENTIONAL CARDIOLOGY

#### **SHEREV, DIMITRI**

Provider ID: 268950  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 752 MEDICAL CENTER CT  
 STE 207  
 CHULA VISTA, CA 91911  
 Phone: (619) 867-0557  
 Fax: (619) 867-0558  
 After Hours Phone: (619)  
 867-0557  
 Provider Gender: Male  
 NPI: 1154323996  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Bulgarian, Russian,  
 Spanish

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL,  
 GROSSMONT HOSPITAL,  
 SHARP MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL, SHARP CHULA  
 VISTA MED CTR, TRI CITY  
 MEDICAL CTR, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MERCY  
 HOSPITAL CHULA VISTA,  
 Sharp Grossmont Hospital, UC  
 SAN DIEGO HEALTH - EAST  
 CAMPUS MEDICAL CENTER,  
 SHARP CORONADO HOSP  
 AND HEALTHCARE CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### INTERVENTIONAL CARDIOLOGY

#### **SUDHAKAR, DEEPTHI**

Provider ID: 295846  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 765 MEDICAL CENTER CT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

STE 211  
CHULA VISTA, CA 91911  
☎ Phone: (619) 616-2100  
☎ Fax: (619) 616-2104  
🕒 After Hours Phone: (619) 616-2100  
Provider Gender: Female  
NPI: 1811307051  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 15\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### INTERVENTIONAL CARDIOLOGY

**SUDHAKAR, DEEPTHI**  
Provider ID: 296051  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
📍 765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
☎ Phone: (619) 616-2100  
☎ Fax: (619) 616-2104  
🕒 After Hours Phone: (619) 616-2100

Provider Gender: Female  
NPI: 1811307051  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 15\99  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### INTERVENTIONAL CARDIOLOGY

**SUDHAKAR, DEEPTHI**  
Provider ID: 309098  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
📍 865 3RD AVE STE 133  
CHULA VISTA, CA 91911  
☎ Phone: (760) 294-0480  
☎ Fax: (760) 294-0481  
🕒 After Hours Phone: (760) 294-0480  
Provider Gender: Female  
NPI: 1811307051  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP

CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 15\99  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### MATERNAL AND FETAL MEDICINE

**MCCULLOUGH, DEIRDRE**  
Provider ID: 277263  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
📍 386 E H ST STE 202  
CHULA VISTA, CA 91910  
☎ Phone: (858) 966-6710  
☎ Fax: (858) 966-6711  
🕒 After Hours Phone: (858) 966-6710  
Provider Gender: Female  
NPI: 1639153018  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
Sharp Grossmont Hospital,  
SHARP MEMORIAL HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO, SOUTHWEST

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## D. 專業提供者目錄

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

**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,  
SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group


### 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

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### MATERNAL AND FETAL MEDICINE

**RICHARDSON, ALVIE**

Provider ID: 264687

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Male

NPI: 1154305977

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, RADY

CHILDRENS HOSPITAL SAN  
DIEGO, Sharp Grossmont

Hospital, SOUTHWEST  
HEALTHCARE INLAND

VALLEY HOSPITAL

Medi-Cal Open Panel: Yes


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## D. 專業提供者目錄

Min/Max Age: 0\19

American Sign Language (ASL): Sharp Grossmont Hospital,  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### 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





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上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。




## D. 專業提供者目錄

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### NEONATAL / PERINATAL MEDICINE





#### **NIEMI, ANNA-KAISA**



Provider ID: 262159  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 435 H ST  
 CHULA VISTA, CA 91910  
 Phone: (858) 966-5818  
 Fax: (858) 966-7483  
 After Hours Phone: (858) 966-5818  
 Provider Gender: Female  
 NPI: 1497941397  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Finnish, French, German, Spanish, Swedish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  Accessibility: CONTACT

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### NEONATAL / PERINATAL MEDICINE




#### **NYMAN, KATHERINE**

Provider ID: 301823  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 435 H ST  
 CHULA VISTA, CA 91910  
 Phone: (619) 691-7000  
 Fax: (619) 260-7055  
 After Hours Phone: (619) 691-7000  
 Provider Gender: Female  
 NPI: 1003260951  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY 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

#### **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

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## D. 專業提供者目錄


MEMORIAL HOSPITAL  
ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEPHROLOGY

**BALBOA NEPHROLOGY MED GRP INC,**

Provider ID: 311223

IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

 855 3RD AVE STE 2210  
CHULA VISTA, CA 91911

 Phone: (619) 427-1144

Fax: (619) 427-1185

 After Hours Phone: (619)  
427-1144


NPI: 1316997505


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: www.balboacare.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

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## D. 專業提供者目錄

### 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**

#### **PATEL, AMAR**

Provider ID: 245639  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
340 4TH AVE STE 4

CHULA VISTA, CA 91910  
Phone: (619) 427-1144  
Fax: (619) 427-1185  
After Hours Phone: (619)  
427-1144  
Provider Gender: Male  
NPI: 1821359605  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Gujarati, Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 9AM-5PM  
Website: N/A  
IPA: Community Care IPA LLC

### **NEPHROLOGY**

#### **PHAM, JENNIFER**

Provider ID: 302863  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Phone: (619) 427-1144  
Fax: (619) 427-1185  
After Hours Phone: (619)  
427-1144  
Provider Gender: Female

NPI: 1235629932  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 9AM-5PM  
Website: N/A  
IPA: IHP of Southern Cal-PHP




### **NEPHROLOGY**




#### **VIDEEN, JOHN**


Provider ID: 290110  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Phone: (619) 421-3361  
Fax: (619) 869-4378  
After Hours Phone: (619)  
421-3361  
Provider Gender: Male  
NPI: 1043318199  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

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上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
 CHULA VISTA MED CTR,  
 SHARP CORONADO HOSP  
 AND HEALTHCARE CTR,  
 PARADISE VALLEY HOSPITAL  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER  
 *Hours: M-F 9AM-5PM*  
 *Website: N/A*  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP,  
 Imperial Health Holdings  
 Medical Group-SD

*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
 CHULA VISTA MED CTR,  
 SHARP CORONADO HOSP  
 AND HEALTHCARE CTR,  
 PARADISE VALLEY HOSPITAL  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER  
 *Hours: M-F 9AM-5PM*  
 *Website: N/A*  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP,  
 Imperial Health Holdings  
 Medical Group-SD

*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
 CHULA VISTA MED CTR,  
 SHARP CORONADO HOSP  
 AND HEALTHCARE CTR,  
 PARADISE VALLEY HOSPITAL  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER  
 *Hours: M-F 9AM-5PM*  
 *Website: N/A*  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP,  
 Imperial Health Holdings  
 Medical Group-SD

**NEPHROLOGY**

**VIDEEN, JOHN**  
*Provider ID: 262286*  
*Board Certified Specialty: No*  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 752 MEDICAL CENTER CT  
 STE 302  
 CHULA VISTA, CA 91911  
 *Phone: (619) 421-3361*  
*Fax: (619) 869-4378*  
 *After Hours Phone: (619)*  
*421-3361*  
*Provider Gender: Male*  
*NPI: 1043318199*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*

**NEPHROLOGY**

**VIDEEN, JOHN**  
*Provider ID: 65646*  
*Board Certified Specialty: No*  
 BALBOA NEPHROLOGY MED  
 GRP INC  
 752 MEDICAL CENTER CT  
 STE 302  
 CHULA VISTA, CA 91911  
 *Phone: (619) 421-3361*  
*Fax: (619) 869-4378*  
 *After Hours Phone: (619)*  
*421-3361*  
*Provider Gender: Male*  
*NPI: 1043318199*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*

**NEPHROLOGY**

**YUAN, HENRY**  
*Provider ID: 268551*  
*Board Certified Specialty: No*  
 COMMUNITY CARE IPA LLC  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910  
 *Phone: (619) 427-1144*  
*Fax: (619) 427-1185*  
 *After Hours Phone: (619)*  
*427-1144*  
*Provider Gender: Male*  
*NPI: 1043442379*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Chinese, Mandarin*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

MERCY HOSPITAL, PARADISE VALLEY HOSPITAL, Providence  
St Joseph Hospital, Providence  
St Jude Medical Center,  
SOUTH COAST GLOBAL  
MEDICAL CENTER INC,  
ENCOMPASS HEALTH  
REHABILITATION HOSPITAL  
OF TUSTIN, Foothill Regional  
Medical Center, Foothill  
Regional Medical Center,  
KINDRED HOSPITAL BREA,  
KINDRED HOSPITAL LA  
MIRADA, KINDRED HOSPITAL  
SANTA ANA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### NEUROLOGY

#### GUPTA, MONIKA

Provider ID: 307937

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 450 4TH AVE STE 215  
CHULA VISTA, CA 91910


 Phone: (619) 425-3840


Fax: (619) 425-3842

 After Hours Phone: (619)  
425-3840

Provider Gender: Female

NPI: 1922243401

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: TEMECULA

VALLEY HOSPITAL INC, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### NEUROLOGY

#### HOSSEIN ZADEH MALEKI, ANA

Provider ID: 304999

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 450 4TH AVE STE 215  
CHULA VISTA, CA 91910


 Phone: (619) 425-3840


Fax: (619) 485-5440

 After Hours Phone: (619)  
425-3840

Provider Gender: Female

NPI: 1316471485

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Persian

Cultural Competency: N

Hospital Affiliation: TEMECULA

VALLEY HOSPITAL INC, SHARP

CHULA VISTA MED CTR, LOMA

LINDA UNIVERSITY

CHILDRENS HOSPITAL, LOMA

LINDA UNIVERSITY MED CTR,


RIVERSIDE COUNTY

REGIONAL MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### NEUROLOGY

#### MANDEVILLE, ROSS


Provider ID: 309932

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 450 4TH AVE STE 215  
CHULA VISTA, CA 91910

 Phone: (619) 425-3840

Fax: (619) 425-3842

 After Hours Phone: (619)  
425-3840

Provider Gender: Male

NPI: 1205084183




 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA




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## D. 專業提供者目錄

JOLLA JOHN SALLY  
 THORNTON, MAYERS  
 MEMORIAL HOSP  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP




### NEUROLOGY

**MAREK, MAKSYM**  
 Provider ID: 306707  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 450 4TH AVE STE 215  
 CHULA VISTA, CA 91910  
 Phone: (619) 425-3840  
 Fax: (619) 425-3842  
 After Hours Phone: (619)  
 425-3840  
 Provider Gender: Male  
 NPI: 1881182079  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi, Spanish,  
 Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MERCY  
 HOSPITAL, SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS






Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 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):

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 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
 者目錄中的資訊可能會更改。

## D. 專業提供者目錄

N




 **Accessibility:** CONTACT PROVIDER  
 **Hours:** M-F 8AM-6PM  
 **Website:** N/A  
IPA: IHP of Southern Cal-PHP

### **OBSTETRICS / GYNECOLOGY**

#### **ATIGA, SCHUBERT**


**Provider ID:** 268953  
**Board Certified Specialty:** Yes  
COMMUNITY CARE IPA LLC  
 752 MEDICAL CENTER CT  
STE 106  
CHULA VISTA, CA 91911  
 **Phone:** (619) 482-8406  
**Fax:** (619) 482-6656  
 **After Hours Phone:** (619) 482-8406  
**Provider Gender:** Male  
**NPI:** 1033138714  
 **Provider English Spoken:** Y  
 **Provider Language(s) Spoken:** Spanish, Tagalog  
**Cultural Competency:** N  
**Hospital Affiliation:** SHARP  
CHULA VISTA MED CTR  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0\None  
**American Sign Language (ASL):**



N

 **Accessibility:** CONTACT PROVIDER  
 **Hours:** M-TH 8AM-5PM  
F 8AM-12PM  
 **Website:** N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP




### **OBSTETRICS / GYNECOLOGY**

#### **ATIGA, SCHUBERT**

**Provider ID:** 290331  
**Board Certified Specialty:** Yes  
IHP OF SOUTHERN CAL-PHP  
 752 MEDICAL CENTER CT  
STE 106  
CHULA VISTA, CA 91911  
 **Phone:** (619) 482-8406  
**Fax:** (619) 482-6656  
 **After Hours Phone:** (619) 482-8406  
**Provider Gender:** Male  
**NPI:** 1033138714

 **Provider English Spoken:** Y  
 **Provider Language(s) Spoken:** Spanish, Tagalog  
**Cultural Competency:** N  
**Hospital Affiliation:** SHARP  
CHULA VISTA MED CTR  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 13\None  
**American Sign Language (ASL):**

N

 **Accessibility:** CONTACT PROVIDER  
 **Hours:** M-TH 8AM-5PM  
F 8AM-12PM  
 **Website:** N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### **OCCUPATIONAL THERAPIST**

#### **MORRIS, SHEILA**




**Provider ID:** 268926  
**Board Certified Specialty:** No

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

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## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### OPHTHALMOLOGY


#### **GOLDMAN, DAVID**

Provider ID: 308604

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 311 DEL MAR AVE  
CHULA VISTA, CA 91910


 Phone: (619) 427-3355

Fax: (619) 427-0955

 After Hours Phone: (619)  
427-3355

Provider Gender: Male

NPI: 1629185467

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### OPHTHALMOLOGY


#### **HO, AMIEE**

Provider ID: 297633

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 342 F ST  
CHULA VISTA, CA 91910


 Phone: (619) 422-1471


Fax: (619) 422-0450

 After Hours Phone: (619)  
422-1471

Provider Gender: Female

NPI: 1396009478

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### OPHTHALMOLOGY


#### **SHUMWAY, CALEB**

Provider ID: 310744

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 311 DEL MAR AVE  
CHULA VISTA, CA 91910

 Phone: (619) 427-3355

Fax: (619) 427-0955

 After Hours Phone: (619)  
427-3355

Provider Gender: Male

NPI: 1225698814

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-5PM  
F 8AM-4PM

 Website: N/A

IPA: Community Care IPA LLC

### OPTOMETRIST


#### **CHAIN, PEI CHI**

Provider ID: 297621

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 342 F ST  
CHULA VISTA, CA 91910

 Phone: (619) 422-1471

Fax: (619) 422-2025

 After Hours Phone: (619)  
422-1471

Provider Gender: Female

NPI: 1730676727

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## D. 專業提供者目錄

Provider English Spoken: Y  
 Provider Language(s) Spoken: Mandarin  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **KOO, ANITA**

Provider ID: 304537  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911  
 Phone: (619) 425-7755  
 Fax: (619) 425-2138  
 After Hours Phone: (619) 425-7755  
 Provider Gender: Female  
 NPI: 1669825667  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **KOO, ANITA**

Provider ID: 306902  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911  
 Phone: (619) 425-7755  
 Fax: (619) 425-2138  
 After Hours Phone: (619) 425-7755

Provider Gender: Female  
 NPI: 1669825667

Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **KOO, ANITA**

Provider ID: 304830  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Provider Gender: Female  
 NPI: 1669825667

Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **MASCARENO, EFRAIN**






















Provider ID: 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):

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## D. 專業提供者目錄

<p>N</p> <p> <b>Accessibility: CONTACT PROVIDER</b></p> <p> <b>Hours: M-F 9AM-6PM</b></p> <p> <b>Website: N/A</b></p> <p>IPA: Community Care IPA LLC, Imperial Health Holdings Medical Group-SD</p>	<p>Imperial Health Holdings Medical Group-SD</p> <hr/> <p style="text-align: center;"><b>OPTOMETRIST</b></p> <p><b>MASCARENO, EFRAIN</b></p> <p>Provider ID: 262229</p> <p>Board Certified Specialty: No</p> <p>IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD</p>	<p>COMMUNITY CARE IPA LLC</p> <p> 440 4TH AVE STE 9 CHULA VISTA, CA 91910</p> <p> Phone: (619) 427-2020</p> <p>Fax: (866) 254-5707</p> <p> After Hours Phone: (619) 427-2020</p> <p>Provider Gender: Male</p> <p>NPI: 1457507279</p>
<hr/> <p style="text-align: center;"><b>OPTOMETRIST</b></p> <p><b>MASCARENO, EFRAIN</b></p> <p>Provider ID: 262228</p> <p>Board Certified Specialty: No</p> <p>IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD</p> <p> 2260 OTAY LAKES RD STE 111 CHULA VISTA, CA 91915</p> <p> Phone: (619) 421-5550</p> <p>Fax: (866) 254-5707</p> <p> After Hours Phone: (619) 421-5550</p> <p>Provider Gender: Male</p> <p>NPI: 1457507279</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p>	<p> 440 4TH AVE STE 9 CHULA VISTA, CA 91910</p> <p> Phone: (619) 427-2020</p> <p>Fax: (866) 254-5707</p> <p> After Hours Phone: (619) 427-2020</p> <p>Provider Gender: Male</p> <p>NPI: 1457507279</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p>	<p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> <b>Accessibility: CONTACT PROVIDER</b></p> <p> <b>Hours: M-F 9AM-6PM</b></p> <p> <b>Website: N/A</b></p> <p>IPA: Community Care IPA LLC, Imperial Health Holdings Medical Group-SD</p> <hr/> <p style="text-align: center;"><b>OPTOMETRIST</b></p> <p><b>NGUYEN, THU</b></p> <p>Provider ID: 265518</p> <p>Board Certified Specialty: No</p> <p>COMMUNITY CARE IPA LLC</p> <p> 342 F ST CHULA VISTA, CA 91910</p> <p> Phone: (619) 422-1471</p> <p>Fax: (619) 422-0450</p> <p> After Hours Phone: (619) 422-1471</p> <p>Provider Gender: Female</p>
<p>N</p> <p> <b>Accessibility: CONTACT PROVIDER</b></p> <p> <b>Hours: M-F 9AM-6PM</b></p> <p> <b>Website: N/A</b></p> <p>IPA: Community Care IPA LLC,</p>	<hr/> <p style="text-align: center;"><b>OPTOMETRIST</b></p> <p><b>MASCARENO, EFRAIN</b></p> <p>Provider ID: 268680</p> <p>Board Certified Specialty: No</p>	

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## D. 專業提供者目錄

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: 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

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**

#### **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

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## D. 專業提供者目錄

### IHP OF SOUTHERN CAL-PHP

 342 F ST  
CHULA VISTA, CA 91910  
 Phone: (619) 422-1471  
Fax: (619) 422-0114  
 After Hours Phone: (619)  
422-1471

Provider Gender: Female

NPI: 1184146094


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: IHP of Southern Cal-PHP

#### **OPTOMETRIST**

### THACH, QUEEN

Provider ID: 310877

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1053841478

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A



IPA: IHP of Southern Cal-PHP

#### **OPTOMETRIST**

### THACH, QUEEN

Provider ID: 310536

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
 Phone: (619) 425-7755  
Fax: (619) 425-2138

 After Hours Phone: (619)  
425-7755

Provider Gender: Female

NPI: 1053841478


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM


 Website: N/A

IPA: IHP of Southern Cal-PHP


#### **OTOLARYNGOLOGY**

### CHANG, EDWARD


Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 577 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 426-5181

Fax: (619) 426-0714

 After Hours Phone: (619)  
426-5181

Provider Gender: Male

NPI: 1528146008

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

#### **OTOLARYNGOLOGY**


### MCCALLION, PATRICK

Provider ID: 290541

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 765 MEDICAL CENTER CT  
STE 210

CHULA VISTA, CA 91911

 Phone: (619) 482-0565


Fax: (619) 482-2775

 After Hours Phone: (619)  
482-0565

Provider Gender: Male

NPI: 1134144454

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Spanish




Cultural Competency: N

Hospital Affiliation:






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## D. 專業提供者目錄

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):

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 上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
 者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

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## D. 專業提供者目錄

### **MENDES, CHANTAL**

Provider ID: 295669

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

386 E H ST STE 202  
CHULA VISTA, CA 91910

Phone: (858) 966-1720

Fax: (858) 966-1725

After Hours Phone: (858)  
966-1720

Provider Gender: Female

NPI: 1134681265

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC EMERGENCY MEDICINE**

#### **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

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## D. 專業提供者目錄

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

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### **PHYSICAL MEDICINE / REHABILITATION**


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#### **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

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### **PHYSICIANS ASSISTANT**


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#### **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

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### **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

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### **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

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## D. 專業提供者目錄

*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: 295945*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 2452 FENTON ST STE C101  
 CHULA VISTA, CA 91914  
 *Phone: (619) 600-5309*  
*Fax: (619) 655-4700*  
 *After Hours Phone: (619) 600-5309*  
*Provider Gender: Male*  
*NPI: 1922505775*

*Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL): N*

*Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*

### **PHYSICIANS ASSISTANT**

#### **VARGAS, CHRISTOPHER**

*Provider ID: 295828*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

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## D. 專業提供者目錄

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

#### VARGAS, CHRISTOPHER

Provider ID: 268744

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

2452 FENTON ST STE C203  
CHULA VISTA, CA 91914

Phone: (619) 600-5309

Fax: (619) 655-4700

After Hours Phone: (619)  
600-5309

Provider Gender: Male

NPI: 1922505775

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT

#### WRIGHT, DEREK

Provider ID: 302389

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

340 4TH AVE STE 19  
CHULA VISTA, CA 91910

Phone: (619) 761-5308

Fax: (619) 591-1910

After Hours Phone: (619)  
761-5308

Provider Gender: Male

NPI: 1629674858

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### PODIATRIST

#### BRAZIER, SETH

Provider ID: 306399

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

855 3RD AVE STE 1100  
CHULA VISTA, CA 91911

Phone: (619) 880-5057

Fax: (858) 485-1515

After Hours Phone: (619)  
880-5057

Provider Gender: Male

NPI: 1033554324

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: KAWEAH

DELTA DISTRICT HOSP, SELMA  
COMMUNITY HOSPITAL,

ADVENTIST MEDICAL

CENTER, ADVENTIST MED CTR  
REEDLEY

Medi-Cal Open Panel: Yes



Min/Max Age: 0\19



American Sign Language (ASL):  
N


Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。







## D. 專業提供者目錄

**PROVIDER**  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network








 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP









### **PODIATRIST**

**CAINE, SAMUEL**  
 Provider ID: 308636  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 345 F ST STE 100  
 CHULA VISTA, CA 91910  
 Phone: (619) 727-3481  
 Fax: (619) 420-7087  
 After Hours Phone: (619) 727-3481  
 Provider Gender: Male  
 NPI: 1396230298  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Sharp  
 Grossmont Hospital, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MERCY  
 HOSPITAL, SHARP MEMORIAL  
 HOSPITAL, SHARP CHULA  
 VISTA MED CTR, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 N  
 Accessibility: CONTACT PROVIDER

### **PODIATRIST**

**CAINE, SAMUEL**  
 Provider ID: 308211  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 345 F ST STE 100  
 CHULA VISTA, CA 91910  
 Phone: (619) 727-3481  
 Fax: (619) 420-7087  
 After Hours Phone: (619) 727-3481  
 Provider Gender: Male  
 NPI: 1396230298  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Sharp  
 Grossmont Hospital, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MERCY  
 HOSPITAL, SHARP MEMORIAL  
 HOSPITAL, SHARP CHULA  
 VISTA MED CTR, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 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

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## D. 專業提供者目錄

<b>PODIATRIST</b>	
<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	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
<b>PODIATRIST</b>	
<b>READ, TRENTON</b>	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
<b>PSYCHOLOGIST</b>	
<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	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
<b>PSYCHOLOGIST</b>	
<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	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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。










## D. 專業提供者目錄

*American Sign Language (ASL):* Board Certified Specialty: No  
N  
 *Accessibility:* CONTACT PROVIDER  
 *Hours:* M-F 8AM-8PM  
SA 8AM-4PM  
 *Website:* N/A  
IPA: IHP of Southern Cal-PHP

### **PSYCHOLOGIST**

#### **GALLO, LINDA**




*Provider ID:* 296782  
*Board Certified Specialty:* No  
IHP OF SOUTHERN CAL-PHP  
 780 BAY BLVD STE 200  
CHULA VISTA, CA 91910  
 *Phone:* (619) 662-4100  
*Fax:* (619) 240-7852  
 *After Hours Phone:* (619)  
662-4100  
*Provider Gender:* Female  
*NPI:* 1427773621  
 *Provider English Spoken:* Y  
*Cultural Competency:* N  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18\None


*American Sign Language (ASL):*  
N  
 *Accessibility:* CONTACT PROVIDER  
 *Hours:* M-F 8AM-5PM  
 *Website:* N/A  
IPA: IHP of Southern Cal-PHP




### **PSYCHOLOGIST**

#### **GOULD, HILARY**

*Provider ID:* 290467


 678 3RD AVE  
CHULA VISTA, CA 91910  
 *Phone:* (619) 662-4100  
*Fax:* (619) 271-0260  
 *After Hours Phone:* (619)  
662-4100  
*Provider Gender:* Female  
*NPI:* 1104297696





 *Provider English Spoken:* Y  
*Cultural Competency:* N  
*Hospital Affiliation:* UCSD  
MEDICAL CTR  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0\None  
*American Sign Language (ASL):*  
N

 *Accessibility:* CONTACT PROVIDER  
 *Hours:* SU 10AM-4PM  
M-F 8:30AM-5:30PM  
SA 8AM-2:30PM  
 *Website:* N/A  
IPA: IHP of Southern Cal-PHP

### **PSYCHOLOGIST**






#### **WIJAYARATNE, IMANIE**

*Provider ID:* 290092  
*Board Certified Specialty:* No  
IHP OF SOUTHERN CAL-PHP  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 *Phone:* (619) 662-4100  
*Fax:* (619) 245-1184  
 *After Hours Phone:* (619)  
662-4100

*Provider Gender:* Female  
*NPI:* 1932358355  
 *Provider English Spoken:* Y  
*Cultural Competency:* N  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 5\None  
*American Sign Language (ASL):*  
N  
 *Accessibility:* CONTACT PROVIDER  
 *Hours:* M-F 8AM-5PM  
 *Website:* N/A  
IPA: IHP of Southern Cal-PHP




### **RADIATION ONCOLOGY**

#### **CARMONA, RUBEN**

*Provider ID:* 303101  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
 769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911  
 *Phone:* (858) 939-5010  
*Fax:* (619) 740-8499  
 *After Hours Phone:* (858)  
939-5010  
*Provider Gender:* Male  
*NPI:* 1275929242  
 *Provider English Spoken:* Y  
 *Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* N  
*Hospital Affiliation:* SHARP  
CHULA VISTA MED CTR, Sharp  
Grossmont Hospital, SHARP  
MEMORIAL HOSPITAL  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0\None

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## D. 專業提供者目錄

American Sign Language (ASL):  Hours: M-F 8AM-5PM  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC


### 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *Provider English Spoken: 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*

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### **REGISTERED PHYSICAL THERAPIST**

---


#### **CHENG, BRANDON**

*Provider ID: 304529*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 1392 E PALOMAR ST STE  
503

CHULA VISTA, CA 91913

 *Phone: (619) 482-3000*

*Fax: (619) 482-3001*

 *After Hours Phone: (619)*  
*482-3000*

*Provider Gender: Male*

*NPI: 1336894724*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*

*PROVIDER*

 *Hours: M-TH 7AM-7PM*

*F 7AM-5PM*

*SA 8AM-1PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,*  
*IHP of Southern Cal-PHP*

---

### **REGISTERED PHYSICAL THERAPIST**


---

#### **JAIN, ALEXANDRA**

*Provider ID: 305150*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 880 3RD AVE STE A  
CHULA VISTA, CA 91911


 *Phone: (619) 205-4585*

*Fax: (619) 271-3183*

 *After Hours Phone: (619)*  
*205-4585*

*Provider Gender: Female*

*NPI: 1063170603*

 *Provider English Spoken: Y*

 *Provider Language(s)*

*Spoken: Spanish*


*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 55\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

---

### **REGISTERED PHYSICAL THERAPIST**

---


#### **JIMENEZ, ANDREA**

*Provider ID: 299889*

*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*

 1392 E PALOMAR ST STE  
503

CHULA VISTA, CA 91913

 *Phone: (619) 482-3000*

*Fax: (619) 482-3001*

 *After Hours Phone: (619)*  
*482-3000*

*Provider Gender: Female*

*NPI: 1407440670*

 *Provider English Spoken: Y*


 *Provider Language(s)*  
*Spoken: Spanish*


*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 7AM-7PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,*  
*IHP of Southern Cal-PHP*

---


### **REGISTERED PHYSICAL THERAPIST**

---


#### **JIMENEZ, ANDREA**

*Provider ID: 310382*

*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*

 386 E H ST STE 203

CHULA VISTA, CA 91910

 *Phone: (619) 482-3000*

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## D. 專業提供者目錄

Fax: (619) 482-3001

☎ After Hours Phone: (619) 482-3000

Provider Gender: Female

NPI: 1407440670

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: 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**

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#### **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**

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#### **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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider ID: 305013

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

1392 E PALOMAR ST STE  
503

CHULA VISTA, CA 91913

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1457136269

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 7AM-7PM  
F 7AM-4PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

**NGUYEN, TIA**

Provider ID: 305014

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1392 E PALOMAR ST STE  
503

CHULA VISTA, CA 91913

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1457136269

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 7AM-7PM  
F 7AM-4PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

**NGUYEN, TIA**

Provider ID: 310381

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

386 E H ST STE 203  
CHULA VISTA, CA 91910

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1457136269

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 7AM-7PM  
F 7AM-4PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

**NOVENCIDO, ANDREW**

Provider ID: 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

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## D. 專業提供者目錄

### THERAPIST

#### **NOVENCIDO, ANDREW**

Provider ID: 301994

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1392 E PALOMAR ST STE  
503

CHULA VISTA, CA 91913

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619)  
482-3000

Provider Gender: Male

NPI: 1447723937

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-6PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **NOVENCIDO, ANDREW**

Provider ID: 286782

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

1392 E PALOMAR ST STE  
503

CHULA VISTA, CA 91913

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619)  
482-3000

Provider Gender: Male

NPI: 1447723937

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-6PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **SPARKS, TODD**

Provider ID: 129142

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

1392 E PALOMAR ST STE  
503

CHULA VISTA, CA 91913

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619)  
482-3000

Provider Gender: Male

NPI: 1265481139

Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 7AM-7PM  
TU 7AM-12PM

W-TH 7AM-7PM

F 7AM-12PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **SPARKS, TODD**

Provider ID: 301108

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1392 E PALOMAR ST STE  
503

CHULA VISTA, CA 91913

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619)  
482-3000

Provider Gender: Male

NPI: 1265481139

Provider English Spoken: Y

Provider Language(s)

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. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M 7AM-7PM  
TU 7AM-12PM  
W-TH 7AM-7PM  
F 7AM-12PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*


### **REGISTERED PHYSICAL THERAPIST**





**SPARKS, TODD**  
*Provider ID: 310371*  
*Board Certified Specialty: No  
COMMUNITY CARE IPA LLC*  
 *386 E H ST STE 203  
CHULA VISTA, CA 91910*  
 *Phone: (619) 482-3000*  
*Fax: (619) 482-3001*  
 *After Hours Phone: (619)  
482-3000*  
*Provider Gender: Male*  
*NPI: 1265481139*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\0*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*

### **REGISTERED PHYSICAL THERAPIST**





**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*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*

### **REGISTERED PHYSICAL THERAPIST**

**STAHL, KEVIN**  
*Provider ID: 301418*  
*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*  
 *1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913*  
 *Phone: (619) 482-3000*  
*Fax: (619) 482-3001*  
 *After Hours Phone: (619)  
482-3000*  
*Provider Gender: Male*  
*NPI: 1760194302*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

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## D. 專業提供者目錄

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</i></p> <hr/> <p><b><u>REGISTERED PHYSICAL THERAPIST</u></b></p> <hr/> <p><b>SUGGS, SARAH</b></p> <p><i>Provider ID: 310419</i></p> <p><i>Board Certified Specialty: No COMMUNITY CARE IPA LLC</i></p> <p> 386 E H ST STE 203 CHULA VISTA, CA 91910</p> <p> <i>Phone: (619) 482-3000</i></p> <p><i>Fax: (619) 482-3001</i></p> <p> <i>After Hours Phone: (619) 482-3000</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1083353650</i></p> <p> <i>Provider English Spoken: Y</i> <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 7AM-7PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</i></p> <hr/> <p><b><u>REGISTERED PHYSICAL THERAPIST</u></b></p> <hr/>	<p><b>VAISMAN, SAMANTHA</b></p> <p><i>Provider ID: 311836</i></p> <p><i>Board Certified Specialty: No COMMUNITY CARE IPA LLC</i></p> <p> 386 E H ST STE 203 CHULA VISTA, CA 91910</p> <p> <i>Phone: (619) 482-3000</i></p> <p><i>Fax: (619) 482-3001</i></p> <p> <i>After Hours Phone: (619) 482-3000</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1457022071</i></p> <p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Community Care IPA LLC</i></p> <hr/> <p><b><u>REGISTERED PHYSICAL THERAPIST</u></b></p> <hr/> <p><b>VERISSIMO, TAYLOR</b></p> <p><i>Provider ID: 310405</i></p> <p><i>Board Certified Specialty: No COMMUNITY CARE IPA LLC</i></p> <p> 386 E H ST STE 203 CHULA VISTA, CA 91910</p> <p> <i>Phone: (619) 482-3000</i></p> <p><i>Fax: (619) 332-4220</i></p> <p> <i>After Hours Phone: (619) 482-3000</i></p> <p><i>Provider Gender: Female</i></p>	<p><i>NPI: 1124871629</i></p> <p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Community Care IPA LLC</i></p> <hr/> <p><b><u>REGISTERED PHYSICAL THERAPIST</u></b></p> <hr/> <p><b>VERISSIMO, TAYLOR</b></p> <p><i>Provider ID: 310406</i></p> <p><i>Board Certified Specialty: No COMMUNITY CARE IPA LLC</i></p> <p> 1392 E PALOMAR ST STE 503 CHULA VISTA, CA 91913</p> <p> <i>Phone: (619) 482-3000</i></p> <p><i>Fax: (619) 482-3001</i></p> <p> <i>After Hours Phone: (619) 482-3000</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1124871629</i></p> <p> <i>Provider English Spoken: Y</i> <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>
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## D. 專業提供者目錄

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

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## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

*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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 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**

---


#### **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**

---


#### **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


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## D. 專業提供者目錄

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. 專業提供者目錄



*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*




### **CERTIFIED NURSE PRACTITIONER**

**NGUYEN, VANESSA**  
*Provider ID: 312138*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 892 E MADISON AVE  
EL CAJON, CA 92020  
 *Phone: (619) 737-1117*  
*Fax: (619) 880-8535*  
 *After Hours Phone: (619) 737-1117*  
*Provider Gender: Female*  
*NPI: 1376219246*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F*

*8:30AM-5:30PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **CERTIFIED NURSE PRACTITIONER**

**PIRTLE, KEYSHONE**  
*Provider ID: 284244*  
*Board Certified Specialty: No COMMUNITY CARE IPA LLC*  
 5442 SYCUAN RD  
EL CAJON, CA 92019  
 *Phone: (619) 445-0707*  
*Fax: (619) 445-9764*  
 *After Hours Phone: (619) 445-0707*  
*Provider Gender: Male*  
*NPI: 1417567827*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-4PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC*

### **DERMATOLOGY**

**LIN, SHINKO**  
*Provider ID: 308218*  
*Board Certified Specialty: No COMMUNITY CARE IPA LLC*  
 222 W MADISON AVE  
EL CAJON, CA 92020

 *Phone: (619) 579-5115*  
*Fax: (619) 749-6174*  
 *After Hours Phone: (619) 579-5115*  
*Provider Gender: Female*  
*NPI: 1205130036*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: GROSSMONT HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-4:30PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*

### **DERMATOLOGY**

**LIN, SHINKO**  
*Provider ID: 306321*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 222 W MADISON AVE  
EL CAJON, CA 92020  
 *Phone: (619) 579-5115*  
*Fax: (619) 749-6174*  
 *After Hours Phone: (619) 579-5115*  
*Provider Gender: Female*  
*NPI: 1205130036*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-4:30PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### GASTROENTEROLOGY

#### **CHAVEZ, LUIS**

Provider ID: 311341  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 2732 NAVAJO RD STE 200  
 EL CAJON, CA 92020  
 Phone: (619) 416-3510  
 Fax: (619) 243-3216  
 After Hours Phone: (619)  
 416-3510  
 Provider Gender: Male  
 NPI: 1295224905  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA  
 VISTA, PARADISE VALLEY  
 HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### GASTROENTEROLOGY

#### **NOVO, MEGAN**

Provider ID: 296067  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 2732 NAVAJO RD STE 200  
 EL CAJON, CA 92020  
 Phone: (619) 266-3332  
 Fax: (619) 266-6000  
 After Hours Phone: (619)  
 266-3332  
 Provider Gender: Female  
 NPI: 1770961971  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, UCSD LA JOLLA  
 JOHN SALLY THORNTON,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, UNIVERSITY OF  
 CALIFORNIA IRVINE MED CTR,

UCSD MEDICAL CTR, SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### HEARING AID DEALER / SUPPLIER

#### **ANDERSON, ELAINE**

Provider ID: 268692  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1767 E MAIN ST  
 EL CAJON, CA 92021  
 Phone: (619) 440-6516  
 Fax: (619) 440-6547  
 After Hours Phone: (619)  
 440-6516  
 Provider Gender: Female  
 NPI: 1063558856  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *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: 309095*

*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*

 *1625 E MAIN ST STE 201*  
*EL CAJON, CA 92021*


 *Phone: (619) 486-6512*

*Fax: (619) 616-2104*

 *After Hours Phone: (619)*  
*486-6512*

*Provider Gender: Female*

*NPI: 1811307051*

 *Provider English Spoken: Y*




*Cultural Competency: N*

*Hospital Affiliation: Sharp*  
*Grossmont Hospital, SHARP*  
*CHULA VISTA MED CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 15\99*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,*  
*IHP of Southern Cal-PHP*


### INTERVENTIONAL CARDIOLOGY

#### **SUDHAKAR, DEEPTHI**


*Provider ID: 295843*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 *1625 E MAIN ST STE 201*  
*EL CAJON, CA 92021*

 *Phone: (619) 486-6512*

*Fax: (619) 616-2104*

 *After Hours Phone: (619)*  
*486-6512*

*Provider Gender: Female*

*NPI: 1811307051*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: Sharp*  
*Grossmont Hospital, SHARP*  
*CHULA VISTA MED CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 15\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,*  
*IHP of Southern Cal-PHP*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<b>NEUROLOGY</b>	
<p><b>GUPTA, MONIKA</b>            Provider ID: 312122            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p>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</p>	<p>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</p>
<b>NEUROLOGY</b>	
<p><b>HOSSEIN ZADEH MALEKI, ANA</b>            Provider ID: 312128            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p>	<p>892 E MADISON AVE            EL CAJON, CA 92020</p>
<b>NEUROLOGY</b>	
<p><b>MANDEVILLE, ROSS</b>            Provider ID: 312140            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p>	<p>892 E MADISON AVE            EL CAJON, CA 92020</p>
	<p>Phone: (619) 737-1117            Fax: (619) 880-8535            After Hours Phone: (619) 737-1117            Provider Gender: Male            NPI: 1881182079            Provider English Spoken: Y</p>
<b>NEUROLOGY</b>	
	<p>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</p>
<b>NEUROLOGY</b>	
	<p><b>MAREK, MAKSYM</b>            Provider ID: 312137            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p>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</p>

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## D. 專業提供者目錄

*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. 專業提供者目錄

### **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

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**

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## D. 專業提供者目錄

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. 專業提供者目錄






 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. 專業提供者目錄

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

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## D. 專業提供者目錄

 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. 專業提供者目錄





 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group




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### **CERTIFIED NURSE PRACTITIONER**

---

#### **TABAREZ, NORMA**

Provider ID: 272979  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 1415 ROSS AVE  
EL CENTRO, CA 92243  
 Phone: (866) 803-2262  
 After Hours Phone: (866)  
803-2262  
Provider Gender: Female  
NPI: 1538535570  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A


IPA: UCSD Medical Group

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### **EMERGENCY MEDICINE**

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#### **BAGBY, JESSICA**

Provider ID: 271137  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 1415 ROSS AVE  
EL CENTRO, CA 92243  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1093161473

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group




---

### **EMERGENCY MEDICINE**



---

#### **GUITTARD, JESSE**




Provider ID: 239878  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 1415 ROSS AVE  
EL CENTRO, CA 92243  
 Phone: (760) 339-7100  
 After Hours Phone: (760)  
339-7100

Provider Gender: Male  
NPI: 1770979890

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: EL  
CENTRO REGIONAL MEDICAL  
CENTER

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

---

### **EMERGENCY MEDICINE**

---

#### **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. 專業提供者目錄




*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/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. 專業提供者目錄





 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 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. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<b>INTERNAL MEDICINE</b> <b>CRITICAL CARE MEDICINE</b>	<b>CRITICAL CARE MEDICINE</b>	<b>UCSD MEDICAL GROUP</b>
<b>TRAN, LINH</b> Provider ID: 277391 Board Certified Specialty: No UCSD MEDICAL GROUP  1415 ROSS AVE EL CENTRO, CA 92243  Phone: (800) 926-8273 Fax: (888) 539-8781  After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1851682728  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group	<b>WARDI, GABRIEL</b> Provider ID: 277341 Board Certified Specialty: No UCSD MEDICAL GROUP  1415 ROSS AVE EL CENTRO, CA 92243  Phone: (760) 339-7202  After Hours Phone: (760) 339-7202 Provider Gender: Male NPI: 1720346083  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, EL CENTRO REGIONAL MEDICAL CENTER, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, TEMECULA VALLEY HOSPITAL INC, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group	 1671 W MAIN ST STE B EL CENTRO, CA 92243  Phone: (855) 543-0555 Fax: (888) 539-8781  After Hours Phone: (855) 543-0555 Provider Gender: Male NPI: 1093730251  Provider English Spoken: Y  Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group
<b>INTERNAL MEDICINE</b>	<b>SURGERY NEUROLOGICAL</b>	<b>ENCINITAS</b>  <b>CARDIOVASCULAR DISEASE</b>
	<b>BARBA, DAVID</b> Provider ID: 244089 Board Certified Specialty: No	<b>DURAN, EDWARD</b> Provider ID: 310052 Board Certified Specialty: No UCSD MEDICAL GROUP  477 N EL CAMINO REAL

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## D. 專業提供者目錄

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. 專業提供者目錄

☎ *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*

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### **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*

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### **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. 專業提供者目錄

### 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. 專業提供者目錄

### **PRACTITIONER**

#### **PAKENHAM, KATE**

Provider ID: 296268

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1130 2ND ST  
ENCINITAS, CA 92024

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1578299343

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 8AM-8PM  
M-F 8AM-8PM  
SA 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **CERTIFIED NURSE PRACTITIONER**

#### **SRILASAK, MICHELE**

Provider ID: 281856

Board Certified Specialty: No  
UCSD MEDICAL GROUP

1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265487326

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED NURSE PRACTITIONER**

#### **YEO, ALEXANDRIA**

Provider ID: 299940

Board Certified Specialty: No  
UCSD MEDICAL GROUP

1505 ENCINITAS BLVD  
ENCINITAS, CA 92024

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1902368319

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED NURSE ANESTHETIST**

#### **SEILNACHT-BERNARD, KAREN**

Provider ID: 310372

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024

Phone: (616) 361-8292

Fax: (940) 478-8378

After Hours Phone: (616)  
361-8292

Provider Gender: Female

NPI: 1861562498

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

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## D. 專業提供者目錄

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. 專業提供者目錄

### 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. 專業提供者目錄

<p>N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A                      IPA: UCSD Medical Group</p>	<p>Min/Max Age: 16\None                      American Sign Language (ASL): N                      N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A                      IPA: UCSD Medical Group</p>	<p>American Sign Language (ASL):                      N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A                      IPA: UCSD Medical Group</p>
<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>                      Provider ID: 209483                      Board Certified Specialty: No                      UCSD MEDICAL GROUP   781 GARDEN VIEW CT STE 200                      ENCINITAS, CA 92024   Phone: (858) 657-7200   After Hours Phone: (858) 657-7200                      Provider Gender: Male                      NPI: 1902862121   Provider English Spoken: Y                      Cultural Competency: N                      Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON                      Medi-Cal Open Panel: Yes</p>	<p><b>LAURENT, LOUISE</b>                      Provider ID: 208641                      Board Certified Specialty: No                      UCSD MEDICAL GROUP   781 GARDEN VIEW CT STE 200                      ENCINITAS, CA 92024   Phone: (858) 657-7200   After Hours Phone: (858) 657-7200                      Provider Gender: Female                      NPI: 1770532707   Provider English Spoken: Y                      Cultural Competency: N                      Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR                      Medi-Cal Open Panel: Yes                      Min/Max Age: 0\None</p>	<p><b>MOORE, THOMAS</b>                      Provider ID: 208645                      Board Certified Specialty: No                      UCSD MEDICAL GROUP   781 GARDEN VIEW CT STE 200                      ENCINITAS, CA 92024   Phone: (858) 657-7200   After Hours Phone: (858) 657-7200                      Provider Gender: Male                      NPI: 1184682379   Provider English Spoken: Y                      Cultural Competency: N                      Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL                      Medi-Cal Open Panel: Yes                      Min/Max Age: 16\None                      American Sign Language (ASL):                      N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A                      IPA: UCSD Medical Group</p>










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## D. 專業提供者目錄







<b><u>MATERNAL AND FETAL MEDICINE</u></b>	<b><u>MATERNAL AND FETAL MEDICINE</u></b>	<b><u>MATERNAL AND FETAL MEDICINE</u></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>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. 專業提供者目錄



<p><b>PROVIDER</b></p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: UCSD Medical Group</p>
<p><b>NEONATAL / PERINATAL MEDICINE</b></p>
<p><b>BAI-TONG, SHIYU</b></p> <p>Provider ID: 283286</p> <p>Board Certified Specialty: No</p> <p>RADY CHILDRENS HEALTH NETWORK</p> <p> 354 SANTA FE DR ENCINITAS, CA 92024</p> <p> Phone: (760) 633-6120</p> <p> After Hours Phone: (760) 633-6120</p> <p>Provider Gender: Female</p> <p>NPI: 1528454188</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, PALOMAR MEDICAL CENTER</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\19</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: Rady Childrens Health Network</p>
<p><b>NEONATAL / PERINATAL MEDICINE</b></p>
<p><b>SAUER, CHARLES</b></p>

<p><b>MEDICINE</b></p>
<p><b>NYMAN, KATHERINE</b></p> <p>Provider ID: 301821</p> <p>Board Certified Specialty: No</p> <p>RADY CHILDRENS HEALTH NETWORK</p> <p> 354 SANTA FE DR ENCINITAS, CA 92024</p> <p> Phone: (760) 633-6120</p> <p> Fax: (760) 633-7385</p> <p> After Hours Phone: (760) 633-6120</p> <p>Provider Gender: Female</p> <p>NPI: 1003260951</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, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\19</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: Rady Childrens Health Network</p>
<p><b>NEONATAL / PERINATAL MEDICINE</b></p>
<p><b>SAUER, CHARLES</b></p>

<p>Provider ID: 303905</p> <p>Board Certified Specialty: No</p> <p>RADY CHILDRENS HEALTH NETWORK</p> <p> 354 SANTA FE DR ENCINITAS, CA 92024</p> <p> Phone: (760) 633-6120</p> <p> Fax: (760) 633-7385</p> <p> After Hours Phone: (760) 633-6120</p> <p>Provider Gender: Male</p> <p>NPI: 1538388988</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>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</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\19</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>
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請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## D. 專業提供者目錄

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。










## D. 專業提供者目錄

*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: 291336*  
*Board Certified Specialty: No*  
UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

ENCINITAS, CA 92024  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1730507567  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**DRIEBE, AMY**  
Provider ID: 293448  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 1505 ENCINITAS BLVD  
ENCINITAS, CA 92024  
☎ Phone: (800) 926-8372  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8372  
Provider Gender: Female  
NPI: 1730507567  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**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**

**LAMALE-SMITH, LEAH**  
Provider ID: 208682  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 781 GARDEN VIEW CT STE 200  
ENCINITAS, CA 92024  
☎ Phone: (858) 657-7200  
🕒 After Hours Phone: (858) 657-7200  
Provider Gender: Female  
NPI: 1396904876  
🗣 Provider English Spoken: Y  
🗣 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL CTR, EISENHOWER MEDICAL CTR, PALOMAR MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**MACKAY, GILLIAN**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

Provider English Spoken: Y





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## D. 專業提供者目錄

*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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max 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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。


## D. 專業提供者目錄

### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ *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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## D. 專業提供者目錄


 *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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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Provider ID: 294676

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024

Phone: (760) 944-5545  
Fax: (760) 944-3927

After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1306227491

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UC DAVIS  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

---

### **PEDIATRIC NEPHROLOGY**

#### **RASCHKE, ROBIN**

Provider ID: 310302

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024

Phone: (858) 966-8052  
Fax: (858) 966-7789

After Hours Phone: (858)  
966-8052

Provider Gender: Female

NPI: 1609365402

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

---

### **PEDIATRIC PULMONOLOGY**

#### **CERNELC-KOHAN, MATEJKA**

Provider ID: 243043

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

477 N EL CAMINO REAL  
STE 302 BLDG D  
ENCINITAS, CA 92024

Phone: (760) 944-5545  
Fax: (760) 944-3927

After Hours Phone: (760)

944-5545

Provider Gender: Female

NPI: 1871752451

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

---

### **PEDIATRIC PULMONOLOGY**

#### **LENHART-PENDERGRASS, PATRICIA**

Provider ID: 294642

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024

Phone: (760) 944-5545  
Fax: (760) 944-3927


After Hours Phone: (760)  
944-5545

Provider Gender: Female




NPI: 1144615659

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 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. 專業提供者目錄

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max 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. 專業提供者目錄

Network

### **SURGERY PEDIATRIC**

#### **THOMPSON, KYLE**

Provider ID: 310987

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

Phone: (760) 944-5545

Fax: (760) 944-3927

After Hours Phone: (760)  
944-5545

Provider Gender: Male

NPI: 1598147050

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **SURGERY PLASTIC**

#### **REID, CHRISTOPHER**

Provider ID: 238130

Board Certified Specialty: No  
UCSD MEDICAL GROUP

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982964276

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### **UROLOGY**

#### **MOORE, SARAH**

Provider ID: 311608

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

Phone: (760) 436-4558

Fax: (858) 429-7926

After Hours Phone: (760)

436-4558

Provider Gender: Female

NPI: 1538620760

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **ESCONDIDO**

### **ANESTHESIOLOGY PAIN MANAGEMENT**

#### **BROWNLOW, ROY**

Provider ID: 308112

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

637 E GRAND AVE  
ESCONDIDO, CA 92025

Phone: (760) 610-0522

Fax: (760) 610-0523

After Hours Phone: (760)  
610-0522

Provider Gender: Male




NPI: 1205949914

Provider English Spoken: Y

Provider Language(s)



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## D. 專業提供者目錄

*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*

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## D. 專業提供者目錄

American Sign 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *Provider Language(s)*  
Spoken: Farsi, Persian  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---


**KESHAVARZI, SARA**

*Provider ID: 305938*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 488 E VALLEY PKWY STE  
411

ESCONDIDO, CA 92025

 *Phone: (760) 466-9800*

*Fax: (360) 462-2741*

 *After Hours Phone: (760)*  
*466-9800*

*Provider Gender: Female*

*NPI: 1457996126*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,*

*IHP of Southern Cal-PHP*

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---


**KESHAVARZI, SARA**

*Provider ID: 309748*

*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*

 488 E VALLEY PKWY STE  
411

ESCONDIDO, CA 92025

 *Phone: (760) 466-9800*

*Fax: (360) 462-2741*

 *After Hours Phone: (760)*  
*466-9800*

*Provider Gender: Female*

*NPI: 1457996126*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,*

*IHP of Southern Cal-PHP*

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---


**NAVARRO, STEVEN**

*Provider ID: 310223*

*Board Certified Specialty: No*

*IHP OF SOUTHERN CAL-PHP*

 460 N ELM ST  
ESCONDIDO, CA 92025

 *Phone: (760) 520-8100*

*Fax: (760) 466-1373*

 *After Hours Phone: (760)*  
*520-8100*

*Provider Gender: Male*

*NPI: 1013598960*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*  
*MEDICAL CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

---

**CERTIFIED NURSE**  
**PRACTITIONER**


---

**WALDRUP, LARHONDA**

*Provider ID: 299259*

*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH*  
*NETWORK*

 2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

 *Phone: (442) 281-3193*

*Fax: (442) 281-3197*

 *After Hours Phone: (442)*  
*281-3193*

*Provider Gender: Female*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

*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*

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## D. 專業提供者目錄

<hr/> <b>INTERNAL MEDICINE</b> <hr/> <b>CHEN, ANDREW</b> 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	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	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
<hr/> <b>INTERNAL MEDICINE</b> <hr/> <b>MALEK, MIKHAIL</b> Provider ID: 296831 Board Certified Specialty: No COMMUNITY CARE IPA LLC 2130 CITRACADO PKWY STE 220	<hr/> <b>INTERVENTIONAL CARDIOLOGY</b> <hr/> <b>BAYAT, HAMED</b> 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	<hr/> <b>INTERVENTIONAL CARDIOLOGY</b> <hr/> <b>BAYAT, HAMED</b> 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)

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## D. 專業提供者目錄

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,

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## D. 專業提供者目錄

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

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## D. 專業提供者目錄

*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*

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## D. 專業提供者目錄

**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**

#### **KIMCMANUS, OLIVIA**

Provider ID: 277873  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

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## D. 專業提供者目錄





 2125 CITRACADO PKWY  
 STE 100  
 ESCONDIDO, CA 92029  
 Phone: (858) 966-5819  
 Fax: (760) 294-9274  
 After Hours Phone: (858)  
 966-5819  
 Provider Gender: Female  
 NPI: 1174870067  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 UNIVERSITY OF CALIFORNIA  
 IRVINE MED CTR, CHILDRENS  
 HOSPITAL OF ORANGE  
 COUNTY, RADY CHILDRENS  
 HOSPITAL SAN DIEGO, UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### NEUROLOGY

#### **ZIMBRIC, MICHAEL**

Provider ID: 277891  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

 2125 CITRACADO PKWY  
 STE 100


ESCONDIDO, CA 92029  
 Phone: (760) 294-9260  
 Fax: (760) 294-9274  
 After Hours Phone: (760)  
 294-9260  
 Provider Gender: Male  
 NPI: 1487819546  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSF BENIOFF  
 CHILDREN'S HOSPITAL  
 OAKLAND  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network






### NEUROLOGY CHILD

#### **SAHAGIAN, MICHELLE**

Provider ID: 206076  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

 625 CITRACADO PKWY STE  
 100

ESCONDIDO, CA 92025  
 Phone: (760) 294-9260


Fax: (760) 294-9274  
 After Hours Phone: (760)  
 294-9260  
 Provider Gender: Female  
 NPI: 1275604035  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network


### OBSTETRICS / GYNECOLOGY


#### **HINSHAW, PAUL**

Provider ID: 285628  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

 1955 CITRACADO PKWY  
 STE 302

ESCONDIDO, CA 92029  
 Phone: (760) 233-1896  
 Fax: (760) 233-1899




 After Hours Phone: (760)  
 233-1896  
 Provider Gender: Male  
 NPI: 1215170717

 Provider English Spoken: Y  
 Cultural Competency: N

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 者目錄中的資訊可能會更改。




## D. 專業提供者目錄




Hospital Affiliation: PALOMAR  
MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH 9AM-4:30PM  
F 9AM-2PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
Rady Childrens Health  
Network

### **OBSTETRICS / GYNECOLOGY**








#### **HINSHAW, PAUL**

Provider ID: 285629  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
 488 E VALLEY PKWY STE  
400  
ESCONDIDO, CA 92025  
 Phone: (760) 658-6101  
Fax: (760) 658-6106  
 After Hours Phone: (760)  
658-6101  
Provider Gender: Male  
NPI: 1215170717  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH 9AM-4:30PM  
F 9AM-2PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
Rady Childrens Health  
Network

### **OBSTETRICS / GYNECOLOGY**

#### **HINSHAW, PAUL**


Provider ID: 277040  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
 1955 CITRACADO PKWY  
STE 302  
ESCONDIDO, CA 92029  
 Phone: (760) 233-1896  
Fax: (760) 233-1899  
 After Hours Phone: (760)  
233-1896  
Provider Gender: Male  
NPI: 1215170717  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH 9AM-4:30PM  
F 9AM-2PM  
 Website: N/A


IPA: Community Care IPA LLC,  
Rady Childrens Health  
Network

### **OBSTETRICS / GYNECOLOGY**

#### **HINSHAW, PAUL**

Provider ID: 277041  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 488 E VALLEY PKWY STE  
400  
ESCONDIDO, CA 92025  
 Phone: (760) 658-6101  
Fax: (760) 658-6106

 After Hours Phone: (760)  
658-6101

Provider Gender: Male  
NPI: 1215170717


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 9AM-4:30PM  
F 9AM-2PM

 Website: N/A

IPA: Community Care IPA LLC,  
Rady Childrens Health  
Network

### **OBSTETRICS / GYNECOLOGY**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### 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. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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






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者目錄中的資訊可能會更改。




## D. 專業提供者目錄

 *Provider English Spoken:* Y  
*Cultural Competency:* N  
*Hospital Affiliation:* RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
*Medi-Cal Open Panel:* Yes  
*Min/Max 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:* 296796  
*Board Certified Specialty:* No  
 IHP OF SOUTHERN CAL-PHP  
 700 W EL NORTE PKWY  
 STE 200  
 ESCONDIDO, CA 92026  
 *Phone:* (760) 743-5872  
*Fax:* (760) 743-5879  
 *After Hours Phone:* (760)  
 743-5872  
*Provider Gender:* Female  
*NPI:* 1780935650  
 *Provider English Spoken:* Y  
 *Provider Language(s)*  
*Spoken:* Vietnamese  
*Cultural Competency:* N  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0\None  
*American Sign Language (ASL):*

N  
 *Accessibility:* CONTACT  
 PROVIDER  
 *Hours:* M 9AM-5PM  
 TU 8:30AM-4:30PM  
 W 7:30AM-4:30PM  
 TH 9:30AM-5PM  
 F 8:30AM-4PM  
 *Website:* N/A  
*IPA:* Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### **OPTOMETRIST**







#### **AOTO, KIM**

*Provider ID:* 268719  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 830 W VALLEY PKWY STE  
 300  
 ESCONDIDO, CA 92025  
 *Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
 *After Hours Phone:* (800)  
 898-2020  
*Provider Gender:* Female  
*NPI:* 1780935650  
 *Provider English Spoken:* Y  
 *Provider Language(s)*  
*Spoken:* Vietnamese  
*Cultural Competency:* N  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0\None  
*American Sign Language (ASL):*  
 N  
 *Accessibility:* CONTACT  
 PROVIDER  
 *Hours:* M-F 8AM-5PM  
 *Website:* N/A

*IPA:* Community Care IPA LLC,  
 IHP of Southern Cal-PHP



### **OPTOMETRIST**

#### **KOO, ANITA**

*Provider ID:* 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
 者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ After Hours Phone: (619) 425-7755

Provider Gender: Female

NPI: 1669825667

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OPTOMETRIST

#### **ZAIDI, NOORINA**

Provider ID: 310608

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

📍 700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

☎ Phone: (760) 743-5872

Fax: (760) 743-5879

☎ After Hours Phone: (760) 743-5872

Provider Gender: Female

NPI: 1023477262

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT

#### **PROVIDER**

🕒 Hours: M-F 8AM-4:30PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### OTOLARYNGOLOGY

#### **BLISS, MORGAN**

Provider ID: 277537

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

📍 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

☎ Phone: (760) 755-7600

Fax: (760) 755-7699

☎ After Hours Phone: (760) 755-7600

Provider Gender: Female

NPI: 1760707657

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### OTOLARYNGOLOGY

#### **FRANK, ETHAN**

Provider ID: 310282

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

📍 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

☎ Phone: (760) 755-7600

Fax: (760) 755-7699

☎ After Hours Phone: (760) 755-7600

Provider Gender: Male

NPI: 1720584345

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### OTOLARYNGOLOGY

#### **FRIESEN, TZYYNONG**

Provider ID: 277853

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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## D. 專業提供者目錄

2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Provider Gender: Female

NPI: 1952740177

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### OTOLARYNGOLOGY

#### **JIANG, WEN**

Provider ID: 277860

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Provider Gender: Female

NPI: 1659305753

Provider English Spoken: Y

Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### OTOLARYNGOLOGY

#### **LEUIN, SHELBY**

Provider ID: 206110

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

625 CITRACADO PKWY STE  
206

ESCONDIDO, CA 92025

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Provider Gender: Female

NPI: 1124230909

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### OTOLARYNGOLOGY

#### **PATEL, VIJAY**

Provider ID: 297038

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Provider Gender: Male

NPI: 1508250747

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, VALLEY CHILDRENS  
HOSPITAL

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Min/Max Age: 0\19

American Sign Language (ASL): N  
 Website: N/A  
 IPA: Rady Childrens Health Network

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### OTOLARYNGOLOGY

#### **QIAN, ZHEN**

Provider ID: 311005

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

2125 CITRACADO PKWY  
 STE 200  
 ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760) 755-7600

Provider Gender: Male

NPI: 1356796783

Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC ALLERGY / IMMUNOLOGY

#### **COLLINS, CATHLEEN**

Provider ID: 311813

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

2125 CITRACADO PKWY  
 STE 100

ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760) 755-7600

Provider Gender: Female

NPI: 1205128089

Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: LUCILE SALTER PACKARD

CHILDRENS HOSP, Stanford Health Care, RADY

CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

### PEDIATRIC CARDIOLOGY

#### **DAVIS, CHRISTOPHER**

Provider ID: 277811

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

2125 CITRACADO PKWY  
 STE 100

ESCONDIDO, CA 92029

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760) 294-9260

Provider Gender: Male

NPI: 1760691950

Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN

DIEGO, GROSSMONT

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC CARDIOLOGY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### HALEY, JESSICA

Provider ID: 205689

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

625 CITRACADO PKWY STE  
100

ESCONDIDO, CA 92025

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)  
294-9260

Provider Gender: Female

NPI: 1023329885

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC CARDIOLOGY

### HALEY, JESSICA

Provider ID: 277867

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)  
294-9260

Provider Gender: Female

NPI: 1023329885

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC CARDIOLOGY

### NARAYAN, HARI

Provider ID: 277846

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)

294-9260

Provider Gender: Male

NPI: 1376705707

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC CARDIOLOGY

### SILVASEPULVEDA, JOSE

Provider ID: 206298

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

625 CITRACADO PKWY STE  
100

ESCONDIDO, CA 92025

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)  
294-9260

Provider Gender: Male

NPI: 1417222472




Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY

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## D. 專業提供者目錄

*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):*  
 *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):*


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## D. 專業提供者目錄

<p>N   Accessibility: CONTACT PROVIDER   Hours: SU 1PM-10PM  M-F 4PM-10PM  SA 1PM-10PM   Website: N/A  IPA: Rady Childrens Health Network</p>	<p> Hours: SU 1PM-10PM  M-F 4PM-10PM  SA 1PM-10PM   Website: N/A  IPA: Rady Childrens Health Network</p>	<p>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</p>
<hr/>		
<b><u>PEDIATRIC EMERGENCY MEDICINE</u></b>		
<p><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b>  <b>MENDES, CHANTAL</b>  Provider ID: 295670  Board Certified Specialty: No  RADY CHILDRENS HEALTH NETWORK   2125 CITRACADO PKWY  STE 100  ESCONDIDO, CA 92029   Phone: (760) 739-1543  Fax: (760) 294-9274   After Hours Phone: (760) 739-1543  Provider Gender: Female  NPI: 1134681265   Provider English Spoken: Y  Cultural Competency: N  Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  Medi-Cal Open Panel: Yes  Min/Max Age: 0\19  American Sign Language (ASL):  N   Accessibility: CONTACT PROVIDER</p>	<p><b>PARKER, SHERINE</b>  Provider ID: 277872  Board Certified Specialty: No  RADY CHILDRENS HEALTH NETWORK   2125 CITRACADO PKWY  STE 100  ESCONDIDO, CA 92029   Phone: (760) 739-1543  Fax: (760) 294-9274   After Hours Phone: (760) 739-1543  Provider Gender: Female  NPI: 1477626513   Provider English Spoken: Y   Provider Language(s) Spoken: Arabic, Spanish  Cultural Competency: N  Hospital Affiliation: GLENDALE ADVENTIST MED CTR, GLENDALE MEMORIAL HOSP AND HEALTH CTR, TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL  Medi-Cal Open Panel: Yes  Min/Max Age: 0\19</p>	<p><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b>  <b>SHERER, KIMBERLY</b>  Provider ID: 311934  Board Certified Specialty: No  RADY CHILDRENS HEALTH NETWORK   2125 CITRACADO PKWY  STE 100  ESCONDIDO, CA 92029   Phone: (760) 755-7600  Fax: (760) 755-7699   After Hours Phone: (760) 755-7600  Provider Gender: Female  NPI: 1992202964   Provider English Spoken: Y  Cultural Competency: N  Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  Medi-Cal Open Panel: No  Min/Max Age: 0\None  American Sign Language (ASL):  N   Accessibility: CONTACT</p>

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## D. 專業提供者目錄

**PROVIDER**  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

**SA 1PM-10PM**  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network


Network

### PEDIATRIC EMERGENCY MEDICINE

#### **VAIDYA, KAMALA**

Provider ID: 205812  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK


 625 CITRACADO PKWY STE  
 100  
 ESCONDIDO, CA 92025

 Phone: (760) 739-1543  
 Fax: (760) 294-9274

 After Hours Phone: (760)  
 739-1543

Provider Gender: Female


NPI: 1083840920

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
 Network

### PEDIATRIC ENDOCRINOLOGY

#### **RANADIVE, SAYALI**


Provider ID: 311398


### PEDIATRIC EMERGENCY MEDICINE

#### **TODD, SARAH**


Provider ID: 302802

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

 2125 CITRACADO PKWY  
 STE 100  
 ESCONDIDO, CA 92029


 Phone: (760) 739-1543

Fax: (760) 294-9274

 After Hours Phone: (760)  
 739-1543

Provider Gender: Female

NPI: 1407299787


 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RONALD  
 REAGAN UCLA MED CTR,  
 SANTA MONICA UCLA MED  
 CTR, RADY CHILDRENS  
 HOSPITAL SAN DIEGO, UCSD  
 MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


 Hours: SU 1PM-10PM  
 M-F 4PM-10PM


### PEDIATRIC EMERGENCY MEDICINE

#### **VAIDYA, KAMALA**


Provider ID: 289412

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

 2125 CITRACADO PKWY  
 STE 100  
 ESCONDIDO, CA 92029


 Phone: (760) 739-1543

Fax: (760) 294-9274

 After Hours Phone: (760)  
 739-1543

Provider Gender: Female

NPI: 1083840920


 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: SU 1PM-10PM  
 M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
 者目錄中的資訊可能會更改。

## D. 專業提供者目錄

*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

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## D. 專業提供者目錄

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


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## D. 專業提供者目錄

*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

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## D. 專業提供者目錄

---

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄


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




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄







 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### 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







請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

 *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







請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。






## D. 專業提供者目錄

 Phone: (760) 451-4730  
 Fax: (760) 457-4700  
 After Hours Phone: (760) 451-4730  
 Provider Gender: Female  
 NPI: 1013349919  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**KELLEHER, BRIDGET**  
 Provider ID: 298086  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 321 E ALVARADO ST  
 FALLBROOK, CA 92028  
 Phone: (760) 723-6200  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 723-6200  
 Provider Gender: Female  
 NPI: 1245695006  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY







MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8AM-8PM  
 F 8AM-5PM  
 SA 9AM-4PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

### CERTIFIED NURSE PRACTITIONER

**KELLEHER, BRIDGET**  
 Provider ID: 299775  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 321 E ALVARADO ST  
 FALLBROOK, CA 92028  
 Phone: (760) 723-6200  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 723-6200  
 Provider Gender: Female  
 NPI: 1245695006  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR  
 Medi-Cal Open Panel: No

Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8AM-8PM  
 F 8AM-5PM  
 SA 9AM-4PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

### CERTIFIED NURSE PRACTITIONER

**STOJANOVSKA, JOVANA**  
 Provider ID: 301367  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 1328 S MISSION RD  
 FALLBROOK, CA 92028  
 Phone: (760) 451-4720  
 Fax: (760) 457-4700  
 After Hours Phone: (760) 451-4720  
 Provider Gender: Female  
 NPI: 1215638499  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

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## D. 專業提供者目錄

IPA: IHP of Southern Cal-PHP

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### **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

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### **CERTIFIED NURSE PRACTITIONER**

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#### **TAYLOR, CHRISTOPHER**

Provider ID: 299407

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

Fax: (760) 414-3892

 After Hours Phone: (760)  
723-6200

Provider Gender: Male

NPI: 1851747166


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\100

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
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

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### **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

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### **FAMILY PRACTICE**

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請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **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. 專業提供者目錄

### HEMET

#### PHYSICIANS ASSISTANT

##### SMITH, KELLI

Provider ID: 272953

Board Certified Specialty: No  
UCSD MEDICAL GROUP

3853 W STETSON AVE STE  
200  
HEMET, CA 92545

Phone: (951) 225-6802

After Hours Phone: (951)  
225-6802

Provider Gender: Female

NPI: 1841771664

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### IMPERIAL BEACH

#### CERTIFIED NURSE PRACTITIONER

##### CUNNINGHAM, STEPHANIE

Provider ID: 301310

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

949 PALM AVE  
IMPERIAL BEACH, CA  
91932

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1174223655

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

#### CERTIFIED NURSE PRACTITIONER

##### O'CONNELL, STEFANY

Provider ID: 296845

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

949 PALM AVE  
IMPERIAL BEACH, CA  
91932

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1386378479

Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

#### CERTIFIED NURSE PRACTITIONER

##### THYGERSEN, ALAYSA

Provider ID: 297909

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

949 PALM AVE  
IMPERIAL BEACH, CA  
91932

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1760107767

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP


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## D. 專業提供者目錄

<b>CHIROPRACTOR</b>	
<b>CABALLERO, JAMES</b> 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	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
<b>REGISTERED PHYSICAL THERAPIST</b>	
<b>CHENG, BRANDON</b> 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	
<b>INTERNAL MEDICINE</b>	
<b>PASCUA, RYAN</b> 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	
<b>FAMILY PRACTICE</b>	
<b>SUMMERS-DAY, COURTNEY</b> 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)	

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


---


### REGISTERED PHYSICAL THERAPIST

---

#### **JIMENEZ, ANDREA**

Provider ID: 299890  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

 Phone: (619) 482-3000  
Fax: (619) 482-3001


 After Hours Phone: (619)  
482-3000


Provider Gender: Female  
NPI: 1407440670

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 7AM-7PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


---


### REGISTERED PHYSICAL THERAPIST

---

#### **JIMENEZ, ANDREA**

Provider ID: 301973  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

 Phone: (619) 482-3000  
Fax: (619) 482-3001

 After Hours Phone: (619)  
482-3000

Provider Gender: Female  
NPI: 1407440670

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 7AM-7PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


---


### REGISTERED PHYSICAL THERAPIST

---

#### **KARANDE, PRACHI**

Provider ID: 287101  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

 Phone: (619) 482-3000

Fax: (619) 482-3001

 After Hours Phone: (619)  
482-3000

Provider Gender: Female  
NPI: 1699357525


Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 7AM-6PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


---


### REGISTERED PHYSICAL THERAPIST

---

#### **NGUYEN, TIA**

Provider ID: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


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

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### **REGISTERED PHYSICAL THERAPIST**


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#### **NGUYEN, TIA**

Provider ID: 305016

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

 Phone: (619) 482-3000  
Fax: (619) 332-4220

 After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1457136269


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 7AM-7PM  
F 7AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

---


### **REGISTERED PHYSICAL THERAPIST**


---

#### **NOVENCIDO, ANDREW**

Provider ID: 286783

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

 Phone: (619) 482-3000  
Fax: (619) 332-4220

 After Hours Phone: (619)  
482-3000

Provider Gender: Male

NPI: 1447723937

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 7AM-6PM

 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

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### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

☎ 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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *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*

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### **ANESTHESIOLOGY**


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#### **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):*

 *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*

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## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


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### **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*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*


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### **ANESTHESIOLOGY**

#### **HOSALKAR, HETAL**


*Provider ID: 243370*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*


 *9415 CAMPUS POINT DR  
LA JOLLA, CA 92093*

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*  
*NPI: 1861556821*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Farsi, Gujarati,  
Hindi*

*Cultural Competency: N*


*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*


---


### **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*

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## D. 專業提供者目錄

JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes


Min/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)

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## D. 專業提供者目錄

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):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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**


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#### **TSUDA, PAIGE**

*Provider ID: 271683*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 *9300 CAMPUS POINT DR  
LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1003261595*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL  
CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **ANESTHESIOLOGY**


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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. 專業提供者目錄

MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/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. 專業提供者目錄

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. 專業提供者目錄

### 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: 304140

Board Certified Specialty: No

UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104129485

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**

#### 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

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## D. 專業提供者目錄

### UCSD MEDICAL GROUP

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104129485

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**

#### **DISTEFANO, KIMBERLY**

Provider ID: 311065

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1851914220

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**

#### **DISTEFANO, KIMBERLY**

Provider ID: 311066

Board Certified Specialty: No

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1851914220

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**

#### **DISTEFANO, KIMBERLY**

Provider ID: 311064

Board Certified Specialty: No

UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1851914220

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**

#### **JULIAN, FIDES**

Provider ID: 304130

Board Certified Specialty: No

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781


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## D. 專業提供者目錄

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y

 Provider Language(s) Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED ACUPUNCTURIST**


#### **JULIAN, FIDES**

Provider ID: 304135

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y

 Provider Language(s) Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED ACUPUNCTURIST**


#### **JULIAN, FIDES**

Provider ID: 304134

Board Certified Specialty: No

UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y

 Provider Language(s) Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED ACUPUNCTURIST**


#### **LEE, JIHYUNG**

Provider ID: 312191

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1073212338

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **AGYEMANG, ALBERTA**

Provider ID: 265131


Board Certified Specialty: No

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## D. 專業提供者目錄

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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**


---


#### **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**



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#### **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

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## D. 專業提供者目錄


<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>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><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <hr/>		
<p> <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>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>DIMAIRA, FRANCESCA</b>  <i>Provider ID: 245580</i>  <i>Board Certified Specialty: No</i>  <i>UCSD MEDICAL GROUP</i></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>
<hr/> <p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <hr/>		
<p><b>DE DIOS, SARAH JANE</b>  <i>Provider ID: 300052</i>  <i>Board Certified Specialty: No</i>  <i>UCSD MEDICAL GROUP</i></p> <p> 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: SHARP CHULA VISTA MED CTR, UCSD MEDICAL CTR</i>  <i>Medi-Cal Open Panel: Yes</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>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</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>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>
<hr/> <p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <hr/>		
<p><b>DRISCOLL, KARRIE</b>  <i>Provider ID: 286376</i>  <i>Board Certified Specialty: No</i></p>		


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## D. 專業提供者目錄

### UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093

 Phone: (858) 822-6277

 Fax: (858) 228-1731

 After Hours Phone: (858) 822-6277

Provider Gender: Female

NPI: 1396085098

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### 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

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### 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. 專業提供者目錄


### PROVIDER


 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### GOMEZ, LESLIE



Provider ID: 299469  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1528578713

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### GOMEZ, LESLIE



Provider ID: 299470  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1528578713

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### GOMEZ, LESLIE



Provider ID: 299465  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1528578713

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### GOMEZ, LESLIE



Provider ID: 299464  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1528578713

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-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**


---

**HANNA, LINDSAY**

Provider ID: 284967

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1699257907


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE** **PRACTITIONER**

---


**HARKNESS, RUMIKO**


Provider ID: 208840

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR  
STE 200


LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1487785093

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Japanese

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

**IYER, VICTORIA**


Provider ID: 265624

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR

STE 2B

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1871738864

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

**JONES, CHRISTA**

Provider ID: 275564

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (800) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

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### CERTIFIED NURSE PRACTITIONER

**MATTHESS, JANETTE**  
Provider ID: 287645  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Female

NPI: 1457694549  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

---

### CERTIFIED NURSE PRACTITIONER

**MICK, SHARON**  
Provider ID: 299646  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1891061966  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL

CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

---

### CERTIFIED NURSE PRACTITIONER

**MICK, SHARON**  
Provider ID: 299645  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1891061966  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Website: N/A  
IPA: UCSD Medical Group

---


### **CERTIFIED NURSE** **PRACTITIONER**


---

**MICK, SHARON**

Provider ID: 299650

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

**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**


---

**MOHEBBI, ATHENA**

Provider ID: 282231


Board Certified Specialty: No  
UCSD MEDICAL GROUP


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1952627176

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE** **PRACTITIONER**


---


**MULVEY, CAOILFHIONN**

Provider ID: 291420

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8372  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8372

Provider Gender: Female

NPI: 1184386864

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

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## D. 專業提供者目錄

Medi-Cal 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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**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

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### CERTIFIED NURSE PRACTITIONER


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**NACOSTE, LAKEISHA**

Provider ID: 272935

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

 Phone: (858) 822-5210

 After Hours Phone: (858)  
822-5210

Provider Gender: Female

NPI: 1194139634

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

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## D. 專業提供者目錄

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**


---


**PAULSON, KERRY**

Provider ID: 201269

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (619) 543-3000

 After Hours Phone: (619)  
543-3000

Provider Gender: Female

NPI: 1518363407

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**

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**RALEIGH, DEBORAH**


Provider ID: 215016

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689006876

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**


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**ROCHE, CHELSEA**

Provider ID: 270706

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1063040384

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**


---

**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. 專業提供者目錄

926-8372  
Provider Gender: Female  
NPI: 1649934126  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **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

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### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **STEVENSON, REHEIA**

Provider ID: 210795

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346696044

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **TOPPEN, LAURA**

Provider ID: 215476

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1326563495

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **TOPPEN, LAURA**

Provider ID: 215475

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 9434 MEDICAL CENTER DR

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## D. 專業提供者目錄

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. 專業提供者目錄

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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **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. 專業提供者目錄

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### **CERTIFIED REGISTERED NURSE ANESTHETIST**

---

#### **RAMIREZ, NICOLE**

Provider ID: 291403

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1487213500

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED REGISTERED NURSE ANESTHETIST**

---

#### **SACKS, BRENT**

Provider ID: 278004

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982133591

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED REGISTERED NURSE ANESTHETIST**

---

#### **SEILNACHT-BERNARD, KAREN**

Provider ID: 310373

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

9850 GENESEE AVE STE  
440

LA JOLLA, CA 92037

Phone: (616) 361-8292

Fax: (970) 478-8378

After Hours Phone: (616)  
361-8292

Provider Gender: Female

NPI: 1861562498

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**

---

#### **CHOI, NATHALIE**

Provider ID: 301713

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1073241618

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER,

SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,

UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

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## D. 專業提供者目錄

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. 專業提供者目錄




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

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## D. 專業提供者目錄

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. 專業提供者目錄

**PROVIDER**  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

---

**EMERGENCY MEDICINE**

**BELLINGHAUSEN, AMY**  
Provider ID: 270335  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1801206354  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, SHARP  
MEMORIAL HOSPITAL, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

---

**EMERGENCY MEDICINE**

**BLACK, NICHOLAS**  
Provider ID: 284415  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1154852689  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
UCSD MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-8PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

---

**EMERGENCY MEDICINE**

**CASTELLANO, TIFFANY**  
Provider ID: 271611  
Board Certified Specialty: No

**UCSD MEDICAL GROUP**  
📍 8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
☎ Phone: (858) 249-6800  
Fax: (858) 404-9226  
🕒 After Hours Phone: (858) 249-6800  
Provider Gender: Female  
NPI: 1063893063  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

---


**EMERGENCY MEDICINE**


**CHEN, ALICE**  
Provider ID: 287427  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

NPI: 1427476597

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): IPA: UCSD Medical Group

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **EMERGENCY MEDICINE**

#### **CHEN, ALICE**

Provider ID: 287429

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1427476597

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**


#### **EAGLE, SONJA**

Provider ID: 311504

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1699394114


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **EMERGENCY MEDICINE**

#### **GALUST, HENRIK**

Provider ID: 300053

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1932696093

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

MERCY HOSPITAL, SAN

GORGONIO MEMORIAL HOSP

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **GOODRICH, ANDREW**

Provider ID: 271625

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1245688415

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **GUITTARD, JESSE**

Provider ID: 239880

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (858) 657-6400

📞 After Hours Phone: (858)  
657-6400

Provider Gender: Male

NPI: 1770979890

🗉 Provider English Spoken: Y

🗉 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: EL

CENTRO REGIONAL MEDICAL  
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **HOGUE, BRENNIA**

Provider ID: 300006

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1043705296

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **HOGUE, BRENNIA**

Provider ID: 301710

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1043705296

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **HORNBEAK, KIRSTEN**

Provider ID: 240023

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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## D. 專業提供者目錄

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. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **EMERGENCY MEDICINE**

---

#### **LI, JINGHONG**


*Provider ID: 255938*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

 9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037


 *Phone: (858) 657-7125*

*Fax: (858) 657-7107*

 *After Hours Phone: (858)  
657-7125*

*Provider Gender: Female*

*NPI: 1619014479*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON, SOUTHWEST*

*HEALTHCARE INLAND*

*VALLEY HOSPITAL*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **EMERGENCY MEDICINE**

---


#### **LI, JINGHONG**

*Provider ID: 255937*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 *Phone: (858) 657-7125*

*Fax: (858) 657-7107*

 *After Hours Phone: (858)  
657-7125*

*Provider Gender: Female*

*NPI: 1619014479*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON, SOUTHWEST*

*HEALTHCARE INLAND*

*VALLEY HOSPITAL*


*Medi-Cal Open Panel: Yes*


*Min/Max Age: 18\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **EMERGENCY MEDICINE**

---

#### **LIOTTA, BENJAMIN**

*Provider ID: 283150*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*


*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1396270278*

 *Provider English Spoken: Y*

 *Provider Language(s)*

*Spoken: Chinese*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR, UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-8PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **EMERGENCY MEDICINE**

---

#### **LIPPI, MATTHEW**

*Provider ID: 311493*

*Board Certified Specialty: No*






*UCSD MEDICAL GROUP*

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037





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## D. 專業提供者目錄

 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 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

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## D. 專業提供者目錄

---

**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


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## D. 專業提供者目錄

*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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **EMERGENCY MEDICINE**

#### **YOU, ALAN**

Provider ID: 269937

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1225425697

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **EMERGENCY MEDICINE**

#### **YU, ELAINE**

Provider ID: 301707

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1528564150

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**


#### **YU, ELAINE**

Provider ID: 299985

Board Certified Specialty: Yes  
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR  
STE A

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1528564150

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **ENDOCRINOLOGY**


### **METABOLISM DIABETES**

#### **DECAMPS, SCARLETT**

Provider ID: 311512

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1477014611

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

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## D. 專業提供者目錄

 *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*

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## D. 專業提供者目錄

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-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

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## D. 專業提供者目錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT*  
*PROVIDER*

 *Website: N/A*  
*IPA: UCSD Medical Group*



### **FEMALE PELVIC MED AND RECONSTRUCTIVE SURG**

#### **LUKACZ, EMILY**

*Provider ID: 256953*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (858) 657-8745*  
 *After Hours Phone: (858) 657-8745*

*Provider Gender: Female*  
*NPI: 1750339446*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*



*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*


#### **PROVIDER**

 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*



### **FEMALE PELVIC MED AND RECONSTRUCTIVE SURG**

#### **LUKACZ, EMILY**

*Provider ID: 256954*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*  
*NPI: 1750339446*



 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


### **GASTROENTEROLOGY**

#### **ANAND, GOBIND**


*Provider ID: 272836*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (619) 543-2347*  
*Fax: (858) 657-7259*

 *After Hours Phone: (619) 543-2347*



*Provider Gender: Male*  
*NPI: 1861626814*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **GASTROENTEROLOGY**

#### **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*


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## D. 專業提供者目錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR*  
*Medi-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*

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## D. 專業提供者目錄


THORNTON

Medi-Cal Open Panel: Yes

Min/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

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## D. 專業提供者目錄



<hr/> <b>GASTROENTEROLOGY</b> <hr/> <b>SHAH, SHAILJA</b> 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	☎ 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	MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON Medi-Cal Open Panel: Yes Min/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>GASTROENTEROLOGY</b> <hr/> <b>SHAH, SHAILJA</b> Provider ID: 283897 Board Certified Specialty: No UCSD MEDICAL GROUP 📍 9350 CAMPUS POINT DR LA JOLLA, CA 92037	<hr/> <b>GASTROENTEROLOGY</b> <hr/> <b>SHAH, SHAILJA</b> 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: Male NPI: 1285051177 📄 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD JOLLA JOHN SALLY THORNTON Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT	<hr/> <b>GASTROENTEROLOGY</b> <hr/> <b>TSAI, MATTHEW</b> 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。









## D. 專業提供者目錄

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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. 專業提供者目錄

☎ *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. 專業提供者目錄

 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. 專業提供者目錄

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. 專業提供者目錄

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/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



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

*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)*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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. 專業提供者目錄

 *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*


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## D. 專業提供者目錄

*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*

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## D. 專業提供者目錄

**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. 專業提供者目錄

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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

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### 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. 專業提供者目錄

Min/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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### INTERNAL MEDICINE


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#### TAYLOR, DAVID

Provider ID: 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


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#### 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


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#### 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

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## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **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

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## D. 專業提供者目錄


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/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

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## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/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

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## D. 專業提供者目錄

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. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


 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)

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## D. 專業提供者目錄

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





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

*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): N  
Accessibility: CONTACT PROVIDER  
Website: N/A  
IPA: Rady Childrens Health Network

### NEONATAL / PERINATAL MEDICINE

**SAJTI, ENIKO**  
Provider ID: 206170  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
9300 CAMPUS POINT DR

LA JOLLA, CA 92037  
Phone: (858) 249-5800  
Fax: (858) 249-5839  
After Hours Phone: (858) 249-5800  
Provider Gender: Female  
NPI: 1649433103  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: Rady Childrens Health Network

### NEONATAL / PERINATAL MEDICINE

**SAUER, CHARLES**  
Provider ID: 303908  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
9300 CAMPUS POINT DR  
FL 8  
LA JOLLA, CA 92037  
Phone: (858) 249-5800  
Fax: (858) 249-5839

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ *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*

---

### **NEPHROLOGY**

---

**RIFKIN, DENA**


*Provider ID: 311023*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

📍 *9400 CAMPUS POINT DR  
LA JOLLA, CA 92093*

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## D. 專業提供者目錄

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 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

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## D. 專業提供者目錄

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1235207234

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Punjabi

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### NEPHROLOGY

#### SINGH, PRABHLEEN

Provider ID: 311035

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1235207234

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Punjabi

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY

#### COUGHLIN, DAVID

Provider ID: 240950

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1740543784

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY

#### GHOLOIPOUR, TAHA

Provider ID: 311497

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1801159611

Provider English Spoken: Y

Provider Language(s)  
Spoken: French, Persian

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY

#### HAMILTON, ROSS

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

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## D. 專業提供者目錄

 *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*

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## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---

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

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## D. 專業提供者目錄

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: 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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。






## D. 專業提供者目錄




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: 271559  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1780073635  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**








#### **LAMALE-SMITH, LEAH**

Provider ID: 286230  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1396904876  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, EISENHOWER MEDICAL  
CTR, PALOMAR MEDICAL  
CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **MACKAY, GILLIAN**

Provider ID: 200964  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1770702177  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---

### **MACKAY, GILLIAN**

Provider ID: 303062

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1770702177

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

---

### **OBSTETRICS / GYNECOLOGY**

#### **MCKINNEY, SARA**

Provider ID: 311117

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1558708297

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

---

### **OBSTETRICS / GYNECOLOGY**

#### **MCKINNEY, SARA**

Provider ID: 311118

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1558708297

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

---

### **OBSTETRICS / GYNECOLOGY**

#### **MEADOWS, AUDRA**

Provider ID: 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**

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## D. 專業提供者目錄

### **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. 專業提供者目錄

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

 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. 專業提供者目錄

 *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*

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### **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*

---


### **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*





























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## D. 專業提供者目錄

<hr/> <b>OCCUPATIONAL THERAPIST</b> <hr/> <b>SOROKIN, LISA</b> 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	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	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
<hr/> <b>OPHTHALMOLOGY</b> <hr/> <b>BAXTER, SALLY</b> Provider ID: 272787 Board Certified Specialty: No UCSD MEDICAL GROUP 9415 CAMPUS POINT DR LA JOLLA, CA 92093 Phone: (858) 534-6290	<hr/> <b>OPHTHALMOLOGY</b> <hr/> <b>MOVAGHAR, MANSOOR</b> 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	<hr/> <b>OPHTHALMOLOGY</b> <hr/> <b>NAYER, ZACHARIA</b> 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):

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## D. 專業提供者目錄

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Website: N/A</p> <p>IPA: UCSD Medical Group</p>	<p> 9415 CAMPUS POINT DR LA JOLLA, CA 92093</p> <p> Phone: (800) 926-8273 Fax: (888) 539-8781</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male NPI: 1427102979</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: French, German, Spanish, Tagalog</p> <p>Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, 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</p> <p>IPA: UCSD Medical Group</p>	<p> Phone: (858) 457-3050 Fax: (858) 457-0851</p> <p> After Hours Phone: (858) 457-3050</p> <p>Provider Gender: Female NPI: 1629509336</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL</p> <p>Medi-Cal Open Panel: Yes Min/Max Age: 18\None American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: IHP of Southern Cal-PHP</p>
<hr/> <p><b>OPHTHALMOLOGY</b></p> <p><b>NAYER, ZACHARIA</b></p> <p>Provider ID: 311101</p> <p>Board Certified Specialty: No UCSD MEDICAL GROUP</p> <p> 9415 CAMPUS POINT DR LA JOLLA, CA 92093</p> <p> Phone: (800) 926-8273 Fax: (888) 539-8781</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male NPI: 1174152961</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N Hospital Affiliation: 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</p> <p>IPA: UCSD Medical Group</p>	<hr/> <p><b>OPHTHALMOLOGY</b></p> <p><b>SATTERFIELD, KELLIE</b></p> <p>Provider ID: 305303</p> <p>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 9834 GENESEE AVE STE 200 LA JOLLA, CA 92037</p>	<hr/> <p><b>OPHTHALMOLOGY</b></p> <p><b>SCHONBACH, ETIENNE</b></p> <p>Provider ID: 284432</p> <p>Board Certified Specialty: No UCSD MEDICAL GROUP</p> <p> 9415 CAMPUS POINT DR LA JOLLA, CA 92093</p> <p> Phone: (800) 926-8273 Fax: (888) 539-8781</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male NPI: 1073040580</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s)</p>
<hr/> <p><b>OPHTHALMOLOGY</b></p> <p><b>PUIG LLANO, MANUEL</b></p> <p>Provider ID: 299965</p> <p>Board Certified Specialty: No UCSD MEDICAL GROUP</p>		


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Spoken: German  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **OPHTHALMOLOGY**


---

#### **SONG, DELU**

Provider ID: 284425

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1437689536

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

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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**

---


#### **AOTO, KIM**

Provider ID: 296798

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

 Phone: (800) 898-2020


Fax: (844) 897-3788

 After Hours Phone: (800)  
898-2020

Provider Gender: Female

NPI: 1780935650

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 9AM-5PM

TU 8:30AM-4:30PM

W 7:30AM-4:15PM

TH 9:30AM-5PM

F 8:30AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

---

### **OPTOMETRIST**

---

#### **HOO, PAMELA**


Provider ID: 269621

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 9415 CAMPUS POINT DR

LA JOLLA, CA 92093

 Phone: (858) 534-6290

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

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## D. 專業提供者目錄

Provider Gender: Female

NPI: 1962817981

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **OPTOMETRIST**

#### **VO, ANDREW**

Provider ID: 304148

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1790291565

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **OPTOMETRIST**

#### **VO, ANDREW**

Provider ID: 201311

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290

After Hours Phone: (858)  
534-6290

Provider Gender: Male

NPI: 1790291565

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OPTOMETRIST**

#### **YU, CAROL**

Provider ID: 301681

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1639697451

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **OPTOMETRIST**

#### **YU, CAROL**

Provider ID: 301682

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

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## D. 專業提供者目錄

☎ *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*

*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)*



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄




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

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## D. 專業提供者目錄

*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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **DECONDE, ADAM**

Provider ID: 299566

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1588988919


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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


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### 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

**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

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## D. 專業提供者目錄

---

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

---

### **OTOLARYNGOLOGY**


---

#### **GREENE, JACQUELINE**

Provider ID: 298394

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1144583931


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **OTOLARYNGOLOGY**

---


#### **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):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL CTR*

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## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


#### **HOM, DAVID**

Provider ID: 299512

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1659305027

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


#### **HUSSEMAN, JACOB**

Provider ID: 301051

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1124034053

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **KARI, ELINA**


Provider ID: 299447

Board Certified Specialty: No

UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780860536

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, PIH HEALTH  
HOSPITAL - WHITTIER, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS


HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### OTOLARYNGOLOGY


#### **KARI, ELINA**

Provider ID: 299448

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

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## D. 專業提供者目錄

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1780860536*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation:*

*CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

*IPA: Rady Childrens Health Network, UCSD Medical Group*

### OTOLARYNGOLOGY

#### **KARI, ELINA**

*Provider ID: 299442*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

📍 *9350 CAMPUS POINT DR LA JOLLA, CA 92037*

☎ *Phone: (858) 857-8590*

☎ *After Hours Phone: (858) 857-8590*

*Provider Gender: Female*

*NPI: 1780860536*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation:*

*CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: Rady Childrens Health Network, UCSD Medical Group*

### OTOLARYNGOLOGY

#### **KARI, ELINA**

*Provider ID: 299444*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

📍 *9400 CAMPUS POINT DR LA JOLLA, CA 92093*

☎ *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1780860536*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation:*

*CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

*IPA: Rady Childrens Health Network, UCSD Medical Group*

### OTOLARYNGOLOGY

#### **KARI, ELINA**

*Provider ID: 294828*

*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*

📍 *9350 CAMPUS POINT DR LA JOLLA, CA 92037*

☎ *Phone: (858) 857-8590*

☎ *After Hours Phone: (858) 857-8590*

*Provider Gender: Female*

*NPI: 1780860536*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation:*

*CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH*

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## D. 專業提供者目錄

HOSPITAL - WHITTIER, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network, UCSD Medical Group


### OTOLARYNGOLOGY

#### **MAGIT, ANTHONY**

Provider ID: 299483

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1891858379

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
PIONEERS MEMORIAL

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group


### OTOLARYNGOLOGY

#### **MAGIT, ANTHONY**

Provider ID: 299484

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1891858379

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
PIONEERS MEMORIAL

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group


### OTOLARYNGOLOGY

#### **MAGIT, ANTHONY**

Provider ID: 299479

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1891858379

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
PIONEERS MEMORIAL

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### OTOLARYNGOLOGY

#### **MAGIT, ANTHONY**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 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  
STE LLA


LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1952806788

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


#### **VAHABZADEH-HAGH, ANDREW**


Provider ID: 299504

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (858) 822-6197

 After Hours Phone: (858) 822-6197

Provider Gender: Male

NPI: 1346506920

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED

CTR, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄


---

**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


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## D. 專業提供者目錄

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

---

### **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


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## D. 專業提供者目錄

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. 專業提供者目錄

*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. 專業提供者目錄

### 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

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## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## D. 專業提供者目錄

VISTA, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SCRIPPS GREEN HOSPITAL,  
SCRIPPS GREEN HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PATHOLOGY ANATOMIC CLINICAL

#### **BROOME, HELEN**

Provider ID: 275722

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1184674145

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


### PATHOLOGY ANATOMIC CLINICAL

#### **BUI, JACK**

Provider ID: 275746

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1942529821

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PATHOLOGY ANATOMIC CLINICAL


#### **DON, MICHELLE**

Provider ID: 247149

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 249-4410

 After Hours Phone: (858)  
249-4410

Provider Gender: Female

NPI: 1205288396

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### **DON, MICHELLE**




Provider ID: 275816

Board Certified Specialty: No  
UCSD MEDICAL GROUP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


 9444 MEDICAL CENTER DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1205288396  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### **ELKIND, JAE**

Provider ID: 284903  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male

NPI: 1922497700  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### **HU, JINGJING**




Provider ID: 243965  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273

Provider Gender: Female  
 NPI: 1538574744

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL




CTR




Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### **HU, JINGJING**

Provider ID: 243966  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP



 9444 MEDICAL CENTER DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1538574744

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

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## D. 專業提供者目錄

### PROVIDER


 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### ROMA, ANDRES

Provider ID: 275827  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1295912657

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PATHOLOGY ANATOMIC CLINICAL

### SHABAIK, AHMED

Provider ID: 275782

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1679521579

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL


#### VAVINSKAYA, VERA

Provider ID: 275840

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174757181

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL


CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PATHOLOGY ANATOMIC CLINICAL

#### ZARE, SOMAYE

Provider ID: 275814

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1700334802

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## D. 專業提供者目錄

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




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## D. 專業提供者目錄



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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上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<hr/> <b>PHYSICIANS ASSISTANT</b> <hr/> <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 🕒 Hours: M-F 8AM-5PM 🌐 Website: N/A IPA: UCSD Medical Group	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	Medi-Cal Open Panel: Yes Min/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>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) 926-8273	<hr/> <b>PHYSICIANS ASSISTANT</b> <hr/> <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	<hr/> <b>PHYSICIANS ASSISTANT</b> <hr/> <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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

**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

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### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

 *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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---

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

---

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。





## D. 專業提供者目錄



**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

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### 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. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/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. 專業提供者目錄

 *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*

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## D. 專業提供者目錄

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/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

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

### 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

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## D. 專業提供者目錄

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---

### 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. 專業提供者目錄


 Website: N/A  
IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

#### **WAHLIN, TAMARA**

Provider ID: 299602  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1083823322

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

#### **WAHLIN, TAMARA**

Provider ID: 299596  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1083823322

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

#### **WEIR, JACQUELINE**



Provider ID: 278202  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (800) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1932494499


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


### **PSYCHOLOGIST**

#### **BOOTH, CHRISTOPHER**

Provider ID: 209118  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1568893162

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER







 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


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## D. 專業提供者目錄

<p style="text-align: center;"><b>PSYCHOLOGIST</b></p> <p><b>BOOTH, CHRISTOPHER</b>            Provider ID: 209117            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p> 8950 VILLA LA JOLLA DR            STE C101            LA JOLLA, CA 92037</p> <p> Phone: (800) 926-8273</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male            NPI: 1568893162</p> <p> Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSD            MEDICAL CTR            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N</p> <p> Accessibility: CONTACT            PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A            IPA: UCSD Medical Group</p>	<p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male            NPI: 1780620906</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>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 style="text-align: center;"><b>PSYCHOLOGIST</b></p> <p><b>BOUTELLE, KERRI</b>            Provider ID: 240034            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p> 8950 VILLA LA JOLLA DR            STE C101            LA JOLLA, CA 92037</p> <p> Phone: (800) 926-8273</p>	<p style="text-align: center;"><b>PSYCHOLOGIST</b></p> <p><b>BOUTELLE, KERRI</b>            Provider ID: 258988            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p> 8950 VILLA LA JOLLA DR            STE C212            LA JOLLA, CA 92037</p> <p> Phone: (858) 246-1654</p> <p> After Hours Phone: (858) 246-1654</p> <p>Provider Gender: Male            NPI: 1780620906</p> <p> Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSD LA            JOLLA JOHN SALLY</p>	<p style="text-align: center;"><b>PSYCHOLOGIST</b></p> <p><b>BOUTELLE, KERRI</b>            Provider ID: 302876            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p> 3344 N TORREY PINES CT            LA JOLLA, CA 92037</p> <p> Phone: (800) 926-8273            Fax: (888) 539-8781</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male            NPI: 1780620906</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</p>






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## D. 專業提供者目錄

**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

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**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

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**PSYCHOLOGIST**

**DUARTE, KRISTEN**  
Provider ID: 255479  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1093119364  
 Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

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**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):

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## D. 專業提供者目錄

<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): 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 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): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p> <hr/> <p 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 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-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) 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</i></p>
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## D. 專業提供者目錄

### THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST


#### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR*

*Medi-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: 310060*


*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

 *8950 VILLA LA JOLLA DR*

*STE 101*

*LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1700264264*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT*

*PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **PSYCHOLOGIST**

**THOMAS, KELSEY**


*Provider ID: 311589*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

 *9444 MEDICAL CENTER DR*

*LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1700264264*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

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## D. 專業提供者目錄

American Sign Language (ASL): **BAILEY, JACOB**

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **PSYCHOLOGIST**


---

**ZLATAR, ZVINKA**

Provider ID: 272712

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1497139059

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **PULMONARY DISEASES**

---

Provider ID: 299925

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1598150039

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **PULMONARY DISEASES**


---


**JOSHUA, JISHA**

Provider ID: 238060

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1023436417

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Malayalam  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **PULMONARY DISEASES**


---

**MCGUIRE, WILLIAM**

Provider ID: 299987

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1841684081

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SHARP

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## D. 專業提供者目錄

---

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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上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。



## D. 專業提供者目錄

---

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### **RADIOLOGY DIAGNOSTIC**

#### **AWWAD, REEM**

Provider ID: 311086

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811158967

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UC DAVIS  
MEDICAL CTR, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### **RADIOLOGY DIAGNOSTIC**

#### **BERMAN, ZACHARY**

Provider ID: 269319

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033521190

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **RADIOLOGY DIAGNOSTIC**

#### **BISSET, LOGAN**

Provider ID: 311145

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1356760276

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UC DAVIS  
MEDICAL CTR, UCSD MEDICAL  
CTR, KERN MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### **RADIOLOGY DIAGNOSTIC**

#### **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

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## D. 專業提供者目錄

Medi-Cal Open 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

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## D. 專業提供者目錄

Medi-Cal Open 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. 專業提供者目錄

---

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. 專業提供者目錄




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  
TWIN MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **RADIOLOGY DIAGNOSTIC**


#### **HORKY, LAURA**

*Provider ID: 241854*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 *9300 CAMPUS POINT DR  
LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1598967812*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY*

*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **RADIOLOGY DIAGNOSTIC**


#### **HORKY, LAURA**


*Provider ID: 241855*

*Board Certified Specialty: No*

#### **UCSD MEDICAL GROUP**

 *9400 CAMPUS POINT DR  
LA JOLLA, CA 92093*

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1598967812*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY*


*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **RADIOLOGY DIAGNOSTIC**

#### **JAFFRAY, PAUL**

*Provider ID: 299959*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 *9300 CAMPUS POINT DR  
LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1275700999*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: Los*

*Angeles General Medical*

*Center, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **RADIOLOGY DIAGNOSTIC**

#### **KHURANA, AMAN**

*Provider ID: 307767*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 *9300 CAMPUS POINT DR  
LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1427496710*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD  
MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*


*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT*

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## D. 專業提供者目錄

### 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

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## D. 專業提供者目錄

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open 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

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## D. 專業提供者目錄

Medi-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**

#### **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

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### **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

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## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 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 /**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<b><u>NUTRITIONIST</u></b>	
<p><b>SIEVERING, DENISE</b>            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</p>	<p> 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</p>
<b><u>REGISTERED PHYSICAL THERAPIST</u></b>	
<p><b>BALL, STEPHEN</b>            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</p>	<p><b>BERGERON, PATRICK</b>            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</p>
<b><u>REGISTERED PHYSICAL THERAPIST</u></b>	
<p><b>BERGERON, PATRICK</b>            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</p>	<p><b>BERGERON, PATRICK</b>            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</p>
<b><u>REGISTERED PHYSICAL THERAPIST</u></b>	

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **REGISTERED PHYSICAL THERAPIST**


---

#### **HOUSELY, ALEXIS**

Provider ID: 299971

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689321416

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **REGISTERED PHYSICAL THERAPIST**

---


#### **MAROLLA, ALICE**

Provider ID: 241145

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
STE LLD

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1477018729

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **REGISTERED PHYSICAL THERAPIST**


---


#### **RUDD, CHRISTOPHER**

Provider ID: 207559

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1831539337

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **REGISTERED PHYSICAL THERAPIST**

---


#### **RUDD, CHRISTOPHER**

Provider ID: 258372

Board Certified Specialty: No  
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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

CTR


Medi-Cal Open Panel: Yes

Min/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

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### REGISTERED PHYSICAL THERAPIST


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**TRIMM, CASSIDY**

Provider ID: 258442

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (855) 543-0333

Fax: (858) 657-6873

 After Hours Phone: (855)  
543-0333

Provider Gender: Male

NPI: 1740708478

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### REGISTERED PHYSICAL THERAPIST

---


**TRIMM, CASSIDY**

Provider ID: 258443

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
STE LLD

LA JOLLA, CA 92037

 Phone: (855) 543-0333

Fax: (858) 657-6873

 After Hours Phone: (855)  
543-0333

Provider Gender: Male

NPI: 1740708478

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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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)




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

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## D. 專業提供者目錄

### **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. 專業提供者目錄

**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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY CRITICAL CARE**


#### **POTENZA, BRUCE**

Provider ID: 277299

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (619) 543-7200

 After Hours Phone: (619)  
543-7200

Provider Gender: Male

NPI: 1548281496

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY CRITICAL CARE**

#### **VENTRO, GEORGE**

Provider ID: 284419

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1548604648

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY GENERAL**

#### **AL-NOURI, OMAR**

Provider ID: 211905

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1770742264

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

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)



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄






*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. 專業提供者目錄

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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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**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

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**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. 專業提供者目錄

Min/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)

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## D. 專業提供者目錄

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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。



## D. 專業提供者目錄

### **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

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## D. 專業提供者目錄

☎ *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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ *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):*

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## D. 專業提供者目錄

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **SURGERY ORTHOPEDIC**

#### **CHOI, JIHOON**

*Provider ID: 284787*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1285097741*

 *Provider English Spoken: Y  
Cultural Competency: N*


*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **SURGERY ORTHOPEDIC**

#### **CHOI, JIHOON**

*Provider ID: 284786*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 *Phone: (800) 926-8273*

*Fax: (888) 539-8181*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1285097741*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **SURGERY ORTHOPEDIC**

#### **GOEB, YANNICK**

*Provider ID: 284793*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*


 *After Hours Phone: (800)*

*926-8273*

*Provider Gender: Male*

*NPI: 1730542747*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: German, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **SURGERY ORTHOPEDIC**

#### **GOEB, YANNICK**

*Provider ID: 284792*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 *Phone: (800) 926-8273*


*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1730542747*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: German, Spanish*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄


---

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄





 Website: N/A  
IPA: Rady Childrens Health  
Network, UCSD Medical Group

---

### **SURGERY PLASTIC**


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#### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄




Cultural Competency: N  
Hospital Affiliation: CEDARS  
SINAI MEDICAL CENTER,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **SURGERY THORACIC**


#### **POLLEMA, TRAVIS**



Provider ID: 210576  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1871752956




 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **SURGERY THORACIC**


#### **RAMIREZ, ALFREDO**

Provider ID: 256390  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273




Provider Gender: Male

NPI: 1003829417

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: UCSD Medical Group

### **SURGERY THORACIC**

#### **ZANDER, ASHLEY**


Provider ID: 291383  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780940031

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A

IPA: UCSD Medical Group


### **SURGERY THORACIC**

#### **ZANDER, ASHLEY**

Provider ID: 291382  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1780940031

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **SURGERY THORACIC**

#### **ZANDER, ASHLEY**

Provider ID: 291381

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1780940031

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **UROLOGY**

#### **CRAWFORD, ELWARD**

Provider ID: 244131

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (858) 657-7876

Fax: (888) 539-8781

☎ After Hours Phone: (858) 657-7876

Provider Gender: Male

NPI: 1902814379

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **UROLOGY**

#### **GRIFFITHS, LUKE**

Provider ID: 311498

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1760945836

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **UROLOGY**

#### **MOORE, SARAH**

Provider ID: 311609

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

📍 9850 GENESEE AVE STE  
440

LA JOLLA, CA 92037

☎ Phone: (858) 453-5944

Fax: (858) 429-7925

☎ After Hours Phone: (858) 453-5944

Provider Gender: Female

NPI: 1538620760


☑ Provider English Spoken: Y  
Cultural Competency: N


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## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

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## D. 專業提供者目錄

Fax: (619) 589-7391

📞 After Hours Phone: (619) 589-5414

Provider Gender: Female

NPI: 1063558856

🗨️ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

### HOSPITALIST MD/DO

#### **DUBE, AMANDA**

Provider ID: 311744

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

📍 5555 GROSSMONT CENTER DR  
LA MESA, CA 91942

📞 Phone: (619) 740-6000  
Fax: (619) 740-4885

📞 After Hours Phone: (619) 740-6000

Provider Gender: Female

NPI: 1710407531

🗨️ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

### HOSPITALIST MD/DO

#### **KUPELIAN, CHLOE**

Provider ID: 310786

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

📍 5555 GROSSMONT CENTER DR  
LA MESA, CA 91942

📞 Phone: (619) 740-6000  
Fax: (619) 740-4885

📞 After Hours Phone: (619) 740-6000

Provider Gender: Female

NPI: 1780013748

🗨️ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

### INTERVENTIONAL

#### CARDIOLOGY

#### **TAGHIZADEH, BEHZAD**

Provider ID: 269161

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

📍 8851 CENTER DR STE 405  
LA MESA, CA 91942

📞 Phone: (619) 582-2404  
Fax: (619) 582-2915

📞 After Hours Phone: (619) 582-2404

Provider Gender: Male

NPI: 1275514986

🗨️ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: GROSSMONT HOSPITAL, UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

### INTERVENTIONAL

#### CARDIOLOGY

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## D. 專業提供者目錄

### 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  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

#### MATERNAL AND FETAL MEDICINE

### ADAMI, REBECCA

Provider ID: 272676  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

### NETWORK

5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 NPI: 1992149447  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL, 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: 244873  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

### NETWORK

5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 NPI: 1639153018  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\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: 296997

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## D. 專業提供者目錄

*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. 專業提供者目錄

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




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## D. 專業提供者目錄

### 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

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## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

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## D. 專業提供者目錄

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









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## D. 專業提供者目錄

 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

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## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *Provider Language(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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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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上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
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## D. 專業提供者目錄

M-F 8AM-5PM  
SA 8:30AM-12PM

 Website: N/A  
IPA: Rady Childrens Health  
Network








### CERTIFIED NURSE PRACTITIONER

#### **SNYDER, MICHELLE**

Provider ID: 210676  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 41011 CALIFORNIA OAKS  
RD STE 104  
MURRIETA, CA 92562  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1851561054  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **STEVENSON, REHEIA**





Provider ID: 210794  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 41011 CALIFORNIA OAKS  
RD STE 104  
MURRIETA, CA 92562  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1346696044  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
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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者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, 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*

*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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄






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,




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## D. 專業提供者目錄





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






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

 *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. 專業提供者目錄

### 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. 專業提供者目錄


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. 專業提供者目錄

**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. 專業提供者目錄

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. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): Provider ID: 215564

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### OTOLARYNGOLOGY


#### **FRIESEN, TZYYNONG**

Provider ID: 244898

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1400

 After Hours Phone: (951)  
600-1400

Provider Gender: Female

NPI: 1952740177


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): IPA: Rady Childrens Health

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### OTOLARYNGOLOGY


#### **JIANG, WEN**

Provider ID: 215564

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK


 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1659305753

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### OTOLARYNGOLOGY

#### **KARI, ELINA**

Provider ID: 254089

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1780860536

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS  
ANGELES, PIH HEALTH  
HOSPITAL - WHITTIER, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group


### OTOLARYNGOLOGY

#### **KARI, ELINA**

Provider ID: 254296

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562




 Phone: (951) 600-1640





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## D. 專業提供者目錄





 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. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 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

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## D. 專業提供者目錄

 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








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## D. 專業提供者目錄

**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

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## D. 專業提供者目錄

### 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

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

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## D. 專業提供者目錄

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


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## D. 專業提供者目錄

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max 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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#### **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

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### PEDIATRIC EMERGENCY MEDICINE

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#### **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

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### PEDIATRIC EMERGENCY MEDICINE


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#### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<b><u>PEDIATRIC EMERGENCY</u></b> <b><u>MEDICINE</u></b>	<b><u>PEDIATRIC EMERGENCY</u></b>	<b><u>MEDICINE</u></b>
<b>TANG, ANDREW</b> Provider ID: 294678 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 25500 MEDICAL CENTER DR MURRIETA, CA 92562 Phone: (951) 696-6124 Fax: (951) 696-6293 After Hours Phone: (951) 696-6124 Provider Gender: Male NPI: 1184071516 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network	<b>TRAN, THERESA</b> Provider ID: 301835 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 25500 MEDICAL CENTER DR MURRIETA, CA 92562 Phone: (951) 696-6124 Fax: (951) 696-6293 After Hours Phone: (951) 696-6124 Provider Gender: Female NPI: 1417496985 Provider English Spoken: Y Provider Language(s) Spoken: Spanish, Vietnamese Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: Rady Childrens Health Network	<b>VEGA, CAROLINA</b> Provider ID: 309972 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK 25500 MEDICAL CENTER DR MURRIETA, CA 92562 Phone: (951) 696-6161 Fax: (951) 696-6293 After Hours Phone: (951) 696-6161 Provider Gender: Female NPI: 1427442086 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: Rady Childrens Health Network
<b><u>PEDIATRIC EMERGENCY</u></b> <b><u>MEDICINE</u></b>	<b><u>PEDIATRIC EMERGENCY</u></b>	<b><u>PEDIATRIC ENDOCRINOLOGY</u></b> <b>RANADIVE, SAYALI</b> Provider ID: 311395 Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### 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

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## D. 專業提供者目錄

CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

*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

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## D. 專業提供者目錄


DIEGO

Medi-Cal Open Panel: Yes

Min/Max 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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**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


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**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


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**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

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**BIFFL, SUSAN**

Provider ID: 283113

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 25170 HANCOCK AVE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### **PHYSICAL MEDICINE / REHABILITATION**


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#### **SKALSKY, ANDREW**

*Provider ID: 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*

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### **PHYSICIANS ASSISTANT**


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#### **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*

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### **PULMONARY DISEASES**


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#### **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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

---

### **SURGERY GENERAL** **VASCULAR**

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#### **HOWE, STEVEN**


*Provider ID: 206761*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 28062 BAXTER RD  
MURRIETA, CA 92563  
 *Phone: (877) 558-6248*  
 *After Hours Phone: (877) 558-6248*  
*Provider Gender: Male*  
*NPI: 1497702740*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, TRI CITY MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **SURGERY ORTHOPEDIC**

---

#### **CHENG, YU-TSUN**








*Provider ID: 301902*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 25170 HANCOCK AVE  
MURRIETA, CA 92562  
 *Phone: (951) 600-1640*  
*Fax: (951) 600-1760*  
 *After Hours Phone: (951) 600-1640*  
*Provider Gender: Male*  
*NPI: 1992982854*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

---

### **SURGERY ORTHOPEDIC**

---

#### **UPASANI, VIDYADHAR**


*Provider ID: 283160*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562  
 *Phone: (951) 600-1640*  
*Fax: (951) 600-1760*  
 *After Hours Phone: (951) 600-1640*  
*Provider Gender: Male*  
*NPI: 1548417652*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

---

### **SURGERY PEDIATRIC**

---

#### **THANGARAJAH, HARIHARAN**

*Provider ID: 215420*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 25170 HANCOCK AVE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 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

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## D. 專業提供者目錄


 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TU  
8:30AM-5:30PM  
W 10AM-7PM  
TH-F 8:30AM-5:30PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC*

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### **CERTIFIED NURSE PRACTITIONER**

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**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*

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### **CERTIFIED NURSE PRACTITIONER**

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**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*

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### **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*

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### **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*

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## D. 專業提供者目錄

☎ 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

**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 PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。








## D. 專業提供者目錄

**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

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## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

**DIEGO HEALTH - EAST  
CAMPUS MEDICAL CENTER**


Medi-Cal Open Panel: Yes

Min/Max Age: 21\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **OBSTETRICS / GYNECOLOGY**

**DELROSARIO, GELEN**


Provider ID: 257478

Board Certified Specialty: No

BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

 502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950


 Phone: (619) 475-1261


Fax: (619) 475-1267

 After Hours Phone: (619)  
475-1261

Provider Gender: Female

NPI: 1255643474

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,


PARADISE VALLEY HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: BLUE SHIELD PROMISE

HEALTH PLAN DIRECT,

Community Care IPA LLC,

Rady Childrens Health

Network

### **OBSTETRICS / GYNECOLOGY**


**DELROSARIO, GELEN**

Provider ID: 269247

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950


 Phone: (619) 475-1261


Fax: (619) 475-1267

 After Hours Phone: (619)  
475-1261

Provider Gender: Female

NPI: 1255643474

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

PARADISE VALLEY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: BLUE SHIELD PROMISE

HEALTH PLAN DIRECT,

Community Care IPA LLC,

Rady Childrens Health

Network

### **OBSTETRICS / GYNECOLOGY**

**DELROSARIO, GELEN**


Provider ID: 206092

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950

 Phone: (619) 475-1261


Fax: (619) 475-1267

 After Hours Phone: (619)  
475-1261

Provider Gender: Female

NPI: 1255643474

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

PARADISE VALLEY HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: BLUE SHIELD PROMISE

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## D. 專業提供者目錄

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

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## D. 專業提供者目錄


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign 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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### 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. 專業提供者目錄

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### **OPTOMETRIST**

#### **THACH, QUEEN**

Provider ID: 310537

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950

 Phone: (619) 425-7755

Fax: (619) 425-2138

 After Hours Phone: (619)  
425-7755

Provider Gender: Female

NPI: 1053841478

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8:30AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **PODIATRIST**

#### **ATMAR, AKMAL**

Provider ID: 269784

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 2345 E 8TH ST STE 105  
NATIONAL CITY, CA 91950


 Phone: (929) 287-4511


Fax: (877) 671-6835

 After Hours Phone: (929)  
287-4511

Provider Gender: Male

NPI: 1558656637

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Persian, Urdu

Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### **PODIATRIST**

#### **CAINE, SAMUEL**

Provider ID: 308637

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

 Phone: (619) 292-2493

Fax: (619) 618-0222

 After Hours Phone: (619)  
292-2493

Provider Gender: Male

NPI: 1396230298

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp  
Grossmont Hospital, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SHARP CHULA  
VISTA MED CTR, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### **PODIATRIST**

#### **CAINE, SAMUEL**

Provider ID: 308212

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950


 Phone: (619) 292-2493

Fax: (619) 618-0222

 After Hours Phone: (619)  
292-2493




Provider Gender: Male

NPI: 1396230298






 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp




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## D. 專業提供者目錄






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,


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
 者目錄中的資訊可能會更改。




## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ *After Hours Phone: (619) 482-3000*

*Provider Gender: Female*

*NPI: 1699357525*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*  
*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT*  
*PROVIDER*

🕒 *Hours: M-F 7AM-6PM*

🌐 *Website: N/A*

*IPA: Community Care IPA LLC,*  
*IHP of Southern Cal-PHP*

### **REGISTERED PHYSICAL** **THERAPIST**

#### **NGUYEN, TIA**

*Provider ID: 305011*

*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*

📍 *3400 E 8TH ST STE 108*  
*NATIONAL CITY, CA 91950*

☎ *Phone: (619) 482-3000*

*Fax: (619) 695-0050*

☎ *After Hours Phone: (619)*  
*482-3000*

*Provider Gender: Female*

*NPI: 1457136269*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT*  
*PROVIDER*

🕒 *Hours: M-TH 7AM-7PM*  
*F 7AM-4PM*

🌐 *Website: N/A*

*IPA: Community Care IPA LLC,*  
*IHP of Southern Cal-PHP*

### **REGISTERED PHYSICAL** **THERAPIST**

#### **NGUYEN, TIA**

*Provider ID: 305012*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

📍 *3400 E 8TH ST STE 108*  
*NATIONAL CITY, CA 91950*

☎ *Phone: (619) 482-3000*

*Fax: (619) 695-0050*

☎ *After Hours Phone: (619)*  
*482-3000*

*Provider Gender: Female*

*NPI: 1457136269*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT*  
*PROVIDER*

🕒 *Hours: M-TH 7AM-7PM*  
*F 7AM-4PM*

🌐 *Website: N/A*

*IPA: Community Care IPA LLC,*  
*IHP of Southern Cal-PHP*

### **REGISTERED PHYSICAL** **THERAPIST**

#### **NOVENCIDO, ANDREW**

*Provider ID: 301996*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

📍 *3400 E 8TH ST STE 108*  
*NATIONAL CITY, CA 91950*

☎ *Phone: (619) 482-3000*

*Fax: (619) 695-0050*

☎ *After Hours Phone: (619)*  
*482-3000*

*Provider Gender: Male*

*NPI: 1447723937*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT*  
*PROVIDER*

🕒 *Hours: M-F 7AM-6PM*

🌐 *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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

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## D. 專業提供者目錄

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

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## D. 專業提供者目錄

STE 103  
OCEANSIDE, CA 92054  
☎ Phone: (760) 610-0522  
Fax: (760) 610-0523  
📞 After Hours Phone: (760) 610-0522  
Provider Gender: Female  
NPI: 1528714011  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-TH 8AM-5PM  
F 8AM-12PM  
🌐 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE PRACTITIONER**

---

**CHEN, KATIE**  
Provider ID: 311743  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
📍 2125 S EL CAMINO REAL  
STE 103  
OCEANSIDE, CA 92054  
☎ Phone: (760) 610-0522  
Fax: (760) 610-0523  
📞 After Hours Phone: (760) 610-0522  
Provider Gender: Female  
NPI: 1528714011

☑ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-TH 8AM-5PM  
F 8AM-12PM  
🌐 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE PRACTITIONER**

---

**CHILAKA, SAMUEL**  
Provider ID: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

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. 專業提供者目錄







 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Provider Gender: Female  
 NPI: 1013668680  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER








**HERNANDEZ, JESSICA**  
 Provider ID: 304494  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Provider Gender: Female  
 NPI: 1013668680  
 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP



### CERTIFIED NURSE PRACTITIONER

**HUERTA, STEVEN**  
 Provider ID: 311301  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Provider Gender: Male  
 NPI: 1558607440  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**HUERTA, STEVEN**  
 Provider ID: 311298  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Provider Gender: Male  
 NPI: 1558607440  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**HUERTA, STEVEN**  
 Provider ID: 311300  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000

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## D. 專業提供者目錄

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

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### 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

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### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

---

### CERTIFIED NURSE PRACTITIONER


---

#### **LANG, LESLIE**

Provider ID: 308045

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1457366130

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes



Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

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### **CERTIFIED NURSE** **PRACTITIONER**


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#### **MONTGOMERY JR, KEITH**

Provider ID: 295287

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1790978617


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 6\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU 8AM-5PM  
W 10AM-7PM

TH-F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **MONTGOMERY JR, KEITH**

Provider ID: 295285

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1790978617


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 6\None


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU 8AM-5PM  
W 10AM-7PM

TH-F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **MONTGOMERY JR, KEITH**

Provider ID: 295286

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1790978617


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 6\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU 8AM-5PM  
W 10AM-7PM

TH-F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **NIBBELINK AHEARN, SANDRA**

Provider ID: 310107

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 3300 VISTA WAY STE B  
OCEANSIDE, CA 92056

 Phone: (760) 967-9900

Fax: (760) 967-6769

 After Hours Phone: (760)  
967-9900

Provider Gender: Female

NPI: 1326513441

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None



American Sign Language (ASL):  
N

 Accessibility: CONTACT

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## D. 專業提供者目錄


### PROVIDER



 Hours: M-F 9AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **NIBBELINK AHEARN, SANDRA**

Provider ID: 311969  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
 3300 VISTA WAY STE B  
OCEANSIDE, CA 92056  
 Phone: (760) 967-9900  
Fax: (760) 967-6769  
 After Hours Phone: (760)  
967-9900  
Provider Gender: Female  
NPI: 1326513441  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **PRITZKER, JOELY**



Provider ID: 239772

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female


NPI: 1619384351

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 12\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM


 Website: N/A  
IPA: Community Care IPA LLC

### CERTIFIED NURSE PRACTITIONER

#### **RAYTA, NICOLE**

Provider ID: 304682  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP


 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1689027542

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM


 Website: N/A  
IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **SANACORA, RACHEL**

Provider ID: 297730  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK


 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1000  
Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1000

Provider Gender: Female

NPI: 1548987985



























 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Rady Childrens Health Network</i></p>	<hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>TAYLOR, CHRISTOPHER</b></p> <p><i>Provider ID: 295505</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 4700 N RIVER RD OCEANSIDE, CA 92057</p> <p> <i>Phone: (760) 631-5000</i></p> <p><i>Fax: (760) 414-3892</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1851747166</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: 12\None</i></p> <p><i>American Sign Language (ASL): N</i></p>	<p>OCEANSIDE, CA 92054</p> <p> <i>Phone: (760) 631-5000</i></p> <p><i>Fax: (760) 414-3892</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1851747166</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: 12\None</i></p> <p><i>American Sign Language (ASL): N</i></p>
<hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>SANTIAGO, AMANDA</b></p> <p><i>Provider ID: 242607</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>COMMUNITY CARE IPA LLC</i></p> <p> 4700 N RIVER RD OCEANSIDE, CA 92057</p> <p> <i>Phone: (760) 631-5000</i></p> <p><i>Fax: (760) 414-3892</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1619488731</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 9AM-4PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network</i></p>	<hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>TAYLOR, CHRISTOPHER</b></p> <p><i>Provider ID: 295506</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 818 PIER VIEW WAY OCEANSIDE, CA 92054</p> <p> <i>Phone: (760) 631-5000</i></p> <p><i>Fax: (760) 414-3892</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1851747166</i></p> <p> <i>Provider English Spoken: Y</i></p>
<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM SA 9AM-4PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Community Care IPA LLC</i></p>	<hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>TAYLOR, CHRISTOPHER</b></p> <p><i>Provider ID: 295503</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 517 N HORNE ST</p>	

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

---

### **CHIROPRACTOR**


---

#### **ANDREWS, BRAD**

Provider ID: 290542

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 619 CROUCH ST  
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1750791745

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **CHIROPRACTOR**


---

#### **JU, NATHANIEL**

Provider ID: 290221

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male




NPI: 1972883882

 Provider English Spoken: Y








請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。










## D. 專業提供者目錄

 *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)*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

*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

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056

Phone: (858) 966-6710  
 Fax: (858) 966-6711

After Hours Phone: (858) 966-6710

Provider Gender: Male

NPI: 1154305977

Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, Sharp Grossmont Hospital, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

OCEANSIDE, CA 92056

Phone: (858) 966-6710  
 Fax: (858) 966-6711

After Hours Phone: (858) 966-6710

Provider Gender: Male

NPI: 1477563302

Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, TRI CITY MEDICAL CTR, Sharp Grossmont Hospital, Sharp

Grossmont Hospital,

SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### MATERNAL AND FETAL MEDICINE

**RICHARDSON, ALVIE**

Provider ID: 264686

Board Certified Specialty: No  
**RADY CHILDRENS HEALTH NETWORK**

### MATERNAL AND FETAL MEDICINE

**SCHWENDEMANN, WADE**

Provider ID: 205437

Board Certified Specialty: No  
**RADY CHILDRENS HEALTH NETWORK**

3605 VISTA WAY STE 172

### MATERNAL AND FETAL MEDICINE

**WESTERMANN, MELISSA**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄



 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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. 專業提供者目錄

### **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





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## D. 專業提供者目錄

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

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### **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

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### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 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. 專業提供者目錄

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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#### **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**

---

### **PEDIATRIC ALLERGY / IMMUNOLOGY**


---

#### **COLLINS, CATHLEEN**

**Provider ID: 311814**

**Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK**

 **3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056**

 **Phone: (760) 547-1020**

**Fax: (760) 547-1021**

 **After Hours Phone: (760)  
547-1020**

**Provider Gender: Female**

**NPI: 1205128089**

 **Provider English Spoken: Y  
Cultural Competency: N**

**Hospital Affiliation: LUCILE  
SALTER PACKARD**

**CHILDRENS HOSP, Stanford  
Health Care, RADY**

**CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR**

**Medi-Cal Open Panel: Yes**

**Min/Max Age: 0\19**

**American Sign Language (ASL):  
N**

 **Accessibility: CONTACT  
PROVIDER**

 **Website: N/A**

**IPA: Rady Childrens Health  
Network**

---

### **PEDIATRIC EMERGENCY MEDICINE**

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#### **AGHILI, ROXANA**

**Provider ID: 303781**

**Board Certified Specialty: No**

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## D. 專業提供者目錄

### 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)

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## D. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

 *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

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## D. 專業提供者目錄

### 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

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## D. 專業提供者目錄


---

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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者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ 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:

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---

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. 專業提供者目錄



 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **SURGERY ORTHOPEDIC**


#### **UPASANI, VIDYADHAR**

*Provider ID: 260954*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*

 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056  
 *Phone: (760) 547-1020*  
*Fax: (760) 547-1021*

 *After Hours Phone: (760) 547-1020*


*Provider Gender: Male*  
*NPI: 1548417652*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*


*IPA: Rady Childrens Health Network*

### **SURGERY PEDIATRIC**

#### **FAIRBANKS, TIMOTHY**

*Provider ID: 205498*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*


 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056

 *Phone: (760) 547-1020*

*Fax: (760) 547-1021*

 *After Hours Phone: (760) 547-1020*

*Provider Gender: Male*  
*NPI: 1407010556*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*


*IPA: Rady Childrens Health Network*

### **SURGERY PEDIATRIC**

#### **KLING, KAREN**

*Provider ID: 206129*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*


 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056

 *Phone: (760) 547-1020*

*Fax: (760) 547-1021*

 *After Hours Phone: (760) 547-1020*

*Provider Gender: Female*  
*NPI: 1982775144*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, 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):*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*


### SURGERY PEDIATRIC

#### **THOMPSON, KYLE**

*Provider ID: 310988*

*Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK*

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 *Phone: (760) 547-1020*


*Fax: (760) 547-1021*

 *After Hours Phone: (760) 547-1020*

*Provider Gender: Male*

*NPI: 1598147050*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: French*

*Cultural Competency: N*


*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*


*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*


### **PERRIS**


### CERTIFIED NURSE PRACTITIONER

#### **BLAND, JACELIS**

*Provider ID: 296767*

*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*

 1675 N PERRIS BLVD STE G1  
PERRIS, CA 92571


 *Phone: (760) 736-7676*


*Fax: (760) 736-6744*

 *After Hours Phone: (760) 736-7676*

*Provider Gender: Female*

*NPI: 1801522859*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM  
SA 8AM-4:30PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

### **POWAY**


### ANESTHESIOLOGY PAIN

### MANAGEMENT

#### **BROWNLOW, ROY**


*Provider ID: 308113*

*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*

 15725 POMERADO RD STE 201  
POWAY, CA 92064

 *Phone: (760) 610-0522*

*Fax: (760) 610-0523*

 *After Hours Phone: (760) 610-0522*

*Provider Gender: Male*

*NPI: 1205949914*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation:*


*GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR*


*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-5PM  
F 8:30AM-12:30PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*

### ANESTHESIOLOGY PAIN MANAGEMENT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max 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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

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

♿ 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. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### 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. 專業提供者目錄

675-3100  
 Provider Gender: Male  
 NPI: 1225004450  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: PALOMAR  
 HEALTH, PALOMAR MEDICAL  
 CENTER

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### OPTOMETRIST

#### KIM, MICHELLE

Provider ID: 270014  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE  
 400  
 POWAY, CA 92064  
 Phone: (858) 675-3140  
 Fax: (858) 613-2936  
 After Hours Phone: (858)  
 675-3140  
 Provider Gender: Female  
 NPI: 1457328825  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### PODIATRIST

#### BRAZIER, SETH

Provider ID: 306398  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 15706 POMERADO RD STE  
 102  
 POWAY, CA 92064  
 Phone: (858) 485-1494  
 Fax: (858) 485-1515  
 After Hours Phone: (858)  
 485-1494  
 Provider Gender: Male  
 NPI: 1033554324  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: KAWEAH  
 DELTA DISTRICT HOSP, SELMA  
 COMMUNITY HOSPITAL,  
 ADVENTIST MEDICAL  
 CENTER, ADVENTIST MED CTR  
 REEDLEY  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network


### PODIATRIST

#### HAN, KYOUNG

Provider ID: 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









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 者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 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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上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Phone: (858) 312-1717  
Fax: (858) 435-0207  
 After Hours Phone: (858) 312-1717  
Provider Gender: Female  
NPI: 1750534715  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi, Kannada, Telugu  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, PALOMAR HEALTH, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8AM-4PM  
 Website: N/A  
IPA: Community Care IPA LLC

### **SURGERY GENERAL**

#### **GROVE, JAY**

Provider ID: 305851  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
 15611 POMERADO RD  
POWAY, CA 92064  
 Phone: (858) 675-3100  
Fax: (858) 673-5187

 After Hours Phone: (858) 675-3100  
Provider Gender: Male  
NPI: 1912971334  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: Community Care IPA LLC

### **SURGERY ORTHOPEDIC**


#### **BALIKIAN, PHILIP**

Provider ID: 257485  
Board Certified Specialty: Yes  
BLUE SHIELD PROMISE HEALTH PLAN DIRECT  
 15611 POMERADO RD STE 400  
POWAY, CA 92064  
 Phone: (858) 613-8900  
Fax: (858) 618-1523  
 After Hours Phone: (858)

613-8900  
Provider Gender: Male  
NPI: 1407803687  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Armenian, Italian, Spanish, Vietnamese  
Cultural Competency: N  
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT, Community Care IPA LLC

### **SURGERY ORTHOPEDIC**

#### **BALIKIAN, PHILIP**

Provider ID: 119552  
Board Certified Specialty: Yes  
COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400  
POWAY, CA 92064  
 Phone: (858) 613-8900  
Fax: (858) 618-1523  
 After Hours Phone: (858) 613-8900  
Provider Gender: Male  
NPI: 1407803687

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## D. 專業提供者目錄

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. 專業提供者目錄

### 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. 專業提供者目錄

<hr/> <b>ALLERGY IMMUNOLOGY</b> <hr/> <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	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	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
<hr/> <b>ALLERGY IMMUNOLOGY</b> <hr/> <b>JAMES, CHRISTINE</b> Provider ID: 284917	<hr/> <b>ALLERGY IMMUNOLOGY</b> <hr/> <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)	<hr/> <b>ANESTHESIOLOGY</b> <hr/> <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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): No

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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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): No

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **ANESTHESIOLOGY**


**BRUNO, KELLY**

Provider ID: 238903

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891130993

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): No

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **ANESTHESIOLOGY**

**CABANISS, SCOTT**

Provider ID: 311435

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1821626714

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): No

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### **ANESTHESIOLOGY**

**CABANISS, SCOTT**

Provider ID: 311436

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1821626714

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): No

















 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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## D. 專業提供者目錄

<b>ANESTHESIOLOGY</b>	<b>ANESTHESIOLOGY</b>	<b>PROVIDER</b>
<p><b>CANO, SARAH</b>  <i>Provider ID: 200959</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: Female</i>  <i>NPI: 1750517306</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL</i>  <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>CHAN, CHI-BEW</b>  <i>Provider ID: 310044</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: Male</i>  <i>NPI: 1205966264</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>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</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</i></p>	<p><i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p> <hr/> <p><b>ANESTHESIOLOGY</b></p> <p><b>CHAN, CHI-BEW</b>  <i>Provider ID: 310043</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>Fax: (888) 539-8781</i>   <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Male</i>  <i>NPI: 1205966264</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>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</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i></p>

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## D. 專業提供者目錄

American Sign Language (ASL):  
N  
☯ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

---

### **ANESTHESIOLOGY**

---

#### **COBLENTZ, IAN**

Provider ID: 311460  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1649730367

☑ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

☯ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

---

### **ANESTHESIOLOGY**

---

#### **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

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### **ANESTHESIOLOGY**

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請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### 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. 專業提供者目錄

### 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: 311123

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1679584791

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

DOMINICAN SANTA CRUZ

HOSP, UCSD MEDICAL CTR

### 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: 311124

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

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## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

**NGUYEN, QUOC SY**


Provider ID: 242188

Board Certified Specialty: No

UCSD MEDICAL GROUP


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1871911644

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ANESTHESIOLOGY**


**OSWALD, JESSICA**


Provider ID: 239600

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1427315118

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

**SHAW, SUSANNA**


Provider ID: 255316

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1063685477

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

**SORIA, CLAIRE**


Provider ID: 243294

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1447516414

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

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## D. 專業提供者目錄

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/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

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## D. 專業提供者目錄

 Website: N/A  
IPA: UCSD Medical Group



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### **ANESTHESIOLOGY**

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#### **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

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### **ANESTHESIOLOGY**

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#### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


THORNTON

Medi-Cal Open Panel: Yes

Min/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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

**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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


 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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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: 304137  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 4910 DIRECTORS PL  
SAN DIEGO, CA 92121  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1104129485  
🗣 Provider English Spoken: Y  
🗣 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**

**ARELLANO, JACQUELINE**  
Provider ID: 277967  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 9333 GENESEE AVE STE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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):  
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**

**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**  
Provider ID: 311063

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

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):  
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*



---

### **CERTIFIED ACUPUNCTURIST**

#### **JULIAN, FIDES**

*Provider ID: 304132*  
*Board Certified Specialty: No UCSD MEDICAL GROUP*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1407401128*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Tagalog*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*



*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*




---

### **CERTIFIED ACUPUNCTURIST**

#### **JULIAN, FIDES**

*Provider ID: 277699*  
*Board Certified Specialty: No UCSD MEDICAL GROUP*  
 330 LEWIS ST  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*  
*NPI: 1407401128*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Tagalog*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*








*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **CERTIFIED ACUPUNCTURIST**

#### **LAM, KHANH**

*Provider ID: 295380*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

 *Phone: (619) 325-1161*  
*Fax: (619) 325-1717*  
 *After Hours Phone: (619) 325-1161*  
*Provider Gender: Male*  
*NPI: 1649594979*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Chinese, French, Vietnamese*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

---

### **CERTIFIED ACUPUNCTURIST**

#### **LEE, JIHYUNG**

*Provider ID: 312189*  
*Board Certified Specialty: No UCSD MEDICAL GROUP*  
 330 LEWIS ST  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1073212338*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED ACUPUNCTURIST**

#### **LEE, JIHYUNG**

Provider ID: 312190


Board Certified Specialty: No

UCSD MEDICAL GROUP

 9333 GENESEE AVE  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1073212338


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### **CERTIFIED ACUPUNCTURIST**


#### **LEE, JIHYUNG**

Provider ID: 312192

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1073212338

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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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

---

### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

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### 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

---

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

**PROVIDER**  
Website: N/A  
IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**

---

**ARVIZU, MARGARITA**  
Provider ID: 307976  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
Phone: (844) 200-2426  
Fax: (619) 474-4008  
After Hours Phone: (844)  
200-2426  
Provider Gender: Female  
NPI: 1558058636  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-6PM  
Website: N/A  
IPA: Community Care IPA LLC

---

### **CERTIFIED NURSE PRACTITIONER**

---

**BAKER, TANYA**  
Provider ID: 255625  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Phone: (858) 534-8019  
After Hours Phone: (858)  
534-8019

Provider Gender: Female  
NPI: 1699184259  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**

---

**BENARD, ROBERT**  
Provider ID: 268229  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1184027724

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, Highland  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**

---

**BILOTTA, NATALIE**  
Provider ID: 291418  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1144809393  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RIVERSIDE  
COMMUNITY HOSP, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**


---


#### **BROWN, VICTORIA**

Provider ID: 307669

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1750033890


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**


---


#### **BROWN, VICTORIA**

Provider ID: 307668

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 350 DICKINSON ST  
SAN DIEGO, CA 92103

 Phone: (800) 922-6827

 After Hours Phone: (800)  
922-6827

Provider Gender: Female

NPI: 1750033890

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**


---


#### **BROWN, VICTORIA**

Provider ID: 311039

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6645 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1750033890

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**

---


#### **BUENROSTRO, CHRISTINA**

Provider ID: 243718

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1851749253

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes




Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---




**CERTIFIED NURSE**  
**PRACTITIONER**

---

**BUI, ANH**

*Provider ID: 304273*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
*Fax: (858) 633-4680*  
 *After Hours Phone: (858) 279-0925*  
*Provider Gender: Male*  
*NPI: 1184309684*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Vietnamese*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 14\None*  
*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

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**CERTIFIED NURSE**  
**PRACTITIONER**



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**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*

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## D. 專業提供者目錄

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## D. 專業提供者目錄

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/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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#### **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

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### **CERTIFIED NURSE PRACTITIONER**


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#### **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

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### **CERTIFIED NURSE PRACTITIONER**

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#### **COLEMAN, PAGE**

Provider ID: 304288

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

Fax: (858) 633-4682

 After Hours Phone: (619)  
280-2058

Provider Gender: Female

NPI: 1871365312

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL 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

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### **CERTIFIED NURSE PRACTITIONER**


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#### **CONNER, PAMELA**

Provider ID: 299930

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1770558967

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**

#### **CONNOR, CAROLINE**

Provider ID: 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

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### **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

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### **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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<hr/> <p><b>CERTIFIED NURSE PRACTITIONER</b></p> <hr/> <p><b>DOAN, ANGELA</b> Provider ID: 291425 Board Certified Specialty: No UCSD MEDICAL GROUP</p> <p> 4168 FRONT ST SAN DIEGO, CA 92103</p> <p> Phone: (800) 926-8273 Fax: (888) 539-8781</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female NPI: 1639638968</p> <p> Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Website: N/A IPA: UCSD Medical Group</p> <hr/>	<p>926-8372 Provider Gender: Female NPI: 1639638968</p> <p> Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Website: N/A IPA: UCSD Medical Group</p> <hr/>	<p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A IPA: UCSD Medical Group</p> <hr/>
<hr/> <p><b>CERTIFIED NURSE PRACTITIONER</b></p> <hr/> <p><b>DOAN, ANGELA</b> Provider ID: 291426 Board Certified Specialty: No UCSD MEDICAL GROUP</p> <p> 4510 EXECUTIVE DR SAN DIEGO, CA 92121</p> <p> Phone: (800) 926-8372 Fax: (888) 539-8781</p> <p> After Hours Phone: (800)</p>	<hr/> <p><b>CERTIFIED NURSE PRACTITIONER</b></p> <hr/> <p><b>DRISCOLL, KARRIE</b> Provider ID: 286345 Board Certified Specialty: No UCSD MEDICAL GROUP</p> <p> 4303 LA JOLLA VILLAGE DR STE 2110 SAN DIEGO, CA 92122</p> <p> Phone: (800) 926-8273 Fax: (888) 539-8781</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female NPI: 1396085098</p> <p> Provider English Spoken: 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>	<hr/> <p><b>CERTIFIED NURSE PRACTITIONER</b></p> <hr/> <p><b>DWYER, ERIN</b> Provider ID: 269863 Board Certified Specialty: No COMMUNITY CARE IPA LLC</p> <p> 4060 4TH AVE STE 310 SAN DIEGO, CA 92103</p> <p> Phone: (619) 297-4707 Fax: (858) 429-7927</p> <p> After Hours Phone: (619) 297-4707</p> <p>Provider Gender: Female NPI: 1003260894</p> <p> 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</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p> <hr/>
<hr/> <p><b>CERTIFIED NURSE PRACTITIONER</b></p> <hr/> <p><b>DOAN, ANGELA</b> Provider ID: 291426 Board Certified Specialty: No UCSD MEDICAL GROUP</p> <p> 4510 EXECUTIVE DR SAN DIEGO, CA 92121</p> <p> Phone: (800) 926-8372 Fax: (888) 539-8781</p> <p> After Hours Phone: (800)</p>	<hr/> <p><b>CERTIFIED NURSE PRACTITIONER</b></p> <hr/> <p><b>DRISCOLL, KARRIE</b> Provider ID: 286345 Board Certified Specialty: No UCSD MEDICAL GROUP</p> <p> 4303 LA JOLLA VILLAGE DR STE 2110 SAN DIEGO, CA 92122</p> <p> Phone: (800) 926-8273 Fax: (888) 539-8781</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female NPI: 1396085098</p> <p> Provider English Spoken: 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>	<hr/> <p><b>CERTIFIED NURSE PRACTITIONER</b></p> <hr/> <p><b>DWYER, ERIN</b> Provider ID: 269863 Board Certified Specialty: No COMMUNITY CARE IPA LLC</p> <p> 4060 4TH AVE STE 310 SAN DIEGO, CA 92103</p> <p> Phone: (619) 297-4707 Fax: (858) 429-7927</p> <p> After Hours Phone: (619) 297-4707</p> <p>Provider Gender: Female NPI: 1003260894</p> <p> 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</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p> <hr/>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<b>CERTIFIED NURSE PRACTITIONER</b>		
<b>GARTH, MELISSA</b> 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	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	Cultural Competency: N Hospital Affiliation: UCSD MEDICAL 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
<b>CERTIFIED NURSE PRACTITIONER</b>	<b>CERTIFIED NURSE PRACTITIONER</b>	<b>CERTIFIED NURSE PRACTITIONER</b>
<b>GIORGI, ASHLEY</b> Provider ID: 311073 Board Certified Specialty: No UCSD MEDICAL GROUP	<b>GIORGI, ASHLEY</b> 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	<b>GOMEZ, LESLIE</b> 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

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: 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

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## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

**HA, THU**

Provider ID: 293261

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1346443983

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE

### PRACTITIONER


**HARKNESS, RUMIKO**

Provider ID: 208841

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1487785093

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Japanese


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER

**HART, BECKY**

Provider ID: 305337

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

Fax: (619) 687-1067

 After Hours Phone: (619)

233-8500

Provider Gender: Female

NPI: 1316626344


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

**HEAD, KRISTIN**


Provider ID: 268656

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 966-7484

Fax: (858) 966-4064

 After Hours Phone: (858)  
966-7484

Provider Gender: Female

NPI: 1699078923

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19


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## D. 專業提供者目錄

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

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### 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

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### 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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄








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**

---

#### **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):




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## D. 專業提供者目錄

<p>N Accessibility: CONTACT PROVIDER Website: N/A IPA: IHP of Southern Cal-PHP</p>	<p>IHP OF SOUTHERN CAL-PHP 7011 LINDA VISTA RD SAN DIEGO, CA 92111 Phone: (858) 810-8700 Fax: (858) 633-4680 After Hours Phone: (858) 810-8700 Provider Gender: Female NPI: 1780334110 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: IHP of Southern Cal-PHP</p>	<p>Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group</p>
<hr/> <p><b>CERTIFIED NURSE PRACTITIONER</b></p>	<hr/>	<hr/>
<p><b>KIDANE, ZINNIA</b> Provider ID: 302426 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP 6973 LINDA VISTA RD SAN DIEGO, CA 92111 Phone: (858) 279-0925 Fax: (858) 633-4680 After Hours Phone: (858) 279-0925 Provider Gender: Female NPI: 1780334110 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: IHP of Southern Cal-PHP</p>	<p><b>CERTIFIED NURSE PRACTITIONER</b></p>	<hr/> <p><b>CERTIFIED NURSE PRACTITIONER</b></p>
<hr/> <p><b>CERTIFIED NURSE PRACTITIONER</b></p>	<hr/> <p><b>CERTIFIED NURSE PRACTITIONER</b></p>	<hr/>
<p><b>KIDANE, ZINNIA</b> Provider ID: 302427 Board Certified Specialty: No</p>	<p><b>LAFORTEZA, JOZELLE</b> Provider ID: 202666 Board Certified Specialty: No UCSD MEDICAL GROUP 9333 GENESEE AVE STE 200 SAN DIEGO, CA 92121 Phone: (800) 926-8273 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1538578307 Provider English Spoken: Y Provider Language(s) Spoken: Tagalog</p>	<p><b>LANE, KIMBERLY</b> Provider ID: 301597 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP 11770 BERNARDO PLAZA CT STE 270 SAN DIEGO, CA 92128 Phone: (858) 485-0554 Fax: (858) 429-7933 After Hours Phone: (858) 485-0554 Provider Gender: Female NPI: 1457670119 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 16\None American Sign Language (ASL): N</p>

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## D. 專業提供者目錄

 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**


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#### **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**

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#### **LANE, KIMBERLY**

Provider ID: 301603  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
 Phone: (619) 297-4707  
Fax: (858) 429-7927



 After Hours Phone: (619)  
297-4707

Provider Gender: Female  
NPI: 1457670119

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: IHP of Southern Cal-PHP



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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **MANRIQUEZ, LISETTE**

Provider ID: 307103  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
Fax: (619) 428-7952

 After Hours Phone: (619)  
662-4100

Provider Gender: Female  
NPI: 1760058911




 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

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## D. 專業提供者目錄






 *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, GRETTEL MARIE**

*Provider ID: 303202*  
*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*  
 10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126  
 *Phone: (844) 200-2426*  
*Fax: (858) 578-4417*

 *After Hours Phone: (844) 200-2426*

*Provider Gender: Female*  
*NPI: 1245652387*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

**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: 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

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## D. 專業提供者目錄

*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: 303828*  
*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*

9855 ERMA RD STE 105  
 SAN DIEGO, CA 92131

*Phone: (844) 200-2426*

*Fax: (858) 536-8034*

*After Hours Phone: (844)*  
*200-2426*

*Provider Gender: Female*

*NPI: 1952925851*

*Provider English Spoken: Y*

*Provider Language(s)*  
*Spoken: Tagalog*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

*Accessibility: CONTACT PROVIDER*

*Hours: M-TU*  
*8:30AM-5:30PM*  
*W 10AM-7PM*  
*TH-F 8:30AM-5:30PM*

*Website: N/A*  
*IPA: Community Care IPA LLC*

### CERTIFIED NURSE PRACTITIONER

#### **MILLER, EVA**

*Provider ID: 255833*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

330 LEWIS ST  
 SAN DIEGO, CA 92103

*Phone: (619) 471-9210*

*After Hours Phone: (619)*  
*471-9210*

*Provider Gender: Female*

*NPI: 1043492523*

*Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

*Accessibility: CONTACT PROVIDER*

*Hours: M-F 8AM-5PM*

*Website: N/A*

*IPA: UCSD Medical Group*

### CERTIFIED NURSE

### PRACTITIONER

#### **MOHEBBI, ATHENA**

*Provider ID: 201325*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

4520 EXECUTIVE DR STE  
 P2

SAN DIEGO, CA 92121

*Phone: (800) 926-8273*

*After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*

*NPI: 1952627176*

*Provider English Spoken: Y*

*Provider Language(s)*  
*Spoken: Farsi*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*  
*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

*Accessibility: CONTACT PROVIDER*

*Hours: M-F 8AM-5PM*

*Website: N/A*

*IPA: UCSD Medical Group*

### CERTIFIED NURSE PRACTITIONER

#### **MORAN, TIFFANY**

*Provider ID: 304275*


*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

2630 1ST AVE

SAN DIEGO, CA 92103

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 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

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### **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

---

### **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**

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#### **NETZEL, JENNIFER**

Provider ID: 291348

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1336896232

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **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. 專業提供者目錄

Provider Gender: Female


NPI: 1336896232

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### CERTIFIED NURSE PRACTITIONER

---

#### **NETZEL, JENNIFER**

Provider ID: 291347

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1336896232


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### CERTIFIED NURSE PRACTITIONER


---

#### **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

---


#### **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

---

#### **O'CONNELL, STEFANY**








Provider ID: 296846

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1016 OUTER RD




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## D. 專業提供者目錄


SAN DIEGO, CA 92154  
 Phone: (619) 429-3733  
 Fax: (619) 628-5550  
 After Hours Phone: (619) 429-3733  
 Provider Gender: Female  
 NPI: 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. 專業提供者目錄

<p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>PACE, RACHELLE</b>            Provider ID: 309961            Board Certified Specialty: No            UCSD MEDICAL GROUP   6655 ALVARADO RD            SAN DIEGO, CA 92120   Phone: (800) 926-8273   After Hours Phone: (800) 926-8273            Provider Gender: Female            NPI: 1588334973   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSD            MEDICAL CTR            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: UCSD Medical Group</p>	<p> After Hours Phone: (800) 926-8273            Provider Gender: Female            NPI: 1255762167   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSD            MEDICAL CTR, UCSD LA            JOLLA JOHN SALLY            THORNTON            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p>	<p>MEDICAL CTR            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: UCSD Medical Group</p>
<p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>PAI, SARAH</b>            Provider ID: 276870            Board Certified Specialty: No            UCSD MEDICAL GROUP   350 DICKINSON ST            SAN DIEGO, CA 92103   Phone: (800) 926-8273            Fax: (888) 539-8781</p>	<p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>PAPPALARDO, ASHLEY</b>            Provider ID: 311107            Board Certified Specialty: No            UCSD MEDICAL GROUP   200 W ARBOR DR            SAN DIEGO, CA 92103   Phone: (800) 926-8273            Fax: (888) 539-8781   After Hours Phone: (800) 926-8273            Provider Gender: Female            NPI: 1386302099   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSD</p>	<p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>PATIAG, DANIEL</b>            Provider ID: 293248            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP   6973 LINDA VISTA RD            SAN DIEGO, CA 92111   Phone: (858) 279-0925            Fax: (858) 633-4680   After Hours Phone: (858) 279-0925            Provider Gender: Male            NPI: 1073169769   Provider English Spoken: Y   Provider Language(s) Spoken: Tagalog            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 14\None            American Sign Language (ASL):            N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: IHP of Southern Cal-PHP</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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### **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

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## D. 專業提供者目錄

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


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## D. 專業提供者目錄






*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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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


---

#### **SABIN, NANCY**

Provider ID: 293288

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1285732586

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### CERTIFIED NURSE PRACTITIONER

---


#### **SANACORA, RACHEL**

Provider ID: 297729

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619)  
280-2905

Provider Gender: Female

NPI: 1548987985

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health

Network

---

### CERTIFIED NURSE PRACTITIONER


---


#### **SANACORA, RACHEL**

Provider ID: 297728

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1548987985

Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network

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### CERTIFIED NURSE PRACTITIONER

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#### **SANTANGELO, JOANNE**

Provider ID: 293285

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1619370475

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

#### CERTIFIED NURSE PRACTITIONER

### SANTANGELO, JOANNE

Provider ID: 293286

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1619370475

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

#### CERTIFIED NURSE PRACTITIONER

### SATTERWHITE, MAURINE

Provider ID: 293258

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1225012842

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

#### CERTIFIED NURSE PRACTITIONER

### SATTERWHITE, MAURINE

Provider ID: 293259

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1225012842

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

#### CERTIFIED NURSE PRACTITIONER

### SEARS-WILEY, ELIZABETH

Provider ID: 276851

Board Certified Specialty: No  
UCSD MEDICAL GROUP

350 DICKINSON ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273


Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


Provider Gender: Female  
NPI: 1215394382

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**


#### **SELBY, BLAKE**

Provider ID: 246423

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1417194358

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL


CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **CERTIFIED NURSE PRACTITIONER**


#### **SELBY, BLAKE**

Provider ID: 256646

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1417194358

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**SWARTZ, ERIN**  
Provider ID: 255787  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 330 LEWIS ST  
SAN DIEGO, CA 92103  
☎ Phone: (858) 657-8530  
🕒 After Hours Phone: (858) 657-8530  
Provider Gender: Female  
NPI: 1639571292  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**TAING, JENNIFER**  
Provider ID: 201573  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 4168 FRONT ST  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
🕒 After Hours Phone: (800)

926-8273  
Provider Gender: Female  
NPI: 1649528357  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**TALBOT, ADRIANNE**  
Provider ID: 278183  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 4168 FRONT ST STE 1A  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1992048557  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

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**CERTIFIED NURSE**  
**PRACTITIONER**

---

**THOMPSON, COURTNEY**  
Provider ID: 311544  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 4168 FRONT ST FL 3 RM 1  
SAN DIEGO, CA 92103  
☎ Phone: (619) 543-3995  
Fax: (619) 543-3964  
🕒 After Hours Phone: (619)  
543-3995  
Provider Gender: Female  
NPI: 1629487285  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **TOPPEN, LAURA**

*Provider ID: 215477*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*




 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*  
*NPI: 1326563495*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **TREJO, ANA**

*Provider ID: 307672*



*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*  
*NPI: 1033717194*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSF MEDICAL CENTER*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **TUCKER, LANIKA**



*Provider ID: 307659*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*  
*NPI: 1477325181*

 *Provider English Spoken: Y*

*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


---

### **CERTIFIED NURSE** **PRACTITIONER**

---



#### **TUCKER, LANIKA**

*Provider ID: 307657*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*



























*Provider Gender: Female*  
*NPI: 1477325181*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


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## D. 專業提供者目錄

<hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>VIBAL-POASTER, MARIA</b> Provider ID: 205651 Board Certified Specialty: No UCSD MEDICAL GROUP</p> <p> 200 W ARBOR DR SAN DIEGO, CA 92103</p> <p> Phone: (800) 926-8273</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female NPI: 1376046680</p> <p> Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A IPA: UCSD Medical Group</p> <hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>WALDRUP, LARHONDA</b> Provider ID: 299260 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p> <p> 3020 CHILDRENS WAY SAN DIEGO, CA 92123</p> <p> Phone: (858) 966-5888 Fax: (858) 966-7483</p>	<p> After Hours Phone: (858) 966-5888</p> <p>Provider Gender: Female NPI: 1831627181</p> <p> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: PALOMAR MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO</p> <p>Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A IPA: Rady Childrens Health Network</p> <hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>WHITEHURST, UNIQUE</b> Provider ID: 306075 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 286 EUCLID AVE STE 302 SAN DIEGO, CA 92114</p> <p> Phone: (619) 662-4100 Fax: (619) 428-7952</p> <p> After Hours Phone: (619) 662-4100</p> <p>Provider Gender: Female NPI: 1124800214</p> <p> Provider English Spoken: Y Cultural Competency: N</p>	<p>Hospital Affiliation: UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A IPA: IHP of Southern Cal-PHP, UCSD Medical Group</p> <hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>WHITEHURST, UNIQUE</b> Provider ID: 311075 Board Certified Specialty: No UCSD MEDICAL GROUP</p> <p> 6645 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: 1124800214</p> <p> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p> <p> Accessibility: CONTACT</p>
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請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

**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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

 Website: N/A

IPA: UCSD Medical Group

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**CERTIFIED REGISTERED  
NURSE ANESTHETIST**


---


**ALFONSO, ALVIN**

Provider ID: 256374

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1952653404

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

**CERTIFIED REGISTERED  
NURSE ANESTHETIST**

---

**APPLEGET, JOSEPH**


Provider ID: 239602

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1568980472

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RIVERSIDE  
COMMUNITY HOSP, ORANGE

COAST MEM MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

**CERTIFIED REGISTERED  
NURSE ANESTHETIST**

---


**BARBA, ARNEL**


Provider ID: 262186

Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

 286 EUCLID AVE STE 109  
SAN DIEGO, CA 92114


 Phone: (619) 564-8249

 After Hours Phone: (619)  
564-8249

Provider Gender: Male

NPI: 1750366928

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Imperial Health Holdings  
Medical Group-SD

---

**CERTIFIED REGISTERED  
NURSE ANESTHETIST**

---

**BAYLIS, CHRISTOPHER**

Provider ID: 240763

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1174893358

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

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## D. 專業提供者目錄

 Website: N/A

IPA: UCSD Medical Group

---

**CERTIFIED REGISTERED  
NURSE ANESTHETIST**


---


**BILLINGTON, KATHERINE**

Provider ID: 262246

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

 286 EUCLID AVE STE 109  
SAN DIEGO, CA 92114

 Phone: (619) 564-8249

 After Hours Phone: (619)  
564-8249

Provider Gender: Female

NPI: 1962787366

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Imperial Health Holdings  
Medical Group-SD

---

**CERTIFIED REGISTERED  
NURSE ANESTHETIST**

---


**BOEING, KRISTINA**

Provider ID: 274397

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1205134301

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

**CERTIFIED REGISTERED  
NURSE ANESTHETIST**

---

**BURROWS, TERENCE**


Provider ID: 256694

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1023194560

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

**CERTIFIED REGISTERED  
NURSE ANESTHETIST**


---

**DOLLAND, STEVEN**

Provider ID: 280552

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982059044

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: KERN  
MEDICAL CENTER, UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

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## D. 專業提供者目錄

---


### THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### CERTIFIED REGISTERED NURSE ANESTHETIST

### FARRIS, AMANDA

Provider ID: 311600

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1538900154

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### CERTIFIED REGISTERED


### NURSE ANESTHETIST

### FARRIS, AMANDA


Provider ID: 311601

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1538900154

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### CERTIFIED REGISTERED NURSE ANESTHETIST

### FERRITER, STACY


Provider ID: 265295

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

---

NPI: 1780725556

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 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. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED REGISTERED NURSE ANESTHETIST**

**GONZALEZ, LISA**

Provider ID: 299905

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1083254205

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:


UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### **CERTIFIED REGISTERED NURSE ANESTHETIST**

**LANTRIP, KEATON**

Provider ID: 311518

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1043059686

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED REGISTERED NURSE ANESTHETIST**

**LANTRIP, KEATON**

Provider ID: 311517

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1043059686

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED REGISTERED NURSE ANESTHETIST**

**RAMIREZ, NICOLE**

Provider ID: 291404

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1487213500

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

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## D. 專業提供者目錄

 *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,*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 210018

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED NURSE MIDWIFE**


#### **EKHOLM, JANNA**

Provider ID: 290584

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4290 POLK AVE  
SAN DIEGO, CA 92105


 Phone: (619) 563-0250

Fax: (858) 633-4681

 After Hours Phone: (619)  
563-0250

Provider Gender: Female

NPI: 1588977151

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **CERTIFIED REGISTERED NURSE MIDWIFE**


#### **GOODWIN, RACHEL**

Board Certified Specialty: No

UCSD MEDICAL GROUP


 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1518274919

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED NURSE MIDWIFE**


#### **GOODWIN, RACHEL**

Provider ID: 210019

Board Certified Specialty: No

UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1518274919

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED NURSE MIDWIFE**

#### **GREAR MANN, MELISSA**


Provider ID: 210053

Board Certified Specialty: No

UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273


 After Hours Phone: (800)  
926-8273

Provider Gender: Female

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## D. 專業提供者目錄

NPI: 1255384475

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED**


#### **NURSE MIDWIFE**


### **GREAR MANN, MELISSA**

Provider ID: 210052

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1255384475

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**


### **GUNTHER, HOPE**

Provider ID: 210041

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1285667741

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED**


#### **NURSE MIDWIFE**


### **HIRSCH, JENNIFER**

Provider ID: 210058

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891752069

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED**


#### **NURSE MIDWIFE**


### **HIRSCH, JENNIFER**

Provider ID: 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

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## D. 專業提供者目錄

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: 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)


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## D. 專業提供者目錄

Spoken: Vietnamese  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
Imperial Health Holdings  
Medical Group-SD

### **CHIROPRACTOR**


#### **BUI, MAI**

Provider ID: 295791

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 5354 UNIVERSITY AVE STE  
3

SAN DIEGO, CA 92105

 Phone: (619) 692-3211

Fax: (619) 640-3211

 After Hours Phone: (619)  
692-3211

Provider Gender: Female

NPI: 1780901264

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
Imperial Health Holdings  
Medical Group-SD

### **CHIROPRACTOR**


#### **BUI, MAI**

Provider ID: 125052


Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

 5354 UNIVERSITY AVE STE  
3

SAN DIEGO, CA 92105


 Phone: (619) 692-3211

Fax: (619) 640-3211

 After Hours Phone: (619)  
692-3211

Provider Gender: Female

NPI: 1780901264

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,

Imperial Health Holdings  
Medical Group-SD

### **CHIROPRACTOR**


#### **CHAMPAGNE, ALLISON**

Provider ID: 310817

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 2630 1ST AVE

SAN DIEGO, CA 92103

 Phone: (619) 234-2158

Fax: (619) 234-0206

 After Hours Phone: (619)  
234-2158

Provider Gender: Female

NPI: 1861957482

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **CHIROPRACTOR**


#### **GILIBERTO, JOSEPH**

Provider ID: 291546

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 9995 CARMEL MOUNTAIN  
RD STE D


SAN DIEGO, CA 92129

 Phone: (844) 200-2426

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## D. 專業提供者目錄

Fax: (619) 399-5959

 After Hours Phone: (844) 200-2426

Provider Gender: Male

NPI: 1821463159

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### **CHIROPRACTOR**


#### **GILIBERTO, JOSEPH**

Provider ID: 291547

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

Fax: (619) 399-5959

 After Hours Phone: (844) 200-2426

Provider Gender: Male

NPI: 1821463159

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### **CHIROPRACTOR**

#### **LUU, DANIEL**

Provider ID: 269883

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 4419 EUCLID AVE STE 105  
SAN DIEGO, CA 92115

 Phone: (619) 287-1235

Fax: (619) 255-6406

 After Hours Phone: (619) 287-1235

Provider Gender: Male

NPI: 1225108269

Provider English Spoken: Y

Provider Language(s) Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 10AM-6PM

TU 10AM-2PM

W 10AM-6PM

TH 10AM-2PM

F 10AM-6PM

 Website: N/A

IPA: Community Care IPA LLC

### **CHIROPRACTOR**


#### **MONTANE, RUBEN**

Provider ID: 309694

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1016 OUTER RD

SAN DIEGO, CA 92154

 Phone: (619) 429-3733

Fax: (619) 628-5550

 After Hours Phone: (619) 429-3733

Provider Gender: Male

NPI: 1346725769

Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **DERMATOLOGY**

#### **CALAME, ANTOANELLA**

Provider ID: 290301

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121

 Phone: (858) 750-2983

Fax: (858) 750-2984

 After Hours Phone: (858)

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## D. 專業提供者目錄

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. 專業提供者目錄

### 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. 專業提供者目錄

<p style="text-align: center;"><b>DERMATOLOGY</b></p> <p><b>LIYOU, YUJIE</b>            Provider ID: 308315            Board Certified Specialty: No            UCSD MEDICAL GROUP   8899 UNIVERSITY CENTER LN            SAN DIEGO, CA 92122   Phone: (800) 926-8273            Fax: (888) 539-8781   After Hours Phone: (800) 926-8273            Provider Gender: Female            NPI: 1750944450   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSD MEDICAL CTR            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: UCSD Medical Group</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>Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p>
<p style="text-align: center;"><b>DERMATOLOGY</b></p> <p><b>MALONEY, NOLAN</b>            Provider ID: 311459            Board Certified Specialty: No            UCSD MEDICAL GROUP   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: 271713            Board Certified Specialty: No            UCSD MEDICAL GROUP   8899 UNIVERSITY CENTER LN STE 350            SAN DIEGO, CA 92122   Phone: (858) 657-8322            Fax: (888) 539-8781   After Hours Phone: (858) 657-8322            Provider Gender: Female            NPI: 1366897464   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR            Medi-Cal Open Panel: Yes</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   16950 VIA TAZON SAN DIEGO, CA 92127   Phone: (800) 926-8273            Fax: (888) 539-8781   After Hours Phone: (800) 926-8273            Provider Gender: Female            NPI: 1366897464   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p>


























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## D. 專業提供者目錄

<hr/> <b>DERMATOLOGY</b> <hr/> <b>STERN, MARLEIGH</b> 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	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	PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Community Care IPA LLC
<hr/> <b>DERMATOLOGY</b> <hr/> <b>SUTHERLAND, ANNA</b> Provider ID: 311463 Board Certified Specialty: No UCSD MEDICAL GROUP 8899 UNIVERSITY CENTER LN STE 220 SAN DIEGO, CA 92122 Phone: (800) 926-8273	<hr/> <b>DERMATOLOGY</b> <hr/> <b>ZUBAIR, RAHEEL</b> 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	<hr/> <b>EMERGENCY MEDICINE</b> <hr/> <b>AMANN, CHRISTOPHER</b> 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


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## D. 專業提供者目錄





<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>




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/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. 專業提供者目錄

### 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. 專業提供者目錄

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄


Hospital Affiliation: 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

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## D. 專業提供者目錄

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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

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### **EMERGENCY MEDICINE**

#### **YU, ELAINE**

Provider ID: 301708  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1528564150  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

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### **ENDOCRINOLOGY**

### **METABOLISM DIABETES**

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## D. 專業提供者目錄

### **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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## D. 專業提供者目錄

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: 287779

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1720474141

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 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

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## D. 專業提供者目錄



 *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*


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## D. 專業提供者目錄

 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





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## D. 專業提供者目錄




 *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*

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## D. 專業提供者目錄


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

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## D. 專業提供者目錄

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

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## D. 專業提供者目錄





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 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
Fax: (619) 595-0258  
 After Hours Phone: (619)  
662-4100  
Provider Gender: Male  
NPI: 1043707326  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

---

### **FAMILY PRACTICE**

---

**JOLICOEUR, MEGAN**  
Provider ID: 300060  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 330 LEWIS ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1114366192  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD

**MEDICAL CTR**  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

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### **FAMILY PRACTICE**







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**JOLICOEUR, MEGAN**  
Provider ID: 300057  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER  
LN STE 350  
SAN DIEGO, CA 92122  
 Phone: (858) 249-6890  
 After Hours Phone: (858)  
249-6890  
Provider Gender: Female  
NPI: 1114366192  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

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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

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-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

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## D. 專業提供者目錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
**MEDICAL CTR**  
*Medi-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**

---

**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*

---

### **FAMILY PRACTICE**



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**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*

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## D. 專業提供者目錄

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

---

### **FAMILY PRACTICE**


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#### **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

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### **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**

---

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### 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

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## D. 專業提供者目錄

SAN DIEGO, CA 92154  
☎ Phone: (619) 429-3733  
Fax: (619) 628-5550  
🕒 After Hours Phone: (619) 429-3733  
Provider Gender: 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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


DIEGO

Medi-Cal Open Panel: Yes

Min/Max 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

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## D. 專業提供者目錄

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: 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

### 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

### 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**

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## D. 專業提供者目錄

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

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## D. 專業提供者目錄

**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

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## D. 專業提供者目錄

Medi-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

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#### ALDOUS, JEANNETTE

Provider ID: 290420

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE  
SAN DIEGO, CA 92114


 Phone: (619) 662-4100

Fax: (619) 205-6384

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1073650339

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, 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

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#### BAMFORD, LAURA

Provider ID: 276546


Board Certified Specialty: No

UCSD MEDICAL GROUP

 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103


 Phone: (619) 543-6382

Fax: (888) 539-8781

 After Hours Phone: (619)  
543-6382

Provider Gender: Female

NPI: 1750435996

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### INFECTIOUS DISEASE

---

#### 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

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### 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

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## D. 專業提供者目錄

*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR, UCSD LA*  
*JOLLA JOHN SALLY*  
*THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

 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









請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network

### **INFECTIOUS DISEASE**







#### **TOVARPADUA, LEIDY**

Provider ID: 205357  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123  
 Phone: (858) 966-7785  
Fax: (858) 966-8658  
 After Hours Phone: (858) 966-7785  
Provider Gender: Female  
NPI: 1033491311  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES, LONG BEACH MEMORIAL MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: Rady Childrens Health Network



### **INFECTIOUS DISEASE**




#### **WILKIN, TIMOTHY**

Provider ID: 311164  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1740334978  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **INTERNAL MEDICINE**

#### **ARUTYUNOV, BORIS**

Provider ID: 201910  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (619) 471-9186

 After Hours Phone: (619) 471-9186  
Provider Gender: Male  
NPI: 1144562703  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Russian  
Cultural Competency: N  
Hospital Affiliation: PIH HEALTH GOOD SAMARITAN HOSPITAL, SUTTER MEDICAL CENTER SACRAMENTO, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **INTERNAL MEDICINE**

#### **BALL, SHELDON**

Provider ID: 294136  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700  
Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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NPI: 1689646275

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---


### INTERNAL MEDICINE

#### **BALL, SHELDON**


Provider ID: 294137

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Male

NPI: 1689646275


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---


### INTERNAL MEDICINE

#### **BARRIOLA RUBARTH, RODRIGO**

Provider ID: 311570

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1336729979


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### INTERNAL MEDICINE

#### **BORDIN-WOSK, TALYA**

Provider ID: 273983

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (760) 471-9186  
Fax: (619) 543-8255

 After Hours Phone: (760)  
471-9186

Provider Gender: Female

NPI: 1801184973

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: UCSD Medical Group

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### 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




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## D. 專業提供者目錄






 *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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### UCSD MEDICAL GROUP




 200 W 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

American Sign Language (ASL): IPA: UCSD Medical Group  
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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#### 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

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### INTERNAL MEDICINE


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#### 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

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### 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


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## D. 專業提供者目錄

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **INTERNAL MEDICINE**

#### **NGUYEN, MICHELLE**

Provider ID: 311483

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407367618

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-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

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### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

---

### **INTERNAL MEDICINE**

#### **SEBASKY, MEGHAN**

*Provider ID: 273962*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (619) 543-6222*  
*Fax: (619) 543-8255*  
 *After Hours Phone: (619) 543-6222*  
*Provider Gender: Female*  
*NPI: 1538351408*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL): N*









 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **INTERNAL MEDICINE**

#### **SHAMSINEJAD BABAKI,**

#### **ARASH**






*Provider ID: 309544*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 1666 PRECISION PARK LN  
SAN DIEGO, CA 92173  
 *Phone: (619) 662-4100*  
*Fax: (619) 785-3384*  
 *After Hours Phone: (619) 662-4100*  
*Provider Gender: Male*  
*NPI: 1750498119*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Farsi*  
*Cultural Competency: N*  
*Hospital Affiliation: ST MARYS MEDICAL CENTER SAN FRANCISCO, TRI CITY MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

---

### **INTERNAL MEDICINE**

#### **SIRIPHAND, CHRISTOPHER**





*Provider ID: 311445*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1891258596*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **INTERNAL MEDICINE**

#### **SMITH, CHELSEY**

*Provider ID: 239920*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 *Phone: (858) 657-6110*  
 *After Hours Phone: (858) 657-6110*  
*Provider Gender: Female*  
*NPI: 1013264506*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*

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## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### INTERNAL MEDICINE

---


**TANTISIRA, LALITA**

Provider ID: 275927

Board Certified Specialty: No

UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1508874298

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Thai

Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

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

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### 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

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### INTERNAL MEDICINE

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**THOMAS, ROBERT**


Provider ID: 238929

Board Certified Specialty: Yes

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1053765909

 Provider English Spoken: Y  
Cultural Competency: N

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## D. 專業提供者目錄

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

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## D. 專業提供者目錄

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

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### 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

---

#### 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):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: UCSD Medical Group</p>	<hr/> <p><b>INTERNAL MEDICINE</b></p> <hr/> <p><b>CRITICAL CARE MEDICINE</b></p> <hr/> <p><b>AKUTHOTA, PRAVEEN</b></p> <p>Provider ID: 311490</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p> 200 W ARBOR DR SAN DIEGO, CA 92103</p> <p> Phone: (619) 471-9186</p> <p>Fax: (619) 543-8255</p> <p> After Hours Phone: (619) 471-9186</p> <p>Provider Gender: Male</p> <p>NPI: 1396704698</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: UCSD MEDICAL CTR</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: UCSD Medical Group</p>	<p>Fax: (858) 657-6171</p> <p> After Hours Phone: (855) 355-5864</p> <p>Provider Gender: Male</p> <p>NPI: 1396704698</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: UCSD MEDICAL CTR</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: UCSD Medical Group</p>
<hr/> <p><b>INTERNAL MEDICINE</b></p> <hr/> <p><b>CRITICAL CARE MEDICINE</b></p> <hr/> <p><b>AFSHAR, KAMYAR</b></p> <p>Provider ID: 311561</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p> 200 W ARBOR DR SAN DIEGO, CA 92103</p> <p> Phone: (619) 471-9186</p> <p>Fax: (619) 543-8255</p> <p> After Hours Phone: (619) 471-9186</p> <p>Provider Gender: Male</p> <p>NPI: 1407050669</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Farsi</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: UCSD MEDICAL CTR</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: UCSD Medical Group</p>	<hr/> <p><b>INTERNAL MEDICINE</b></p> <hr/> <p><b>CRITICAL CARE MEDICINE</b></p> <hr/> <p><b>AKUTHOTA, PRAVEEN</b></p> <p>Provider ID: 311491</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p> 4520 EXECUTIVE DR STE 2 SAN DIEGO, CA 92121</p> <p> Phone: (855) 355-5864</p>	<hr/> <p><b>INTERNAL MEDICINE</b></p> <hr/> <p><b>CRITICAL CARE MEDICINE</b></p> <hr/> <p><b>BARNES, LAURA</b></p> <p>Provider ID: 312185</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p> 4510 EXECUTIVE DR SAN DIEGO, CA 92121</p> <p> Phone: (800) 926-8273</p> <p>Fax: (888) 539-8781</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female</p> <p>NPI: 1558749242</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY</p>

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## D. 專業提供者目錄

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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上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄


MEDICAL CTR, LONG BEACH  
MEMORIAL MED CTR,  
TEMECULA VALLEY HOSPITAL  
INC, SOUTHWEST  
HEALTHCARE INLAND  
VALLEY HOSPITAL, PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### INTERNAL MEDICINE CRITICAL CARE MEDICINE

**JOHN, MIRA**

Provider ID: 311590

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1013448588

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### INTERNAL MEDICINE CRITICAL CARE MEDICINE

**JOHN, MIRA**

Provider ID: 311591

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1013448588

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### INTERNAL MEDICINE CRITICAL CARE MEDICINE


**KAMDAR, BIREN**


Provider ID: 311452

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (855) 355-5864

 After Hours Phone: (855)  
355-5864

Provider Gender: Male

NPI: 1528115417

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SANTA  
MONICA UCLA MED CTR,

RONALD REAGAN UCLA MED  
CTR, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### INTERNAL MEDICINE CRITICAL CARE MEDICINE

**LIN, CHRISTINE**

Provider ID: 311558

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---

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**

#### **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**

#### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ *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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

*Board Certified Specialty: No*  
**UCSD MEDICAL GROUP**

 200 W 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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### INTERVENTIONAL CARDIOLOGY

**MA, JANET**

Provider ID: 311577

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 2131 3RD AVE  
SAN DIEGO, CA 92101

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1922454396

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### INTERVENTIONAL


### CARDIOLOGY

**MOHAMEDALI, BURHAN**

Provider ID: 309250

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 412 WASHINGTON ST  
SAN DIEGO, CA 92103


 Phone: (619) 616-2100


Fax: (619) 616-2104

 After Hours Phone: (619)  
616-2100

Provider Gender: Male

NPI: 1831393289

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Swahili

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

Adventist Health and Rideout


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY


**MOHAMEDALI, BURHAN**

Provider ID: 245577

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 292 EUCLID AVE STE 210

SAN DIEGO, CA 92114

 Phone: (619) 616-2100

Fax: (619) 616-2104

 After Hours Phone: (619)  
616-2100

Provider Gender: Male

NPI: 1831393289

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Swahili

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

Adventist Health and Rideout


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY


**SHEREV, DIMITRI**

Provider ID: 302987

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 6402 EL CAJON BLVD STE  
102

SAN DIEGO, CA 92115

 Phone: (619) 582-4490

Fax: (619) 582-4737

 After Hours Phone: (619)  
582-4490

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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: 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

---

### INTERVENTIONAL CARDIOLOGY

---

**SUDHAKAR, DEEPTHI**  
 Provider ID: 296050  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 292 EUCLID AVE STE 210 SAN DIEGO, CA 92114  
 Phone: (619) 616-2100

Fax: (619) 616-2104  
 After Hours Phone: (619) 616-2100  
 Provider Gender: Female  
 NPI: 1811307051  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Sharp Grossmont Hospital, SHARP CHULA VISTA MED CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 15\99  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

---

### INTERVENTIONAL CARDIOLOGY

---


**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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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: 272670

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1992149447

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SHARP MEMORIAL

HOSPITAL, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

### MATERNAL AND FETAL MEDICINE

#### **ADAMI, REBECCA**

Provider ID: 277179

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### 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

#### EMERUWA, UKACHI

Provider ID: 300011

Board Certified Specialty: No  
UCSD MEDICAL GROUP

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1245627421

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

 *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: 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*

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*


### 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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### 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

#### **MELBER, DORA**


Provider ID: 296998  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK


 7910 FROST ST STE 220  
 SAN DIEGO, CA 92123

 Phone: (858) 966-6710  
 After Hours Phone: (858)  
 966-6710

Provider Gender: Female

NPI: 1124413026

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Hungarian,  
 Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL



Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT


PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network, UCSD Medical Group


### MATERNAL AND FETAL MEDICINE

#### **MELBER, DORA**

Provider ID: 296989  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

 7910 FROST ST STE 430  
 SAN DIEGO, CA 92123


 Phone: (858) 966-6710  
 Fax: (858) 966-6711

 After Hours Phone: (858)  
 966-6710

Provider Gender: Female

NPI: 1124413026

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Hungarian,  
 Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes




Min/Max Age: 0\19

American Sign Language (ASL):

N






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
 者目錄中的資訊可能會更改。




## D. 專業提供者目錄

 *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: 296990*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-6710*  
*Fax: (858) 966-6711*  
 *After Hours Phone: (858) 966-6710*  
*Provider Gender: Female*  
*NPI: 1124413026*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Hungarian, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*

*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network, UCSD Medical Group*








### MATERNAL AND FETAL MEDICINE

#### **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

#### **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

#### **REIMERS, REBECCA**

*Provider ID: 294648*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**  
 7910 FROST ST STE 220




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## D. 專業提供者目錄

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

#### **REIMERS, REBECCA**





Provider ID: 294647  
 Board Certified Specialty: Yes  
 RADY CHILDRENS HEALTH NETWORK  
 3003 HEALTH CENTER DR  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-6710  
 Fax: (858) 939-4102  
 After Hours Phone: (858)

966-6710  
 Provider Gender: Female  
 NPI: 1801207634  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---

*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: 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, Sharp 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, Sharp 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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Network

### NEONATAL / PERINATAL MEDICINE

#### **CARROLL, JEANNE**


Provider ID: 205727

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH

NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5818

Fax: (858) 966-7483

 After Hours Phone: (858)  
966-5818

Provider Gender: Female

NPI: 1386928224

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### NEONATAL / PERINATAL MEDICINE


#### **DELROSARIO, PAMELA**

Provider ID: 295000

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

 Phone: (858) 966-5888

 After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1952691941

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST


HEALTHCARE INLAND  
VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### NEONATAL / PERINATAL MEDICINE


#### **FLEMING, SARAH**

Provider ID: 205645

Board Certified Specialty: No  
RADY CHILDRENS HEALTH

NETWORK

 4077 5TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 260-7046

Fax: (619) 686-3843

 After Hours Phone: (619)  
260-7046

Provider Gender: Female

NPI: 1679809826

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### NEONATAL / PERINATAL MEDICINE

#### **GLENN, TARA**

Provider ID: 283159

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5818

Fax: (858) 966-7483

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

☎ 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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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*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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### NEONATAL / PERINATAL MEDICINE

#### **MATOBA, NANA**

Provider ID: 310508

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3665 KEARNY VILLA RD  
STE 400  
SAN DIEGO, CA 92123

Phone: (858) 966-8801

Fax: (858) 966-8528

After Hours Phone: (858)  
966-8801

Provider Gender: Female

NPI: 1801952197

Provider English Spoken: Y

Provider Language(s)  
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### NEONATAL / PERINATAL MEDICINE

#### **MATOBA, NANA**

Provider ID: 297974

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

Phone: (858) 966-5888

Fax: (858) 249-5839

After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1801952197

Provider English Spoken: Y

Provider Language(s)  
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### NEONATAL / PERINATAL MEDICINE

#### **MATOBA, NANA**

Provider ID: 299894

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

#### **NETWORK**

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5888

Fax: (858) 966-7483

After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1801952197

Provider English Spoken: Y

Provider Language(s)  
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### NEONATAL / PERINATAL MEDICINE

#### **MATOBA, NANA**

Provider ID: 297975

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

4077 5TH AVE

SAN DIEGO, CA 92103

Phone: (619) 260-7046

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## D. 專業提供者目錄

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






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄




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

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 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
 者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<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>NEPHROLOGY</b></p>
<p><b>WEST, JULIE</b>            Provider ID: 297073</p>	<p><b>BALBOA NEPHROLOGY MED            GRP INC,</b>            Provider ID: 308472            IMPERIAL HEALTH HOLDINGS            MEDICAL GROUP-SD   8010 FROST ST STE 100            SAN DIEGO, CA 92123   Phone: (858) 637-4700            Fax: (858) 637-4701   After Hours Phone: (858) 637-4700            NPI: 1316997505   Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: No            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT            PROVIDER   Hours: M-F 9AM-5PM   Website: www.balboacare.com</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>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

NPI: 1467683540

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese, Mandarin  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, LAC RANCHO  
LOS AMIGOS NATIONAL  
REHAB CENTER, SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, KECK  
HOSPITAL OF USC, Los  
Angeles General Medical  
Center, KINDRED HOSPITAL  
SAN DIEGO, KINDRED  
HOSPITAL SAN DIEGO,  
SELECT SPECIALTY HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### NEPHROLOGY


#### **ZHONG, YAN**

Provider ID: 296053

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 4060 4TH AVE STE 220

SAN DIEGO, CA 92103


 Phone: (619) 299-2350

Fax: (619) 297-8379

 After Hours Phone: (619)  
299-2350

Provider Gender: Female

NPI: 1467683540

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese, Mandarin


Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, LAC RANCHO  
LOS AMIGOS NATIONAL  
REHAB CENTER, SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, KECK  
HOSPITAL OF USC, Los  
Angeles General Medical  
Center, KINDRED HOSPITAL  
SAN DIEGO, KINDRED  
HOSPITAL SAN DIEGO,  
SELECT SPECIALTY HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### NEUROLOGY


#### **BUI, JONATHAN**

Provider ID: 303227

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY FL  
4

SAN DIEGO, CA 92123

 Phone: (858) 966-5819


Fax: (858) 966-4930

 After Hours Phone: (858)  
966-5819

Provider Gender: Male

NPI: 1730247974

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish,  
Vietnamese

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### NEUROLOGY

#### **BUI, JONATHAN**

Provider ID: 206005

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

8001 FROST ST  
SAN DIEGO, CA 92123

Phone: (858) 966-5999  
Fax: (858) 966-4930

After Hours Phone: (858)  
966-5999

Provider Gender: Male

NPI: 1730247974

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### NEUROLOGY

#### COUGHLIN, DAVID

Provider ID: 304172

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1740543784

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY

#### COUGHLIN, DAVID

Provider ID: 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

#### 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

#### DOVE, KATHERINE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

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## D. 專業提供者目錄

CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND, SHARP MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### NEUROLOGY


**GUIDO-ESTRADA, NATALIE**

Provider ID: 303271

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY FL  
4

SAN DIEGO, CA 92123

 Phone: (858) 966-5819

Fax: (858) 966-4930

 After Hours Phone: (858)  
966-5819

Provider Gender: Female

NPI: 1528353521

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### NEUROLOGY


**GUNDOGDU, MELEK**

Provider ID: 201623

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103


 Phone: (619) 543-3500

 After Hours Phone: (619)  
543-3500

Provider Gender: Female

NPI: 1437253671

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Turkish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### NEUROLOGY

**HANNAWI, ANDREW**

Provider ID: 283154

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5999

Fax: (858) 576-8412

 After Hours Phone: (858)  
966-5999

Provider Gender: Male

NPI: 1194179135

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER




















 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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## D. 專業提供者目錄

<hr/> <b>NEUROLOGY</b> <hr/> <b>HEADLEY, ALISON</b> Provider ID: 311599 Board Certified Specialty: No UCSD MEDICAL GROUP  6655 ALVARADO RD SAN DIEGO, CA 92120  Phone: (800) 926-8273 Fax: (888) 539-8781  After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1386007383  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Website: N/A IPA: UCSD Medical Group	 Phone: (800) 926-8273 Fax: (888) 539-8781  After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1386007383  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group	Hospital Affiliation: UCSD LA JOLLA 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
<hr/> <b>NEUROLOGY</b> <hr/> <b>HEADLEY, ALISON</b> Provider ID: 311598 Board Certified Specialty: No UCSD MEDICAL GROUP  4510 EXECUTIVE DR STE 325 SAN DIEGO, CA 92121	<hr/> <b>NEUROLOGY</b> <hr/> <b>IRAGUIMADOZ, VICENTE</b> Provider ID: 311468 Board Certified Specialty: No UCSD MEDICAL GROUP  4510 EXECUTIVE DR SAN DIEGO, CA 92121  Phone: (800) 926-8273 Fax: (888) 539-8781  After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1053326710  Provider English Spoken: Y Cultural Competency: N	<hr/> <b>NEUROLOGY</b> <hr/> <b>IRAGUIMADOZ, VICENTE</b> Provider ID: 304154 Board Certified Specialty: No UCSD MEDICAL GROUP  6655 ALVARADO RD SAN DIEGO, CA 92120  Phone: (800) 926-8273 Fax: (888) 539-8781  After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1053326710  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *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: 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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#### **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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#### **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*

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## D. 專業提供者目錄




<b>NEUROLOGY</b>		
<p><b>KANSAL, LEENA</b>            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</p>	<p>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</p>	<p> 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</p>
<b>NEUROLOGY</b>		
<p><b>KHAMISHON, BORIS</b>            Provider ID: 269923            Board Certified Specialty: No            COMMUNITY CARE IPA LLC   6699 ALVARADO RD STE 2301            SAN DIEGO, CA 92120   Phone: (619) 582-2595</p>	<p><b>KIMMCMANUS, OLIVIA</b>            Provider ID: 303229            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK   3030 CHILDRENS WAY FL 4            SAN DIEGO, CA 92123   Phone: (858) 966-5819            Fax: (858) 966-4930   After Hours Phone: (858) 966-5819            Provider Gender: Female            NPI: 1174870067</p>	<p><b>LAVERTY, CHAMINDRA</b>            Provider ID: 303258            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK   3030 CHILDRENS WAY FL 4            SAN DIEGO, CA 92123   Phone: (858) 966-5819            Fax: (858) 966-4930   After Hours Phone: (858) 966-5819            Provider Gender: Female            NPI: 1538320395   Provider English Spoken: Y            Cultural Competency: N</p>
<b>NEUROLOGY</b>		

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## D. 專業提供者目錄






Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):



N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network

### NEUROLOGY








#### LEE, DAVID

Provider ID: 311572  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1871884130  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Korean  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group






### NEUROLOGY

#### LEE, DAVID

Provider ID: 304198  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1871884130  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Korean  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group


### NEUROLOGY

#### LEE, DAVID

Provider ID: 246263  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1871884130  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Korean  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### NEUROLOGY

#### LONGARDNER, KATHERINE

Provider ID: 304197  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120

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## D. 專業提供者目錄

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

🕒 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1801215926

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A  
IPA: UCSD Medical Group

### NEUROLOGY

#### **LONGARDNER, KATHERINE**

Provider ID: 268346  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

🕒 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1801215926

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY

#### **PASSIAK, BRITTANY**

Provider ID: 311209  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5999  
Fax: (858) 576-8412

🕒 After Hours Phone: (858) 966-5999

Provider Gender: Female  
NPI: 1467949693

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### NEUROLOGY

#### **PASSIAK, BRITTANY**

Provider ID: 311208  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

📍 3030 CHILDRENS WAY FL  
4

SAN DIEGO, CA 92123

☎ Phone: (858) 966-5819  
Fax: (858) 966-4930

🕒 After Hours Phone: (858) 966-5819

Provider Gender: Female  
NPI: 1467949693

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

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## D. 專業提供者目錄



<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>
<b>NEUROLOGY</b>		
<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>	<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>
<b>NEUROLOGY</b>		
<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>RIGGINS, NINA</b>            Provider ID: 285968            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>4510 EXECUTIVE DR STE            325            SAN DIEGO, CA 92121            Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800)</p>	<p>926-8273            Provider Gender: Female            NPI: 1568655264</p> <p>Provider English Spoken: Y            Provider Language(s) Spoken: Russian            Cultural Competency: N</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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. 專業提供者目錄

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
☎ Phone: (800) 926-8273  
🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1255862041

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A  
IPA: UCSD Medical Group

### NEUROLOGY

#### SCHORR, EMILY

Provider ID: 305020

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
☎ Phone: (800) 926-8273  
🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1255862041

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A  
IPA: UCSD Medical Group

### NEUROLOGY

#### 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

#### SHIH, JERRY

Provider ID: 311470

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (619) 543-3500  
Fax: (619) 543-6806

🕒 After Hours Phone: (619)  
543-3500

Provider Gender: Male  
NPI: 1790774156

🗨 Provider English Spoken: Y  
🗨 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A  
IPA: UCSD Medical Group

### NEUROLOGY

#### SHIH, JERRY

Provider ID: 311473

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
☎ Phone: (800) 926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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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

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### NEUROLOGY

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#### 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

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### 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

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### NEUROLOGY

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#### 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

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### NEUROLOGY

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請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **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

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## D. 專業提供者目錄

**PROVIDER**  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### **NEUROLOGY**









#### **ZIMBRIC, MICHAEL**

Provider ID: 303284  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 4  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5819  
 Fax: (858) 966-4930  
 After Hours Phone: (858) 966-5819  
 Provider Gender: Male  
 NPI: 1487819546  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: French  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

 Website: N/A  
 IPA: Rady Childrens Health Network

### **NEUROLOGY CHILD**









#### **GRAVES, JENNIFER**

Provider ID: 261037  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 NPI: 1992849863  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSF Medical Center At Mission Bay, UCSF MEDICAL CENTER AT MOUNT ZION, UCSF MEDICAL CENTER, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: Rady Childrens Health Network

### **NEUROLOGY CHILD**

#### **GUIDO-ESTRADA, NATALIE**

Provider ID: 205825  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 8001 FROST ST  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5999  
 Fax: (858) 966-4930  
 After Hours Phone: (858) 966-5999  
 Provider Gender: Female  
 NPI: 1528353521  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### **NEUROLOGY CHILD**

#### **SAHAGIAN, MICHELLE**


Provider ID: 206074

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

*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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W 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)


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄







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**


**DELCore, LAURA**  
Provider ID: 291329  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1790128759  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**DELCore, LAURA**  
Provider ID: 291330  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1790128759  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**DELCore, LAURA**  
Provider ID: 291326  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111  
 Phone: (800) 926-8273

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## D. 專業提供者目錄

---

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---

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

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### **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

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### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

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## D. 專業提供者目錄

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. 專業提供者目錄

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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。





## D. 專業提供者目錄



---

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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄


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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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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

---


### OBSTETRICS / GYNECOLOGY

#### PICKETT, CHARLOTTE

Provider ID: 299982

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1447530696

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): UCSD MEDICAL GROUP

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### OBSTETRICS / GYNECOLOGY


### PICKETT, CHARLOTTE

Provider ID: 299978

Board Certified Specialty: No

UCSD MEDICAL GROUP

 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1447530696

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### OBSTETRICS / GYNECOLOGY


#### PICKETT, CHARLOTTE

Provider ID: 299979

Board Certified Specialty: No

UCSD MEDICAL GROUP

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

---

NPI: 1447530696

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### OBSTETRICS / GYNECOLOGY

#### PICKETT, CHARLOTTE

Provider ID: 299980

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6030 VILLAGE WAY  
SAN DIEGO, CA 92130

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1447530696

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None


American Sign Language (ASL):  
N

 Accessibility: CONTACT

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請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

**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. 專業提供者目錄




*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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/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): Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄


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. 專業提供者目錄

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):  Hours: M-F 8AM-5PM

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

IPA: Rady Childrens Health  
Network


### **OPHTHALMOLOGY**

#### **CAMP, ANDREW**


Provider ID: 260020

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 7910 FROST ST STE 200  
SAN DIEGO, CA 92123


 Phone: (858) 309-7702

Fax: (858) 966-7403

 After Hours Phone: (858)  
309-7702

Provider Gender: Male

NPI: 1326300377


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON, RADY


CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### **OPHTHALMOLOGY**

#### **GUALTIERI, CHRISTOPHER**

Provider ID: 252313

Board Certified Specialty: Yes  
COMMUNITY CARE IPA LLC

 3969 4TH AVE STE 300  
SAN DIEGO, CA 92103

 Phone: (619) 688-2648

Fax: (619) 688-2626

 After Hours Phone: (619)  
688-2648

Provider Gender: Male

NPI: 1790769156

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 6\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### **OPHTHALMOLOGY**

#### **HENNEIN, LAUREN**

Provider ID: 297011


Board Certified Specialty: No  
RADY CHILDRENS HEALTH

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## D. 專業提供者目錄

### NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 309-7702

Fax: (858) 966-7403

 After Hours Phone: (858)  
309-7702

Provider Gender: Female

NPI: 1699216010

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### OPHTHALMOLOGY

#### HENNEIN, LAUREN

Provider ID: 297009

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 309-7702

Fax: (858) 966-7403

 After Hours Phone: (858)

309-7702

Provider Gender: Female

NPI: 1699216010

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### OPHTHALMOLOGY


#### HUYNH, PAUL

Provider ID: 245200

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 4844 UNIVERSITY AVE STE  
A

SAN DIEGO, CA 92105

 Phone: (619) 283-1303


Fax: (619) 283-1666

 After Hours Phone: (619)  
283-1303

Provider Gender: Male

NPI: 1871577056

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog,

Vietnamese

Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OPHTHALMOLOGY


#### HUYNH, PAUL

Provider ID: 295645

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4844 UNIVERSITY AVE STE  
A

SAN DIEGO, CA 92105

 Phone: (619) 283-1303


Fax: (619) 283-1666

 After Hours Phone: (619)  
283-1303

Provider Gender: Male

NPI: 1871577056

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog,  
Vietnamese

Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

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**


#### **KLING, 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

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## D. 專業提供者目錄







### UCSD MEDICAL GROUP

 200 W 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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Provider Gender: Male  
NPI: 1497792220  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
PALOMAR MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network, UCSD Medical Group

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### **OPHTHALMOLOGY**

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**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

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### **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

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### **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

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### **OPHTHALMOLOGY**

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**PUIG LLANO, MANUEL**  
Provider ID: 299964  
Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### 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,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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):

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### 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):

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8:30AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### OPTOMETRIST

**AOTO, KIM**

Provider ID: 268718

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

 Phone: (858) 565-8822

Fax: (858) 565-2449

 After Hours Phone: (858)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

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  
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**

#### **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**

#### **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**

#### **KIM, PHILIP**

Provider ID: 287910  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 4060 4TH AVE STE 610

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## D. 專業提供者目錄

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: 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

**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

**VO, ANDREW**  
Provider ID: 304147  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1790291565  
🗣 Provider English Spoken: Y  
🗣 Provider Language(s) Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### OPTOMETRIST

**VO, ANDREW**  
Provider ID: 201312  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 200 W ARBOR DR STE 101  
SAN DIEGO, CA 92103  
☎ Phone: (619) 543-7907  
🕒 After Hours Phone: (619) 543-7907  
Provider Gender: Male  
NPI: 1790291565  
🗣 Provider English Spoken: Y  
🗣 Provider Language(s) Spoken: Vietnamese


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## D. 專業提供者目錄

*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **OPTOMETRIST**


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#### **YU, CAROL**

*Provider ID: 301683*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*  
*NPI: 1639697451*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Chinese*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*  
*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*

#### **PROVIDER**

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **OPTOMETRIST**


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#### **YU, CAROL**

*Provider ID: 301680*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*  
*NPI: 1639697451*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Chinese*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*  
*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **OPTOMETRIST**

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#### **YU, CAROL**

*Provider ID: 301684*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 16950 VIA TAZON


SAN DIEGO, CA 92127

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*  
*NPI: 1639697451*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Chinese*


*Cultural Competency: N*

*Hospital Affiliation: UCSD*  
*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **ORAL MAXILLOFACIAL**

---

#### **SURGEON**

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#### **DENTICO-OLIN, MARC**

*Provider ID: 304727*

*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH*  
*NETWORK*

 2878 CAMINO DEL RIO S  
STE 210

SAN DIEGO, CA 92108

 *Phone: (619) 298-2200*

*Fax: (619) 298-2250*

 *After Hours Phone: (619)*  
*298-2200*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<p style="text-align: center;"><b>OTOLARYNGOLOGY</b></p> <p><b>CALIFANO, JOSEPH</b>            Provider ID: 299462            Board Certified Specialty: No            UCSD MEDICAL GROUP   8899 UNIVERSITY CENTER LN            SAN DIEGO, CA 92122   Phone: (800) 926-8273            Fax: (888) 539-8781   After Hours Phone: (800) 926-8273            Provider Gender: Male            NPI: 1881652972   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSD            MEDICAL CTR            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: UCSD Medical Group</p>	<p> 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</p>	<p>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</p>
<p style="text-align: center;"><b>OTOLARYNGOLOGY</b></p> <p><b>CALIFANO, JOSEPH</b>            Provider ID: 299461            Board Certified Specialty: No            UCSD MEDICAL GROUP   16950 VIA TAZON            SAN DIEGO, CA 92127   Phone: (800) 926-8273            Fax: (888) 539-8781</p>	<p style="text-align: center;"><b>OTOLARYNGOLOGY</b></p> <p><b>CARVALHO, DANIELA</b>            Provider ID: 272557            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK   3030 CHILDRENS WAY FL 1            SAN DIEGO, CA 92123   Phone: (858) 309-7701            Fax: (858) 966-8038   After Hours Phone: (858) 309-7701            Provider Gender: Female            NPI: 1154492916   Provider English Spoken: Y   Provider Language(s) Spoken: French, Spanish            Cultural Competency: N            Hospital Affiliation: RADY            CHILDRENS HOSPITAL SAN            CHILDRENS HOSPITAL SAN</p>	<p style="text-align: center;"><b>OTOLARYNGOLOGY</b></p> <p><b>CARVALHO, DANIELA</b>            Provider ID: 205628            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK   3030 CHILDRENS WAY STE 109            SAN DIEGO, CA 92123   Phone: (858) 309-7702   After Hours Phone: (858) 309-7702            Provider Gender: Female            NPI: 1154492916   Provider English Spoken: Y   Provider Language(s) Spoken: French, Spanish            Cultural Competency: N            Hospital Affiliation: RADY            CHILDRENS HOSPITAL SAN            DIEGO, SCRIPPS MEMORIAL            HOSPITAL, SHARP MEMORIAL            HOSPITAL</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### OTOLARYNGOLOGY

#### **CATES, DANIEL**

Provider ID: 311486

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9333 GENESEE AVE  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1821352907


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A


IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **CHANG, EDWARD**

Provider ID: 309535

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 5405 OBERLIN DR FL 2  
SAN DIEGO, CA 92121

 Phone: (858) 909-0770

Fax: (858) 909-0880

 After Hours Phone: (858)  
909-0770

Provider Gender: Male

NPI: 1528146008


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### OTOLARYNGOLOGY

#### **COFFEY, CHARLES**

Provider ID: 299582

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1932297330

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


#### **COFFEY, CHARLES**

Provider ID: 299583

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1932297330

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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## D. 專業提供者目錄

American Sign Language (ASL): Provider ID: 299569

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **COFFEY, CHARLES**


Provider ID: 299579

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-6631

Fax: (619) 471-0656

 After Hours Phone: (619)  
543-6631

Provider Gender: Male

NPI: 1932297330

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS


GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **DECONDE, ADAM**

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1588988919

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **DECONDE, ADAM**

Provider ID: 299568


Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1588988919

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **DECONDE, ADAM**

Provider ID: 299567

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1588988919

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

**PROVIDER**  
 Website: N/A  
IPA: UCSD Medical Group




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### **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

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### **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

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### **OTOLARYNGOLOGY**

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#### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

---

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### OTOLARYNGOLOGY

**GILANI, SAPIDEH**


Provider ID: 299559

Board Certified Specialty: No


UCSD MEDICAL GROUP

 16950 VIA TAZON

SAN DIEGO, CA 92127


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1003825571

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### OTOLARYNGOLOGY

**GREENE, JACQUELINE**


Provider ID: 298396

Board Certified Specialty: No

UCSD MEDICAL GROUP

 16950 VIA TAZON

SAN DIEGO, CA 92127


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1144583931

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### OTOLARYNGOLOGY

**GREENE, JACQUELINE**

Provider ID: 298397

Board Certified Specialty: No

UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1144583931

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### OTOLARYNGOLOGY

**GREENE, JACQUELINE**

Provider ID: 272959

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1144583931

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes




Min/Max Age: 0\None

American Sign Language (ASL):

N

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## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


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### OTOLARYNGOLOGY

#### **HARRIS, JEFFREY**

*Provider ID: 299576*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1417988783*


 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### OTOLARYNGOLOGY

#### **HARRIS, JEFFREY**

*Provider ID: 299575*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1417988783*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### OTOLARYNGOLOGY

#### **HOM, DAVID**


*Provider ID: 299514*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 16950 VIA TAZON  
SAN DIEGO, CA 92127


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1659305027*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*


---


### OTOLARYNGOLOGY

#### **HOM, DAVID**

*Provider ID: 299515*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1659305027*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Yes*

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## D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 301052

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### 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

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### OTOLARYNGOLOGY

#### **HUSSEMAN, JACOB**

Provider ID: 301052

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1124034053

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL

ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### 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

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### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### OTOLARYNGOLOGY





#### **KARI, ELINA**




Provider ID: 299446  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER  
 LN  
 SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1780860536  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 CHILDRENS HOSP OF LOS  
 ANGELES, PIH HEALTH  
 HOSPITAL - WHITTIER, UCSD  
 LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
 CTR, RADY CHILDRENS  
 HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network, UCSD Medical Group

### OTOLARYNGOLOGY





#### **KARI, ELINA**

Provider ID: 299443  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-6631  
 After Hours Phone: (619)  
 543-6631  
 Provider Gender: Female  
 NPI: 1780860536  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 CHILDRENS HOSP OF LOS  
 ANGELES, PIH HEALTH  
 HOSPITAL - WHITTIER, UCSD  
 LA JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR, RADY CHILDRENS  
 HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network, UCSD Medical Group

























### OTOLARYNGOLOGY

#### **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):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
 者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Rady Childrens Health Network, UCSD Medical Group</i></p> <hr/> <p><b>OTOLARYNGOLOGY</b></p> <p><b>LEUIN, SHELBY</b></p> <p><i>Provider ID: 272637</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) 309-7701</i></p> <p><i>Fax: (858) 966-8038</i></p> <p> <i>After Hours Phone: (858) 309-7701</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1124230909</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, 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 PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Rady Childrens Health</i></p>	<p><i>Network</i></p> <hr/> <p><b>OTOLARYNGOLOGY</b></p> <p><b>MAGIT, ANTHONY</b></p> <p><i>Provider ID: 272767</i></p> <p><i>Board Certified Specialty: Yes</i></p> <p><i>RADY CHILDRENS HEALTH NETWORK</i></p> <p> 3030 CHILDRENS WAY FL 1 SAN DIEGO, CA 92123</p> <p> <i>Phone: (855) 309-7701</i></p> <p><i>Fax: (858) 966-4062</i></p> <p> <i>After Hours Phone: (855) 309-7701</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1891858379</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, PIONEERS MEMORIAL HOSPITAL</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 9AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Rady Childrens Health Network, UCSD Medical Group</i></p> <hr/> <p><b>OTOLARYNGOLOGY</b></p> <p><b>MAGIT, ANTHONY</b></p>	<p><i>Provider ID: 299482</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: 1891858379</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, PIONEERS MEMORIAL HOSPITAL</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Rady Childrens Health Network, UCSD Medical Group</i></p> <hr/> <p><b>OTOLARYNGOLOGY</b></p> <p><b>MAGIT, ANTHONY</b></p> <p><i>Provider ID: 299481</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>
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請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1891858379

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
PIONEERS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### OTOLARYNGOLOGY

#### **MAGIT, ANTHONY**

Provider ID: 299480

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1891858379

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
PIONEERS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

♿ 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: 299592

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1669630653

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **MATSUOKA, AKIHIRO**

Provider ID: 299591

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 8899 UNIVERSITY CENTER

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## D. 專業提供者目錄

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

**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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **OTOLARYNGOLOGY**

---

#### **VAHABZADEH-HAGH, ANDREW**

*Provider ID: 299508*

*Board Certified Specialty: No UCSD MEDICAL GROUP*

 8899 UNIVERSITY CENTER LN

SAN DIEGO, CA 92122

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1346506920*

 *Provider English Spoken: Y Cultural Competency: N*

*Hospital Affiliation: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **OTOLARYNGOLOGY**

---


#### **VAHABZADEH-HAGH, ANDREW**

*Provider ID: 299507*

*Board Certified Specialty: No UCSD MEDICAL GROUP*

 16950 VIA TAZON

SAN DIEGO, CA 92127

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1346506920*

 *Provider English Spoken: Y Cultural Competency: N*


*Hospital Affiliation: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **OTOLARYNGOLOGY**

---


#### **WATSON, DEBORAH**

*Provider ID: 299641*

*Board Certified Specialty: No UCSD MEDICAL GROUP*

 16950 VIA TAZON

SAN DIEGO, CA 92127

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1346270816*

 *Provider English Spoken: Y Cultural Competency: N*


*Hospital Affiliation: SCRIPPS GREEN HOSPITAL, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **OTOLARYNGOLOGY**

---


#### **WATSON, DEBORAH**

*Provider ID: 299642*

*Board Certified Specialty: No UCSD MEDICAL GROUP*

 8899 UNIVERSITY CENTER LN

SAN DIEGO, CA 92122

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1346270816*



 *Provider English Spoken: Y*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。








## D. 專業提供者目錄



*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS GREEN HOSPITAL, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### OTOLARYNGOLOGY





#### **WATSON, DEBORAH**

*Provider ID: 299639*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (619) 543-6631*  
 *After Hours Phone: (619) 543-6631*  
*Provider Gender: Female*  
*NPI: 1346270816*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS GREEN HOSPITAL, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### OTOLARYNGOLOGY

#### **WEISSBROD, PHILIP**




*Provider ID: 299615*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 8899 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1366590853*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### OTOLARYNGOLOGY

#### **WEISSBROD, PHILIP**

*Provider ID: 299610*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 200 W ARBOR DR STE 505  
SAN DIEGO, CA 92103  
 *Phone: (858) 657-8590*  
 *After Hours Phone: (858) 657-8590*

*Provider Gender: Male*  
*NPI: 1366590853*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### OTOLARYNGOLOGY

#### **WEISSBROD, PHILIP**

*Provider ID: 299614*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1366590853*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **OTOLARYNGOLOGY**

#### **YAN, CAROL**

Provider ID: 298412


Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1619237260

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N


Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER

PACKARD CHILDRENS HOSP,  
UCSD LA JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  Website: N/A  
IPA: UCSD Medical Group

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**


#### **YAN, CAROL**

Provider ID: 298413

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1619237260

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER

PACKARD CHILDRENS HOSP,  
UCSD LA JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A  
IPA: UCSD Medical Group


### **OTOLARYNGOLOGY**

#### **YAN, CAROL**

Provider ID: 298414

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1619237260

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER


PACKARD CHILDRENS HOSP,  
UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **PATHOLOGY ANATOMIC**

#### **FADARE, OLUWOLE**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider ID: 275705  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (619) 543-5764  
Fax: (619) 543-5249

After Hours Phone: (619)  
543-5764

Provider Gender: Male  
NPI: 1619955804

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
Website: N/A

IPA: UCSD Medical Group

### **PATHOLOGY ANATOMIC**

#### **HANSEN, LAWRENCE**

Provider ID: 275767  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (619) 543-5764  
After Hours Phone: (619)  
543-5764

Provider Gender: Male  
NPI: 1760407498

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
Website: N/A

IPA: UCSD Medical Group

### **PATHOLOGY ANATOMIC**

#### **PARAST, MANA**

Provider ID: 275888  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1629163100

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
Website: N/A

IPA: UCSD Medical Group

### **PATHOLOGY ANATOMIC**

#### **WONG, RICHARD**

Provider ID: 243202  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1275084295

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON, TRI CITY  
MEDICAL CTR



Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT

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## D. 專業提供者目錄


### PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group



### PATHOLOGY ANATOMIC CLINICAL

#### ALLEN, ELIZABETH

Provider ID: 275756  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1174814065


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
UCSD MEDICAL CTR, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SCRIPPS GREEN HOSPITAL,  
SCRIPPS GREEN HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM



 Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL


#### BROOME, HELEN

Provider ID: 275720  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273


Provider Gender: Female  
NPI: 1184674145

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### BROOME, HELEN

Provider ID: 275721  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1184674145

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### BUI, JACK

Provider ID: 247581

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### UCSD MEDICAL GROUP

10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1942529821

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### BUI, JACK

Provider ID: 247580

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1942529821

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### MCKNIGHT, TRISTAN

Provider ID: 311761

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

Phone: (858) 966-6776

Fax: (858) 966-6707

After Hours Phone: (858)  
966-6776

Provider Gender: Male

NPI: 1063940567

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PATHOLOGY ANATOMIC CLINICAL

#### QUINTANA, PAULINA

Provider ID: 296765

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

Phone: (619) 266-3332

Fax: (619) 266-6000

After Hours Phone: (619)  
266-3332

Provider Gender: Female

NPI: 1164482477

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL




Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

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## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

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### PATHOLOGY ANATOMIC CLINICAL

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**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*

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### PATHOLOGY ANATOMIC

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### CLINICAL

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**SHABAIK, AHMED**  
*Provider ID: 275781*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1679521579*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR, UCSD LA*  
*JOLLA JOHN SALLY*  
*THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### PATHOLOGY ANATOMIC CLINICAL

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**SONG, WEI**  
*Provider ID: 300001*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1306164157*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### PATHOLOGY ANATOMIC CLINICAL

---

**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*

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## D. 專業提供者目錄

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### PATHOLOGY ANATOMIC CLINICAL

**VAVINSKAYA, VERA**

Provider ID: 275789

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174757181

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PATHOLOGY ANATOMIC CLINICAL

**WANG, DEHUA**

Provider ID: 289153

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123


 Phone: (858) 966-6776


Fax: (858) 966-6707

 After Hours Phone: (858)  
966-6776

Provider Gender: Female

NPI: 1578790655

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PATHOLOGY CLINICAL


**KELNER, MICHAEL**

Provider ID: 247602

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1174679849

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, EL CENTRO REGIONAL  
MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY CLINICAL

**KELNER, MICHAEL**

Provider ID: 247601

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ Phone: (800) 926-8273

🕒 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1174679849

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, EL CENTRO REGIONAL  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### PEDIATRIC ALLERGY / IMMUNOLOGY

#### **ALKATIB, RHONDA**

Provider ID: 291226

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

📍 2655 CAMINO DEL RIO N  
STE 425

SAN DIEGO, CA 92108

☎ Phone: (619) 286-6687

Fax: (619) 286-6695

🕒 After Hours Phone: (619)  
286-6687

Provider Gender: Female

NPI: 1417363086

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: UC SAN  
DIEGO HEALTH - EAST

CAMPUS MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC ALLERGY / IMMUNOLOGY

#### **COLLINS, CATHLEEN**

Provider ID: 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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。





## D. 專業提供者目錄

*DIEGO, UCSD MEDICAL CTR*  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### 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







#### **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

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## D. 專業提供者目錄

### Network

#### PEDIATRIC ALLERGY / IMMUNOLOGY


##### **GREINER, ALEXANDER**


Provider ID: 205697

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 5776 RUFFIN RD


SAN DIEGO, CA 92123


 Phone: (858) 966-4900

 After Hours Phone: (858)  
966-4900

Provider Gender: Male

NPI: 1609801299

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French, German,  
Spanish

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-12PM

 Website: N/A

IPA: Rady Childrens Health  
Network

#### PEDIATRIC ALLERGY /

#### IMMUNOLOGY


##### **LEIBEL, SYDNEY**


Provider ID: 205724

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 5776 RUFFIN RD


SAN DIEGO, CA 92123

 Phone: (858) 292-1144

 After Hours Phone: (858)  
292-1144

Provider Gender: Male

NPI: 1861666919

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network

#### PEDIATRIC ALLERGY / IMMUNOLOGY


##### **LEIBEL, SYDNEY**


Provider ID: 205725

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY FL  
2 NORTH

SAN DIEGO, CA 92123

 Phone: (858) 966-5961

 After Hours Phone: (858)  
966-5961

Provider Gender: Male

NPI: 1861666919

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


#### PEDIATRIC CARDIOLOGY

##### **BOCK, MATTHEW**

Provider ID: 280463

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903


 After Hours Phone: (858)  
966-5855

Provider Gender: Male

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## D. 專業提供者目錄


NPI: 1356514624


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: LOMA  
LINDA UNIVERSITY MED CTR,  
LOMA LINDA UNIVERSITY  
CHILDRENS HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC CARDIOLOGY

#### **BORQUEZ, ALEJANDRO**

Provider ID: 284120

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855


Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Female

NPI: 1114277787

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC CARDIOLOGY

#### **CHAU, PETER**

Provider ID: 271427

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1407146947

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: LOMA

LINDA UNIVERSITY

CHILDRENS HOSPITAL, LOMA

LINDA UNIVERSITY MED CTR,

RADY CHILDRENS HOSPITAL


SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network

### PEDIATRIC CARDIOLOGY

#### **DAVIS, CHRISTOPHER**

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1760691950

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, GROSSMONT

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19


American Sign Language (ASL):

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## D. 專業提供者目錄

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

---


### **PEDIATRIC CARDIOLOGY**

#### **DUMMER, KIRSTEN**

*Provider ID: 260595*

*Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK*

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 *Phone: (858) 966-5855*

*Fax: (858) 966-7903*

 *After Hours Phone: (858)  
966-5855*

*Provider Gender: Female*

*NPI: 1780642280*

 *Provider English Spoken: Y  
Cultural Competency: N*


*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*


---


### **PEDIATRIC CARDIOLOGY**

#### **GOLDING, IAN**

*Provider ID: 210823*

*Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK*

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 *Phone: (858) 966-5855*

*Fax: (858) 966-7903*

 *After Hours Phone: (858)  
966-5855*

*Provider Gender: Male*

*NPI: 1962974956*

 *Provider English Spoken: Y  
Cultural Competency: N*


*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*

---


### **PEDIATRIC CARDIOLOGY**

#### **GORDON, BRENT**

*Provider ID: 295391*

*Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK*

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 *Phone: (858) 966-5855*

*Fax: (858) 966-7903*

 *After Hours Phone: (858)  
966-5855*

*Provider Gender: Male*

*NPI: 1669480083*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: POMONA  
VALLEY HOSP MED CTR,*

*SANTA MONICA UCLA MED  
CTR, SAN ANTONIO COMM*

*HOSP, LOMA LINDA*

*UNIVERSITY CHILDRENS  
HOSPITAL, LOMA LINDA*

*UNIVERSITY MED CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*

---


### **PEDIATRIC CARDIOLOGY**

#### **HALEY, JESSICA**

*Provider ID: 205687*

*Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK*

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 *Phone: (858) 966-5855*

*Fax: (858) 966-7903*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ *After Hours Phone: (858) 966-5855*

*Provider Gender: Female*

*NPI: 1023329885*

🗨 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: Rady Childrens Health Network*

### **PEDIATRIC CARDIOLOGY**

#### **JUSTINO, HENRI**

*Provider ID: 284123*

*Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK*

📍 *3020 CHILDRENS WAY SAN DIEGO, CA 92123*

☎ *Phone: (858) 966-5855*  
*Fax: (858) 966-7903*

☎ *After Hours Phone: (858) 966-5855*

*Provider Gender: Male*

*NPI: 1518036821*

🗨 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: Rady Childrens Health Network*

### **PEDIATRIC CARDIOLOGY**

#### **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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---

IPA: Rady Childrens Health Network

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### **PEDIATRIC CARDIOLOGY**

#### **NARAYAN, HARI**

Provider ID: 205349

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855  
Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1376705707

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

---


### **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

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### **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

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### **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

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## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### **PEDIATRIC CARDIOLOGY**

#### **WILLIAMS, MATTHEW**

Provider ID: 206287

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7423

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1831423250

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSF BENIOFF CHILDREN'S  
HOSPITAL OAKLAND


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **PEDIATRIC CARDIOLOGY**

#### **YOUNOSZAI, ADEL**

Provider ID: 303133

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1952493819

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **PEDIATRIC DERMATOLOGY**

#### **EICHENFIELD, DAWN**

Provider ID: 283142

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-6795

Fax: (858) 966-7479

 After Hours Phone: (858)  
966-6795

Provider Gender: Female

NPI: 1295198091

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC DERMATOLOGY**








#### **EICHENFIELD, DAWN**

Provider ID: 303679




Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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## D. 專業提供者目錄


 7910 FROST ST STE 120  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-6795  
 Fax: (858) 966-7479  
 After Hours Phone: (858)  
 966-6795  
 Provider Gender: Female  
 NPI: 1295198091  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network


### PEDIATRIC EMERGENCY MEDICINE

**AGHILI, ROXANA**  
 Provider ID: 304918  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Female






NPI: 1851927883  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi  
 Cultural Competency: N  
 Hospital Affiliation: KAISER  
 FOUNDATION HOSPITAL SAN  
 DIEGO, RADY CHILDRENS  
 HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### PEDIATRIC EMERGENCY MEDICINE

**AGHILI, ROXANA**  
 Provider ID: 303780  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 4305 UNIVERSITY AVE STE  
 150  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-2905  
 Fax: (619) 283-1614  
 After Hours Phone: (619)  
 280-2905  
 Provider Gender: Female  
 NPI: 1851927883  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Farsi  
 Cultural Competency: N  
 Hospital Affiliation: KAISER  
 FOUNDATION HOSPITAL SAN  
 DIEGO, RADY CHILDRENS  
 HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 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

**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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。







## D. 專業提供者目錄

*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **PEDIATRIC EMERGENCY MEDICINE**

#### **AMIRNOVIN, RAMBOD**

*Provider ID: 297673*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
 *Phone: (858) 966-8800*  
 *After Hours Phone: (858) 966-8800*  
*Provider Gender: Male*  
*NPI: 1629104492*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Farsi, Persian, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: CHILDRENS HOSP OF LOS ANGELES, LOMA LINDA UNIVERSITY CHILDRENS*

*HOSPITAL, LOMA LINDA UNIVERSITY MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, LONG BEACH MEMORIAL MED CTR, EARL AND LORRAINE MILLER CHILDRENS HSP*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **PEDIATRIC EMERGENCY MEDICINE**






#### **AUSTIN-PAGE, LUKAS**

*Provider ID: 205589*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
 *Phone: (858) 966-8800*  
 *After Hours Phone: (858) 966-8800*  
*Provider Gender: Male*  
*NPI: 1326301862*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: CHILDRENS HOSP OF LOS ANGELES, RADY CHILDRENS*

*HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*



### **PEDIATRIC EMERGENCY MEDICINE**



#### **BIALOSTOZKY, MARIO**




*Provider ID: 206011*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
 *Phone: (858) 966-8800*  
 *After Hours Phone: (858) 966-8800*  
*Provider Gender: Male*  
*NPI: 1609281450*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL, SCRIPPS*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。





## D. 專業提供者目錄

MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network






Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network








### PEDIATRIC EMERGENCY MEDICINE

**BRYL, AMY**  
 Provider ID: 205967  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 NPI: 1497079487  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY HOSPITAL,  
 UCSF BENIOFF CHILDREN'S  
 HOSPITAL OAKLAND,  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL,  
 RADY CHILDRENS HOSPITAL  
 SAN DIEGO

### PEDIATRIC EMERGENCY MEDICINE

**CAMPBELL, SARA**  
 Provider ID: 206335  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 NPI: 1841687563  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation:  
 CHILDRENS HOSP OF LOS  
 ANGELES, RADY CHILDRENS  
 HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

### PEDIATRIC EMERGENCY MEDICINE

**CHOO, SUN**  
 Provider ID: 296535  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 NPI: 1700047628  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<b><u>PEDIATRIC EMERGENCY MEDICINE</u></b>
<b>CHOO, SUN</b> 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

<b><u>PEDIATRIC EMERGENCY MEDICINE</u></b>
<b>CONRAD, HEATHER</b>

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
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<b><u>PEDIATRIC EMERGENCY MEDICINE</u></b>

<b>CRAWFORD, MICHAEL</b> 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
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<b><u>PEDIATRIC EMERGENCY MEDICINE</u></b>
<b>CRAWFORD, MICHAEL</b> Provider ID: 311159 Board Certified Specialty: No RADY CHILDRENS HEALTH


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### NETWORK

 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619) 280-2905

Provider Gender: Male

NPI: 1336727791

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:


CHILDRENS HOSPITAL OF ORANGE COUNTY, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### DELRE, ANGELO

Provider ID: 206081

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1275761371

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SCRIPPS MEMORIAL HOSPITAL ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE


#### DEVERA, GEMMIE


Provider ID: 288572

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY

SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1366622078

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### DO, STEPHANIE

Provider ID: 287393

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800



Provider Gender: Female




NPI: 1750513644

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## D. 專業提供者目錄

 *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*





*SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

*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

**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,*

### 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*

### PEDIATRIC EMERGENCY MEDICINE

**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*

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## D. 專業提供者目錄


 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

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### **PEDIATRIC EMERGENCY MEDICINE**

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#### **GIBONEY, JENNIFER**








*Provider ID: 205925*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-8800*  
 *After Hours Phone: (858) 966-8800*  
*Provider Gender: Female*  
*NPI: 1275895849*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network*

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### **PEDIATRIC EMERGENCY MEDICINE**

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#### **GORHAM, LAURA**








*Provider ID: 275784*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105  
 *Phone: (619) 280-2058*  
*Fax: (858) 633-4682*  
 *After Hours Phone: (619) 280-2058*  
*Provider Gender: Female*  
*NPI: 1316162324*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM SA 8AM-2PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

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### **PEDIATRIC EMERGENCY MEDICINE**

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#### **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*


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1053515551

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S

HOSPITAL OAKLAND, RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

### PEDIATRIC EMERGENCY MEDICINE

#### **INDRA, SEAN**


Provider ID: 302625


Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1427349091

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, VALLEY CHILDRENS

HOSPITAL, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health

Network

### PEDIATRIC EMERGENCY MEDICINE

#### **ISHIMINE, PAUL**


Provider ID: 206236


Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1437184421

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

### PEDIATRIC EMERGENCY MEDICINE

#### **KHAN, SHAHFAR**


Provider ID: 294094


Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1013361815

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Hindi, Urdu

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SOUTHWEST

HEALTHCARE INLAND




VALLEY HOSPITAL

Medi-Cal Open Panel: Yes







Min/Max Age: 0\19


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## D. 專業提供者目錄







American Sign Language (ASL):  Hours: SU 1PM-10PM  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

**KINGDON, JOANNA**  
 Provider ID: 302317  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-2905  
 Fax: (619) 283-1614  
 After Hours Phone: (619) 280-2905  
 Provider Gender: Female  
 NPI: 1609495399  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

Hours: SU 1PM-10PM  
 M-F 4PM-10PM  
 SA 1PM-10PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

**KRAK, MICHAEL**  
 Provider ID: 310975  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Male  
 NPI: 1063094225  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

**MCDANIEL, MICHELE**  
 Provider ID: 248071  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 NPI: 1366761959  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network, UCSD Medical Group

### PEDIATRIC EMERGENCY

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## D. 專業提供者目錄

### MEDICINE

#### **MCEVOY, ANNE**

Provider ID: 310789

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800  
Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1861888471

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE

#### **MENDES, CHANTAL**

Provider ID: 295668

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2905

Fax: (619) 283-1614

After Hours Phone: (619)  
280-2905

Provider Gender: Female

NPI: 1134681265

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE

#### **MESIWALA, ADNAN**

Provider ID: 275654

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1528483955

Provider English Spoken: Y

Provider Language(s)  
Spoken: Gujarati

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST  
HEALTHCARE INLAND  
VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE

#### **METCALF, ASHLEY**

Provider ID: 205348

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800


Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

NPI: 1073740205

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST  
HEALTHCARE INLAND  
VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE


#### **MILLS, DAVID**

Provider ID: 302146

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1194145946

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST  
HEALTHCARE INLAND  
VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE


#### **MURRAY, MATTHEW**

Provider ID: 205759

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1215103023

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE


#### **NGUYEN, 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

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上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *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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#### **NGUYEN, MARGARET**

*Provider ID: 270705*

*Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK*

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 *Phone: (858) 966-8800*

 *After Hours Phone: (858) 966-8800*

*Provider Gender: Female*

*NPI: 1942485248*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health*

*Network*

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### **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*

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### **PEDIATRIC EMERGENCY MEDICINE**


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#### **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*

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### **PEDIATRIC EMERGENCY MEDICINE**

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#### **PARK, BRIAN**

*Provider ID: 302352*

*Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Male  
 NPI: 1710418744  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SOUTHWEST  
 HEALTHCARE RANCHO  
 SPRINGS HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network







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### PEDIATRIC EMERGENCY MEDICINE

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**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

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### PEDIATRIC EMERGENCY MEDICINE

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**PARKER, SHERINE**  
 Provider ID: 311083  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

 4305 UNIVERSITY AVE STE  
 150  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-2905

Fax: (619) 283-1614  
 After Hours Phone: (619)  
 280-2905  
 Provider Gender: Female  
 NPI: 1477626513  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: GLENDALE  
 ADVENTIST MED CTR,  
 GLENDALE MEMORIAL HOSP  
 AND HEALTH CTR, TRI CITY  
 MEDICAL CTR, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, VALLEY CHILDRENS  
 HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 1PM-10PM  
 M-F 4PM-10PM  
 SA 1PM-10PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

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### PEDIATRIC EMERGENCY MEDICINE




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**PARKER, SHERINE**  
 Provider ID: 205784  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

### NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1477626513

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Spanish  
Cultural Competency: N

Hospital Affiliation: GLENDALE  
ADVENTIST MED CTR,  
GLENDALE MEMORIAL HOSP  
AND HEALTH CTR, TRI CITY  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, VALLEY CHILDRENS  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network




### PEDIATRIC EMERGENCY MEDICINE

#### **RANASURIYA, DUNISHA**

Provider ID: 216970


Board Certified Specialty: No  
RADY CHILDRENS HEALTH

### NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1740468057

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE

#### **ROBERTS, CALE**

Provider ID: 310782

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800  
Fax: (858) 966-7433

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1316430499

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network



### PEDIATRIC EMERGENCY MEDICINE

#### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Hospital 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: 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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## D. 專業提供者目錄

Provider ID: 243830  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800




Provider Gender: Female  
NPI: 1073951828


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):



N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

**SHERER, KIMBERLY**  
Provider ID: 284168  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK




 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800


Provider Gender: Female  
NPI: 1992202964  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):



N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

**SHETH, SARIKA**  
Provider ID: 248171  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK




 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800


Provider Gender: Female  
NPI: 1336503234  
 Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE
























**SOUDER, CHRISTOPHER**  
Provider ID: 301636  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800

Provider Gender: Male  
NPI: 1851540199  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND  
Medi-Cal Open Panel: No  
Min/Max Age: 0\19  
American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

N	Network	Network
<p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Rady Childrens Health Network</i></p>		
<p><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b></p>	<p><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b></p>	<p><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b></p>
<p><b>SOUDER, CHRISTOPHER</b></p> <p><i>Provider ID: 301635</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>RADY CHILDRENS HEALTH NETWORK</i></p> <p> 3030 CHILDRENS WAY FL 3 SAN DIEGO, CA 92123</p> <p> <i>Phone: (858) 966-6789</i></p> <p><i>Fax: (858) 966-6706</i></p> <p> <i>After Hours Phone: (858) 966-6789</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1851540199</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND</i></p> <p><i>Medi-Cal Open Panel: No</i></p> <p><i>Min/Max Age: 0\19</i></p> <p><i>American Sign Language (ASL): N</i></p>	<p><b>TAMAS, VANESSA</b></p> <p><i>Provider ID: 206212</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>RADY CHILDRENS HEALTH NETWORK</i></p> <p> 3020 CHILDRENS WAY SAN DIEGO, CA 92123</p> <p> <i>Phone: (858) 576-1700</i></p> <p> <i>After Hours Phone: (858) 576-1700</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1326225368</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, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, CHILDRENS HOSP OF LOS ANGELES, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL</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><b>TANG, ANDREW</b></p> <p><i>Provider ID: 294677</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>RADY CHILDRENS HEALTH NETWORK</i></p> <p> 3020 CHILDRENS WAY SAN DIEGO, CA 92123</p> <p> <i>Phone: (858) 966-8800</i></p> <p> <i>After Hours Phone: (858) 966-8800</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1184071516</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, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL</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>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: Rady Childrens Health</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: Rady Childrens Health</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: Rady Childrens Health Network</i></p> <p style="text-align: center;"><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

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### **TODD, SARAH**

Provider ID: 302800

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619)  
280-2905

Provider Gender: Female

NPI: 1407299787

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO, UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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**PEDIATRIC EMERGENCY**  
**MEDICINE**


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### **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

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**PEDIATRIC EMERGENCY**  
**MEDICINE**

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### **ULRICH, STACEY**

Provider ID: 205847

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。





## D. 專業提供者目錄

SAN DIEGO, CA 92123  
 Phone: (858) 966-8036  
 After Hours Phone: (858) 966-8036  
Provider Gender: Female  
NPI: 1619049236  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE





#### **VAIDYA, KAMALA**



Provider ID: 205811  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105  
 Phone: (619) 280-2905  
Fax: (619) 283-1614  
 After Hours Phone: (619) 280-2905  
Provider Gender: Female

NPI: 1083840920  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM  
 Website: N/A  
IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

#### **VAIDYA, KAMALA**




Provider ID: 205809  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800  
Provider Gender: Female  
NPI: 1083840920  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN

DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: Rady Childrens Health Network



### PEDIATRIC EMERGENCY MEDICINE

#### **VANE, JACKSON**

Provider ID: 205883  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK



 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800

Provider Gender: Male  
NPI: 1952608580

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER








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## D. 專業提供者目錄

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network








### PEDIATRIC EMERGENCY MEDICINE

#### **VANWOY, LAUREN**

Provider ID: 301574  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800  
Provider Gender: Female  
NPI: 1568959161  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: No  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: Rady Childrens Health Network







### PEDIATRIC EMERGENCY MEDICINE

#### **VARGAS, JACLYN**

Provider ID: 285935  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
 3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123  
 Phone: (858) 576-1700  
Fax: (858) 966-8479  
 After Hours Phone: (858) 576-1700  
Provider Gender: Female  
NPI: 1619359718  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, Los Angeles General Medical Center, 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


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## D. 專業提供者目錄

### NETWORK

 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619) 280-2905

Provider Gender: Female

NPI: 1619359718


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, Los Angeles General Medical Center, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### 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

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## D. 專業提供者目錄

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







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## D. 專業提供者目錄

 *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*

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## D. 專業提供者目錄

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


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## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

<p><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><b><u>PEDIATRIC</u></b> <b><u>GASTROENTEROLOGY</u></b></p>	<p><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><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>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

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## D. 專業提供者目錄

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC HEMATOLOGY / ONCOLOGY

#### **BRIGGS, BENJAMIN**


Provider ID: 274689

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH NETWORK

 3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Male

NPI: 1952695777

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, NAVAL MEDICAL CTR  
SD RBE

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC HEMATOLOGY / ONCOLOGY


#### **BUSH, KELLY**

Provider ID: 274408

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3010 CHILDRENS WAY STE  
2

SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1073831079

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC HEMATOLOGY / ONCOLOGY


#### **CHOO, SUN**

Provider ID: 206115

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3010 CHILDRENS WAY STE  
2-WEST

SAN DIEGO, CA 92123


 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1700047628


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC HEMATOLOGY / ONCOLOGY

#### **DING, HILDA**

Provider ID: 206173

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## D. 專業提供者目錄

*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. 專業提供者目錄

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, 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

**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

**LIU, ANGELA**

Provider ID: 310982


Board Certified Specialty: No  
RADY CHILDRENS HEALTH

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## D. 專業提供者目錄

### NETWORK

 3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123


 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1598150450

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC HEMATOLOGY / ONCOLOGY


#### SRIDHAR, SUNITA

Provider ID: 302088

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH  
NETWORK

 3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123

 Phone: (858) 966-5811


Fax: (858) 966-8035

 After Hours Phone: (858)

966-5811

Provider Gender: Female

NPI: 1649707365

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

### PEDIATRIC HEMATOLOGY / ONCOLOGY


#### WONG, VICTOR

Provider ID: 206149

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

 3010 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Male

NPI: 1154692473

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network


### PEDIATRIC HEMATOLOGY / ONCOLOGY


#### YU, JENNIFER

Provider ID: 206148

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

 3010 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1326315599

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

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## D. 專業提供者目錄

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC HEMATOLOGY / ONCOLOGY

#### **YU, HELENA**

Provider ID: 301583

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858) 966-5811

Provider Gender: Female

NPI: 1881127736

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19


American Sign Language (ASL):

N

 Accessibility: CONTACT

#### PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC HEMATOLOGY / ONCOLOGY


#### **ZAGE, PETER**

Provider ID: 206315

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3010 CHILDRENS WAY STE  
2W

SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858) 966-5811

Provider Gender: Male

NPI: 1912003161

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC INFECTIOUS DISEASES


#### **MILDER, EDMUND**

Provider ID: 289138

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123


 Phone: (858) 966-7785

Fax: (858) 966-8658

 After Hours Phone: (858) 966-7785

Provider Gender: Male

NPI: 1760460026

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC NEPHROLOGY

#### **CARTER, CAITLIN**

Provider ID: 302777

Board Certified Specialty: No

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## D. 專業提供者目錄

### **RADY CHILDRENS HEALTH NETWORK**

8110 BIRMINGHAM WAY FL 1  
SAN DIEGO, CA 92123

Phone: (858) 966-8052

Fax: (858) 966-7789

After Hours Phone: (858) 966-8052

Provider Gender: Female

NPI: 1255514618

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS GREEN

HOSPITAL, SCRIPPS MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL, UCSD

MEDICAL CTR, SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### **PEDIATRIC NEPHROLOGY**

#### **CRANE, CLARKSON**

Provider ID: 311377

Board Certified Specialty: No

### **RADY CHILDRENS HEALTH NETWORK**

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8574

Fax: (858) 966-7789

After Hours Phone: (858) 966-8574

Provider Gender: Male

NPI: 1689036436

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### **PEDIATRIC NEPHROLOGY**

#### **INGULLI, ELIZABETH**

Provider ID: 302778

Board Certified Specialty: No

### **RADY CHILDRENS HEALTH NETWORK**

8110 BIRMINGHAM WAY  
STE 28  
SAN DIEGO, CA 92123

Phone: (858) 966-8052

Fax: (858) 966-7789

After Hours Phone: (858) 966-8052

Provider Gender: Female

NPI: 1811919244

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### **PEDIATRIC NEPHROLOGY**

#### **PERENS, ELLIOT**

Provider ID: 302765

Board Certified Specialty: No

### **RADY CHILDRENS HEALTH NETWORK**

8110 BIRMINGHAM WAY FL 1  
SAN DIEGO, CA 92123

Phone: (858) 966-8052

Fax: (858) 966-7789

After Hours Phone: (858) 966-8052





Provider Gender: Male

NPI: 1922328947

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。






## D. 專業提供者目錄

 *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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **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)


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

IPA: IHP of Southern Cal-PHP


### **PEDIATRICS**

#### **BEAUCHAMP-WALTERS, JULIA**


Provider ID: 270063

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1457420713


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRICS**


#### **CAMERON, MELISSA**

Provider ID: 205965


Board Certified Specialty: No

#### **RADY CHILDRENS HEALTH NETWORK**

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1902983752

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **PEDIATRICS**

#### **CANTU, ALICIA**

Provider ID: 205752

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 966-8800

 After Hours Phone: (858)

966-8800

Provider Gender: Female

NPI: 1922179688

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRICS**


#### **CANTU, ALICIA**

Provider ID: 205753

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY STE  
300

SAN DIEGO, CA 92123

 Phone: (858) 966-8974

Fax: (858) 966-6721

 After Hours Phone: (858)  
966-8974

Provider Gender: Female

NPI: 1922179688

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

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## D. 專業提供者目錄

CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## D. 專業提供者目錄

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### **PEDIATRICS**

#### **DOSHI, AMI**


Provider ID: 205330

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY STE  
300  
SAN DIEGO, CA 92123


 Phone: (858) 966-8974


Fax: (858) 966-6721

 After Hours Phone: (858)  
966-8974

Provider Gender: Female

NPI: 1801099676

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Gujarati, Spanish  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL


CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **PEDIATRICS**

#### **EARLEY, SAMANTHA**

Provider ID: 311738

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1144647520

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRICS**


#### **GIBONEY, JENNIFER**

Provider ID: 296241

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

Fax: (858) 633-4682

 After Hours Phone: (619)  
280-2058

Provider Gender: Female

NPI: 1275895849

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-2PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health  
Network

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<b>PEDIATRICS</b>	
<b>GIBONEY, JENNIFER</b> Provider ID: 296242 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP 7011 LINDA VISTA RD SAN DIEGO, CA 92111 Phone: (858) 810-8700 Fax: (858) 633-4680 After Hours Phone: (858) 810-8700 Provider Gender: Female NPI: 1275895849 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\18 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M 8:30AM-5:30PM TU 5:30PM-8:30PM W 8:30AM-5:30PM TH 5:30PM-8:30PM F 8:30AM-5:30PM SA 9AM-4PM Website: N/A IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network	<b>GRAY, SARAH</b> 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
<b>PEDIATRICS</b>	<b>PEDIATRICS</b>
<b>HUANG, MARIA</b> 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: Male NPI: 1467847293	<b>JIMENEZBACARDI, ADRIA</b> 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: ST MARYS HOSPITAL AND MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRICS

#### **JINDAL, ANUJA**

Provider ID: 303285  
 Board Certified Specialty: Yes  
 RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 4  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5819  
 Fax: (858) 966-4930  
 After Hours Phone: (858) 966-5819  
 Provider Gender: Female  
 NPI: 1194046581  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRICS

#### **KARMAKAR, KANKA**

Provider ID: 213847  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

10737 CAMINO RUIZ STE 235  
 SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
 Fax: (858) 578-4417  
 After Hours Phone: (844) 200-2426  
 Provider Gender: Female  
 NPI: 1972536654

Provider English Spoken: Y  
 Provider Language(s) Spoken: Bengali, Hindi, Polish, Spanish, Tagalog  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\18  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Hours: M-TU 8:30AM-5:30PM  
 W 10AM-7PM  
 TH-F 8:30AM-5:30PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### PEDIATRICS

#### **KHARE, MANASWITHA**

Provider ID: 206289  
 Board Certified Specialty: Yes  
 RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5841  
 Fax: (858) 966-6728  
 After Hours Phone: (858) 966-5841  
 Provider Gender: Female  
 NPI: 1912345307

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health

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## D. 專業提供者目錄

Network

### **PEDIATRICS**

#### **LEE, BEGEM**

Provider ID: 205923

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1053672444

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRICS**

#### **LOPEZ, XIMENA**

Provider ID: 302856

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL  
4

SAN DIEGO, CA 92123

Phone: (858) 966-4032

Fax: (858) 966-6227

After Hours Phone: (858)  
966-4032

Provider Gender: Female

NPI: 1740316405

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

### **PEDIATRICS**

#### **MANNINOAVILA, ELIZABETH**

Provider ID: 262161

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1164747127

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRICS**

#### **MARANO, RACHEL**

Provider ID: 302438

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1043673528

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## D. 專業提供者目錄

*Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation:*  
**HOLLYWOOD PRESBYTERIAN**  
**MED CTR, RADY CHILDRENS**  
**HOSPITAL SAN DIEGO**  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
**N**

*Accessibility: CONTACT*  
**PROVIDER**  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health*  
*Network*

### **PEDIATRICS**

#### **MILLS, TATYANA**

*Provider ID: 310307*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH**  
**NETWORK**

3010 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-5841*  
*Fax: (858) 966-6728*  
 *After Hours Phone: (858)*  
*966-5841*

*Provider Gender: Female*  
*NPI: 1962964999*

*Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Russian*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*  
**CHILDRENS HOSPITAL SAN**

**DIEGO**  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
**N**

*Accessibility: CONTACT*  
**PROVIDER**  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health*  
*Network*

### **PEDIATRICS**

#### **MILLS, TATYANA**

*Provider ID: 310308*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH**  
**NETWORK**

3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-5841*  
*Fax: (858) 966-6728*  
 *After Hours Phone: (858)*  
*966-5841*

*Provider Gender: Female*  
*NPI: 1962964999*

*Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Russian*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*  
**CHILDRENS HOSPITAL SAN**  
**DIEGO**  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
**N**

*Accessibility: CONTACT*  
**PROVIDER**  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health*  
*Network*

### **PEDIATRICS**

#### **NGO, MAI**

*Provider ID: 302113*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH**  
**NETWORK**

3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-8974*  
*Fax: (858) 966-4051*  
 *After Hours Phone: (858)*  
*966-8974*

*Provider Gender: Female*  
*NPI: 1508910787*

*Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Vietnamese*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSF*  
**BENIOFF CHILDREN'S**  
**HOSPITAL OAKLAND, UCSF**  
**MEDICAL CENTER, RADY**  
**CHILDRENS HOSPITAL SAN**  
**DIEGO**

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL):*  
**N**

*Accessibility: CONTACT*  
**PROVIDER**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

🕒 *Hours: M-F 8AM-5PM*  
 🌐 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### PEDIATRICS

#### **NGO, MAI**

*Provider ID: 302114*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*

📍 7910 FROST ST STE 195  
 SAN DIEGO, CA 92123

☎️ *Phone: (858) 966-8974*  
*Fax: (858) 966-6721*

📞 *After Hours Phone: (858) 966-8974*

*Provider Gender: Female*  
*NPI: 1508910787*

🗣️ *Provider English Spoken: Y*  
 🗣️ *Provider Language(s) Spoken: Vietnamese*

*Cultural Competency: N*  
*Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, UCSF MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

♿️ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: Rady Childrens Health Network*

### PEDIATRICS

#### **PATEL, AARTI**

*Provider ID: 205865*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*

📍 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123

☎️ *Phone: (858) 966-5841*  
*Fax: (858) 966-6728*

📞 *After Hours Phone: (858) 966-5841*

*Provider Gender: Female*  
*NPI: 1871813105*

🗣️ *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*

*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)*



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

966-8800  
Provider Gender: Female  
NPI: 1780118018  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: Rady Childrens Health  
Network

### **PEDIATRICS**





#### **POOLE, DAVID**




Provider ID: 311153  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5841  
Fax: (858) 966-6728  
 After Hours Phone: (858)  
966-5841  
Provider Gender: Male  
NPI: 1033613765  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network

### **PEDIATRICS**








#### **RHEE, KYUNG**

Provider ID: 206114  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5841  
Fax: (858) 966-6728  
 After Hours Phone: (858)  
966-5841  
Provider Gender: Female  
NPI: 1013996529  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
PALOMAR MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network

### **PEDIATRICS**

#### **RIES, DAVID**

Provider ID: 206082  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5841  
 After Hours Phone: (858)  
966-5841  
Provider Gender: Male  
NPI: 1376705483  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network

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## D. 專業提供者目錄

### **PEDIATRICS**

#### **RUNGVIVATJARUS, TIRANUN**

Provider ID: 206319

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1407276363

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRICS**

#### **STOVER, LAURIE**

Provider ID: 206196

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5841

After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1659442317

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PHYSICAL MEDICINE / REHABILITATION**

#### **ALGRA, JEFFREY**

Provider ID: 287524

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

7910 FROST ST STE 195  
SAN DIEGO, CA 92123

Phone: (858) 966-8974

After Hours Phone: (858)  
966-8974

Provider Gender: Male

NPI: 1457664518

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PHYSICAL MEDICINE / REHABILITATION**

#### **BIFFL, SUSAN**

Provider ID: 287453

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

7910 FROST ST STE 195  
SAN DIEGO, CA 92123

Phone: (858) 966-8974

Fax: (858) 966-6721

After Hours Phone: (858)  
966-8974

Provider Gender: Female

NPI: 1366589640

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

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## D. 專業提供者目錄


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PHYSICAL MEDICINE / REHABILITATION


#### **DALAL, PRITHA**

Provider ID: 287523

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 7910 FROST ST STE 195  
SAN DIEGO, CA 92123

 Phone: (858) 966-8974

 After Hours Phone: (858) 966-8974

Provider Gender: Female

NPI: 1609017532

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PHYSICAL MEDICINE / REHABILITATION

#### **RICHARDSON, HENRY**

Provider ID: 295276

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

 Phone: (619) 325-1161

Fax: (619) 325-1717

 After Hours Phone: (619) 325-1161

Provider Gender: Male

NPI: 1407052459

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

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: 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

### PHYSICAL MEDICINE / REHABILITATION

#### **SCOTT-WYARD, PHOEBE**



Provider ID: 287519

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 7910 FROST ST STE 195  
SAN DIEGO, CA 92123




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## D. 專業提供者目錄

 Phone: (858) 966-8974  
 After Hours Phone: (858) 966-8974  
Provider Gender: Female  
NPI: 1336356203  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
CHILDRENS HOSP OF LOS ANGELES, RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): Network  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network

### PHYSICAL MEDICINE / REHABILITATION




#### **SKALSKY, ANDREW**

Provider ID: 287537  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 195  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8974  
 After Hours Phone: (858) 966-8974  
Provider Gender: Male  
NPI: 1487635272  
 Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network

### PHYSICIANS ASSISTANT







#### **AINSWORTH, DELISSA**

Provider ID: 243367  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1750734893  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
UCSD MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY

THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group


### PHYSICIANS ASSISTANT

#### **ALBRIGHT, KELSEY**

Provider ID: 284763  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 923-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 923-8273  
Provider Gender: Female  
NPI: 1235653148  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

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## D. 專業提供者目錄

 Website: N/A  
IPA: UCSD Medical Group


### **PHYSICIANS ASSISTANT**

#### **ARMEEN, GARY**

Provider ID: 247035  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1760774863

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **PHYSICIANS ASSISTANT**


#### **BERGEN, SOPHEA**

Provider ID: 295518  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP


 6719 ALVARADO RD STE

308  
SAN DIEGO, CA 92120

 Phone: (619) 265-7912  
Fax: (619) 265-7922


 After Hours Phone: (619)  
265-7912

Provider Gender: Female  
NPI: 1558300665

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER, SCRIPPS  
MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
UC SAN DIEGO HEALTH -  
EAST CAMPUS MEDICAL  
CENTER

Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: IHP of Southern Cal-PHP

### **PHYSICIANS ASSISTANT**

#### **BOYD, LISA**

Provider ID: 217649  
Board Certified Specialty: No  
UCSD MEDICAL GROUP


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)


926-8273

Provider Gender: Female  
NPI: 1871859421

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **PHYSICIANS ASSISTANT**

#### **BRUECKNER, TAMMIE**


Provider ID: 255558  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1407212376

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

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## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

#### **CASTILLO, PATRICIA**


Provider ID: 257530


Board Certified Specialty: No

BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

Provider Gender: Female

NPI: 1376550657


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:30AM-5:30PM  
F 8:30AM-5PM

 Website: N/A

IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT


### **PHYSICIANS ASSISTANT**


#### **DERISSI, DANA**

Provider ID: 301632

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1063829505

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Persian

Cultural Competency: N


Hospital Affiliation: LOMA  
LINDA UNIVERSITY MED CTR,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network


### **PHYSICIANS ASSISTANT**

#### **DU, SARAH**


Provider ID: 310603

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 5405 OBERLIN DR FL 2  
SAN DIEGO, CA 92121

 Phone: (858) 909-0770

Fax: (858) 909-0880

 After Hours Phone: (858)  
909-0770

Provider Gender: Female

NPI: 1295502763


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM


 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### **PHYSICIANS ASSISTANT**

#### **DU, SARAH**

Provider ID: 311792

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 5405 OBERLIN DR FL 2  
SAN DIEGO, CA 92121

 Phone: (858) 909-0770

Fax: (858) 909-0880

 After Hours Phone: (858)  
909-0770

Provider Gender: Female

NPI: 1295502763

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

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## D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

---

### PHYSICIANS ASSISTANT


#### GEBAUER, HEATHER

Provider ID: 311549

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1467987586

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: TEMECULA  
VALLEY HOSPITAL INC


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### PHYSICIANS ASSISTANT


#### GEBAUER, HEATHER

Provider ID: 311550

Board Certified Specialty: No

UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1467987586

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: TEMECULA  
VALLEY HOSPITAL INC

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### PHYSICIANS ASSISTANT

#### GUTH, CARA


Provider ID: 299111

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 9333 GENESEE AVE STE  
350

SAN DIEGO, CA 92121

 Phone: (858) 455-6460

Fax: (858) 455-5362

 After Hours Phone: (858)  
455-6460

Provider Gender: Female

NPI: 1992177182


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 21\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### PHYSICIANS ASSISTANT

#### HASEGAWA, CHRIS


Provider ID: 247206

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1225698962

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes




Min/Max Age: 0\None

American Sign Language (ASL):

N

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## D. 專業提供者目錄




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **PHYSICIANS ASSISTANT**

#### **HASEGAWA, CHRIS**

*Provider ID: 287349*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1225698962*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*  
*JOLLA JOHN SALLY*  
*THORNTON, UCSD MEDICAL*  
*CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*






*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **PHYSICIANS ASSISTANT**

#### **HIGGINS, JOSHUA**



*Provider ID: 287133*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 203 W F ST  
SAN DIEGO, CA 92101  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*




 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1861624181*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR, UCSD LA*  
*JOLLA JOHN SALLY*  
*THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **PHYSICIANS ASSISTANT**

#### **HUNTER, JACOB**

*Provider ID: 298430*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 8899 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)*

*926-8273*  
*Provider Gender: Male*  
*NPI: 1114459765*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **PHYSICIANS ASSISTANT**




#### **HUNTER, JACOB**

*Provider ID: 298428*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1114459765*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

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## D. 專業提供者目錄

N





 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---




### **PHYSICIANS ASSISTANT**

---

#### **HUNTER, JACOB**

*Provider ID: 287449*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1114459765*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---


### **PHYSICIANS ASSISTANT**

---

#### **LAM, DAVINA**


*Provider ID: 295651*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 6719 ALVARADO RD STE  
308  
SAN DIEGO, CA 92120  
 *Phone: (619) 265-7912*  
*Fax: (619) 265-7922*




 *After Hours Phone: (619) 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*

---

### **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*

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## D. 專業提供者目錄

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**


**LINDEMANN, CHRISTINA**

Provider ID: 283760

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4510 EXECUTIVE DR STE  
325

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (858) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1194373514


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

**MARTIN, HALEY**


Provider ID: 305026

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR


SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093440836

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

**MCADAMS, JOSEPH**

Provider ID: 280611

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1104371251

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

**MERRILL, COREY**


Provider ID: 258040

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1386032308

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

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## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): IHP of Southern Cal-PHP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


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### 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


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### 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

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### 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

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### 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

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## D. 專業提供者目錄

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1427312644

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

#### **NGUYEN, KHANH**

Provider ID: 310049

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1427312644

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

#### **PAUL, ROBERT**

Provider ID: 307945

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 5395 RUFFIN RD STE 204  
SAN DIEGO, CA 92123

☎ Phone: (858) 571-3630

Fax: (858) 295-3948

☎ After Hours Phone: (858) 571-3630

Provider Gender: Male

NPI: 1972811412

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA

VISTA, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:30AM-4:30PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **PHYSICIANS ASSISTANT**

#### **PELIO, DARREN**

Provider ID: 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

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## D. 專業提供者目錄



 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PHYSICIANS ASSISTANT**




**PERREAULT, MARK**  
*Provider ID: 283586*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1356749451*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PHYSICIANS ASSISTANT**

**PERREAULT, MARK**  
*Provider ID: 283585*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1356749451*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*




### **PHYSICIANS ASSISTANT**

**PHUNG, AIVI**  
*Provider ID: 293247*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
*Fax: (858) 633-4680*  
 *After Hours Phone: (858) 279-0925*

*Provider Gender: Female*  
*NPI: 1639528110*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Vietnamese*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **PHYSICIANS ASSISTANT**

**PHUNG, AIVI**  
*Provider ID: 293246*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 *Phone: (858) 810-8700*  
*Fax: (858) 633-4680*  
 *After Hours Phone: (858) 810-8700*

*Provider Gender: Female*  
*NPI: 1639528110*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Vietnamese*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

**PROVIDER**  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

---

### **PHYSICIANS ASSISTANT**

**POGGI, SARA**  
Provider ID: 310631  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
📍 5405 OBERLIN DR FL 2  
SAN DIEGO, CA 92121  
📞 Phone: (858) 909-0770  
Fax: (858) 909-0880  
🕒 After Hours Phone: (858) 909-0770  
Provider Gender: Female  
NPI: 1265119911  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### **PHYSICIANS ASSISTANT**

**POGGI, SARA**  
Provider ID: 310614  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
📍 5405 OBERLIN DR FL 2

SAN DIEGO, CA 92121  
📞 Phone: (858) 909-0770  
Fax: (858) 909-0880  
🕒 After Hours Phone: (858) 909-0770  
Provider Gender: Female  
NPI: 1265119911  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### **PHYSICIANS ASSISTANT**

**PRIEST, VIVIAN**  
Provider ID: 272430  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
📞 Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1225581754  
📄 Provider English Spoken: Y  
📄 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

---

### **PHYSICIANS ASSISTANT**

**PYLE, ALEXANDRA**  
Provider ID: 297718  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
📍 9333 GENESEE AVE STE 350  
SAN DIEGO, CA 92121  
📞 Phone: (858) 455-6460  
Fax: (858) 455-7197  
🕒 After Hours Phone: (858) 455-6460  
Provider Gender: Female  
NPI: 1225416472  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 20\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:30AM-4PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<hr/> <b>PHYSICIANS ASSISTANT</b> <hr/> <b>QUIJANO, GLENN</b> 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	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	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
<hr/> <b>PHYSICIANS ASSISTANT</b> <hr/> <b>ROBERTS, AUDREY</b> 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	<hr/> <b>PHYSICIANS ASSISTANT</b> <hr/> <b>RODRIGUES, ANNETTE</b> 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	<hr/> <b>PHYSICIANS ASSISTANT</b> <hr/> <b>SCHMITT, EVA</b> 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄



 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network



---

### PHYSICIANS ASSISTANT


#### SCHROEDER, JENNIFER

Provider ID: 256639  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273

 Fax: (858) 453-1469  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1780851253

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### PHYSICIANS ASSISTANT

#### SCHROEDER, JENNIFER

Provider ID: 256640  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273


Provider Gender: Female  
NPI: 1780851253

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


---


### PHYSICIANS ASSISTANT

#### SCHULZ, STEFAN

Provider ID: 243419  
Board Certified Specialty: No  
UCSD MEDICAL GROUP


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male  
NPI: 1316102163

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


---


### PHYSICIANS ASSISTANT

#### SHAPIRO, RACHEL

Provider ID: 311469  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9333 GENESEE AVE STE 220  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1720488836

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

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## D. 專業提供者目錄

---

 Website: N/A  
IPA: UCSD Medical Group

---


### PHYSICIANS ASSISTANT


---

#### STALLINGS, ANDREA

Provider ID: 255913  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (619) 543-7496

 After Hours Phone: (619)  
543-7496

Provider Gender: Female

NPI: 1972595478

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### PHYSICIANS ASSISTANT


---

#### TAN, CARMELA

Provider ID: 311088

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811069271

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### PHYSICIANS ASSISTANT

---


#### TAN, CARMELA

Provider ID: 311091

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6645 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811069271

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### PHYSICIANS ASSISTANT

---

#### TAN, CARMELA

Provider ID: 311089

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811069271

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### PHYSICIANS ASSISTANT

---







#### WAHLIN, TAMARA

Provider ID: 299599

Board Certified Specialty: No  
UCSD MEDICAL GROUP





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## D. 專業提供者目錄

 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

#### WAHLIN, TAMARA




Provider ID: 299598  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1083823322  
 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### WAHLIN, TAMARA





Provider ID: 299600  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1083823322  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### WEBB, SHANNON

Provider ID: 305285  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121  
 Phone: (858) 750-2983  
Fax: (858) 750-2984  
 After Hours Phone: (858) 750-2983

Provider Gender: Female  
NPI: 1821271685  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT

#### WEIR, JACQUELINE


Provider ID: 278203  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

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: 278201

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 330 LEWIS ST  
SAN DIEGO, CA 92103


 Phone: (800) 925-8271

Fax: (888) 539-8781

 After Hours Phone: (800)  
925-8271

Provider Gender: Female

NPI: 1932494499

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **PHYSICIANS ASSISTANT**


#### **WEIR, JACQUELINE**

Provider ID: 278200

Board Certified Specialty: No

UCSD MEDICAL GROUP

 4168 FRONT ST  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932494499

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **PHYSICIANS ASSISTANT**


#### **WRIGHT, DEREK**

Provider ID: 302388

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

 Phone: (619) 325-1161

Fax: (619) 325-1717

 After Hours Phone: (619)  
325-1161

Provider Gender: Male

NPI: 1629674858

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **PHYSICIANS ASSISTANT**

#### **WRIGHT, DEREK**

Provider ID: 310777

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### IHP OF SOUTHERN CAL-PHP

5395 RUFFIN RD STE 204  
SAN DIEGO, CA 92123

Phone: (858) 571-3630

Fax: (858) 295-3948

After Hours Phone: (858)  
571-3630

Provider Gender: Male

NPI: 1629674858

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### PREVENTATIVE MEDICINE

#### GENERAL

### ROMERO, CAMILA

Provider ID: 293289

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1508912130

Provider English Spoken: Y

Provider Language(s)

Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

### PREVENTATIVE MEDICINE

#### GENERAL

### ROMERO, CAMILA

Provider ID: 293290

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1508912130

Provider English Spoken: Y

Provider Language(s)

Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

### UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

### PREVENTATIVE MEDICINE

#### GENERAL

### ROMERO, CAMILA

Provider ID: 303060

Board Certified Specialty: No  
UCSD MEDICAL GROUP

330 LEWIS ST

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1508912130

Provider English Spoken: Y

Provider Language(s)

Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

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## D. 專業提供者目錄

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP, UCSD Medical Group*

---

### **PSYCHIATRIC-MENTAL HEALTH NURSE PRACTITIONER**


---

#### **SIETSMA, ALEXANDRA**

*Provider ID: 276908*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 350 DICKINSON ST  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1932522778*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*


*THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **PSYCHIATRIC-MENTAL HEALTH NURSE PRACTITIONER**


---

#### **SIETSMA, ALEXANDRA**

*Provider ID: 276909*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1932522778*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*


*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **PSYCHOLOGIST**

---


#### **ABERCROMBIE, SHERI**


*Provider ID: 293400*

*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*

 6973 LINDA VISTA RD

SAN DIEGO, CA 92111

 *Phone: (858) 279-0925*  
*Fax: (858) 633-4680*

 *After Hours Phone: (858)  
279-0925*

*Provider Gender: Female*

*NPI: 1932292422*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-4PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

---

### **PSYCHOLOGIST**


---

#### **ABERCROMBIE, SHERI**

*Provider ID: 290770*

*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 810-8700*  
*Fax: (858) 633-4680*

 *After Hours Phone: (858)  
810-8700*

*Provider Gender: Female*

*NPI: 1932292422*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### PSYCHOLOGIST

#### **BANKS, SARAH**

Provider ID: 304195

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1164701132

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### PSYCHOLOGIST


#### **BANKS, SARAH**

Provider ID: 203173

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1164701132

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### PSYCHOLOGIST


#### **BANKS, SARAH**

Provider ID: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *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*



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### **PSYCHOLOGIST**


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#### **CHESHER, NICHOLAS**

*Provider ID: 273811*  
*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)  
926-8273*



*Provider Gender: Male*  
*NPI: 1124539697*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*  
*JOLLA JOHN SALLY*  
*THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*  
 *Website: N/A*

*IPA: UCSD Medical Group*



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### **PSYCHOLOGIST**

---

#### **CLEMENT, LUIS**


*Provider ID: 290745*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 2630 1ST AVE  
SAN DIEGO, CA 92103  
 *Phone: (619) 234-2158*  
*Fax: (619) 234-0206*

 *After Hours Phone: (619)  
234-2158*

*Provider Gender: Male*

*NPI: 1235364712*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

---

### **PSYCHOLOGIST**


---

#### **DIOKNO, RHODA**


*Provider ID: 290800*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 2630 1ST AVE  
SAN DIEGO, CA 92103  
 *Phone: (619) 234-2158*  
*Fax: (619) 234-0206*  
 *After Hours Phone: (619)  
234-2158*

*Provider Gender: Female*  
*NPI: 1629109483*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

---

### **PSYCHOLOGIST**

---

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

---

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

IPA: UCSD Medical Group

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### PSYCHOLOGIST

---

**LEBENSOHN CHIALVO,  
FLORENCIA**

Provider ID: 245224

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 9333 GENESEE AVE STE  
200

SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1134788730

📄 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

---

### PSYCHOLOGIST

---

**MCCULLUM, TIFFANY**

Provider ID: 290689

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

📍 286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114

☎ Phone: (619) 662-4100

Fax: (619) 428-7952

🕒 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1528306206

📄 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 13\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### PSYCHOLOGIST

---

**MEIER, EMILY**

Provider ID: 311351

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 350 DICKINSON ST  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1255530572

📄 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

---

### PSYCHOLOGIST

---

**MONTOYA, JESSICA**

Provider ID: 274619

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003421256

📄 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None



American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

#### SHELLINGER, KRISTON

Provider ID: 213752

Board Certified Specialty: No  
UCSD MEDICAL GROUP

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (858) 246-1979  
After Hours Phone: (858)  
246-1979

Provider Gender: Female

NPI: 1710234273

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

#### SHELLINGER, KRISTON

Provider ID: 213751

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131

Phone: (858) 246-1979  
After Hours Phone: (858)  
246-1979

Provider Gender: Female  
NPI: 1710234273

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

#### SHELLINGER, KRISTON

Provider ID: 213750

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## D. 專業提供者目錄

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9333 GENESEE AVE STE  
200  
SAN DIEGO, CA 92121  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1710234273

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **PSYCHOLOGIST**

#### **TARLE, STEPHANIE**

Provider ID: 303115

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1659920403

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **PSYCHOLOGIST**

#### **TO, TUAN**

Provider ID: 290283

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

4290 POLK AVE  
SAN DIEGO, CA 92105

Phone: (619) 563-0250  
Fax: (858) 633-4681

After Hours Phone: (619)  
563-0250

Provider Gender: Male

NPI: 1255696183

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### **PSYCHOLOGIST**

#### **TO, TUAN**

Provider ID: 290285

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925  
Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Provider Gender: Male

NPI: 1255696183

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### **PSYCHOLOGIST**

#### **TO, TUAN**

Provider ID: 290284

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

SAN DIEGO, CA 92111  
☎ Phone: (858) 810-8700  
Fax: (858) 633-4680  
🕒 After Hours Phone: (858) 810-8700  
Provider Gender: Male  
NPI: 1255696183  
📄 Provider English Spoken: Y  
📄 Provider Language(s) Spoken: Vietnamese  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 5\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

**TWAMLEY, ELIZABETH**  
Provider ID: 290717  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
📄 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
☎ Phone: (619) 233-8500  
Fax: (619) 687-1067  
🕒 After Hours Phone: (619) 233-8500  
Provider Gender: Female  
NPI: 1700089141  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): 🌐 Website: N/A  
IPA: UCSD Medical Group

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

### 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. 專業提供者目錄

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1598150039

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

F 9AM-6PM  
SA 8AM-11AM

 Website: N/A


IPA: Community Care IPA LLC,  
IHP of Southern Cal-PPH


### **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-PPH

### **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. 專業提供者目錄

### UCSD MEDICAL GROUP

 200 W 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








請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。











## D. 專業提供者目錄

*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):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
Imperial Health Holdings  
Medical Group-SD

### **RADIATION ONCOLOGY**

### **HOOPES, DAVID**

Provider ID: 269725  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
 Phone: (858) 649-5100  
Fax: (858) 649-5099  
 After Hours Phone: (858)  
649-5100  
Provider Gender: Male  
NPI: 1962520080  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
Imperial Health Holdings  
Medical Group-SD

### **RADIATION ONCOLOGY**

### **TRINGALE, KATHRYN**

Provider ID: 306883  
Board Certified Specialty: No

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## D. 專業提供者目錄

### **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. 專業提供者目錄

<hr/> <b>RADIOLOGY DIAGNOSTIC</b> <hr/> <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	 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	Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Website: N/A IPA: UCSD Medical Group
<hr/> <b>RADIOLOGY DIAGNOSTIC</b> <hr/> <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	<hr/> <b>RADIOLOGY DIAGNOSTIC</b> <hr/> <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	<hr/> <b>RADIOLOGY DIAGNOSTIC</b> <hr/> <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

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## D. 專業提供者目錄

<hr/> <b>RADIOLOGY DIAGNOSTIC</b> <hr/> <b>BISSET, LOGAN</b> Provider ID: 311144 Board Certified Specialty: No UCSD MEDICAL GROUP 6655 ALVARADO RD SAN DIEGO, CA 92120 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1356760276 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UC DAVIS MEDICAL CTR, UCSD MEDICAL CTR, KERN MEDICAL CENTER Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: UCSD Medical Group	 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	Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Website: N/A IPA: UCSD Medical Group
<hr/> <b>RADIOLOGY DIAGNOSTIC</b> <hr/> <b>BONE, SAMUEL</b> Provider ID: 311166 Board Certified Specialty: No UCSD MEDICAL GROUP 6655 ALVARADO RD SAN DIEGO, CA 92120 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1841216306 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: GEORGE L MEE MEMORIAL HOSP, UC DAVIS MEDICAL CTR, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: UCSD Medical Group	<hr/> <b>RADIOLOGY DIAGNOSTIC</b> <hr/> <b>BONE, SAMUEL</b> Provider ID: 311165 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1841216306 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: GEORGE L MEE MEMORIAL HOSP, UC DAVIS MEDICAL CTR, UCSD MEDICAL CTR	<hr/> <b>RADIOLOGY DIAGNOSTIC</b> <hr/> <b>BONE, SAMUEL</b> Provider ID: 311166 Board Certified Specialty: No UCSD MEDICAL GROUP 6655 ALVARADO RD SAN DIEGO, CA 92120 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1841216306 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: GEORGE L MEE MEMORIAL HOSP, UC DAVIS MEDICAL CTR, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: UCSD Medical Group
<hr/> <b>RADIOLOGY DIAGNOSTIC</b> <hr/> <b>BISSET, LOGAN</b> Provider ID: 311143 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103 Phone: (800) 926-8273 Fax: (888) 539-8781	<hr/> <b>RADIOLOGY DIAGNOSTIC</b> <hr/> <b>BONE, SAMUEL</b> Provider ID: 311165 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1841216306 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: GEORGE L MEE MEMORIAL HOSP, UC DAVIS MEDICAL CTR, UCSD MEDICAL CTR	

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## D. 專業提供者目錄

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### **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

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### **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

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### **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

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### **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

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## D. 專業提供者目錄

 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: 304194

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (858) 554-1212  
Fax: (858) 795-1195

 After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1619156635

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
EISENHOWER MEDICAL CTR,

UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **CARSWELL, AIMEE**

Provider ID: 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

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## D. 專業提供者目錄

<hr/> <b>RADIOLOGY DIAGNOSTIC</b> <hr/> <b>CARSWELL, AIMEE</b> 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	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	CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Website: N/A IPA: UCSD Medical Group
<hr/> <b>RADIOLOGY DIAGNOSTIC</b> <hr/> <b>CHENG, KAREN</b> 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	<hr/> <b>RADIOLOGY DIAGNOSTIC</b> <hr/> <b>CHENG, KAREN</b> 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	<hr/> <b>RADIOLOGY DIAGNOSTIC</b> <hr/> <b>CHENG, KAREN</b> 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

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## D. 專業提供者目錄

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: 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

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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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## D. 專業提供者目錄

### **RADIOLOGY DIAGNOSTIC**

#### **FORCIER, NANCY**

Provider ID: 286956

Board Certified Specialty: No  
UCSD MEDICAL GROUP

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1497721724

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,  
Providence Mission Hospital,  
UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **FORCIER, NANCY**

Provider ID: 286954

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1497721724

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,  
Providence Mission Hospital,  
UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **FOWLER, KATHRYN**

Provider ID: 201291

Board Certified Specialty: No  
UCSD MEDICAL GROUP

330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1255457941

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA,  
SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,  
SCRIPPS GREEN HOSPITAL,

SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **FOWLER, KATHRYN**

Provider ID: 201289

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1255457941

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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: 311595

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1184121899

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **GORDON, EMILE**

Provider ID: 311594

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1184121899

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **GORDON, EMILE**

Provider ID: 311593  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1184121899

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **GRISSOM, MURRAY**

Provider ID: 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**

#### **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**




#### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


 *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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---

### **RADIOLOGY DIAGNOSTIC**

#### **HELMY, MARWAH**

Provider ID: 311096

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1841276730

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: DOCTORS  
MEDICAL CENTER, Providence

St Jude Medical Center,  
Parkview Community Hospital

Medical Center, ST

BERNARDINE MED CTR,

COMMUNITY HOSP OF SAN

BERNARDINO, KINDRED

HOSPITAL ONTARIO,

DAMERON HOSPITAL ASSOC,

DAMERON HOSPITAL ASSOC,

ST JOSEPHS MEDICAL

CENTER, REGIONAL MEDICAL

CTR OF SAN JOSE, MARK

TWAIN MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

---

### **RADIOLOGY DIAGNOSTIC**

#### **HELMY, MARWAH**

Provider ID: 311095

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1841276730

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: DOCTORS  
MEDICAL CENTER, Providence

St Jude Medical Center,

Parkview Community Hospital  
Medical Center, ST

BERNARDINE MED CTR,

COMMUNITY HOSP OF SAN

BERNARDINO, KINDRED

HOSPITAL ONTARIO,

DAMERON HOSPITAL ASSOC,

DAMERON HOSPITAL ASSOC,

ST JOSEPHS MEDICAL

CENTER, REGIONAL MEDICAL

CTR OF SAN JOSE, MARK

TWAIN 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W 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: 304165

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1275700999

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Los  
Angeles General Medical

Center, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **JAFFRAY, PAUL**

Provider ID: 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**

#### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---



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: 283145  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Male  
NPI: 1699125450  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: EISENHOWER MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

---

### **RADIOLOGY DIAGNOSTIC**

#### **KONDILI, DHIMITER**

Provider ID: 283143  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1699125450  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: EISENHOWER MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

---

### **RADIOLOGY DIAGNOSTIC**

#### **MARKS, ROBERT**

Provider ID: 300064  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider Gender: Male

NPI: 1952389934

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ST MARY  
MEDICAL CENTER, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **MARKS, ROBERT**

Provider ID: 300065

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1952389934

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ST MARY  
MEDICAL CENTER, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Min/Max Age: 0\None

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **RICKMAN, CHRISTOPHER**

Provider ID: 311169

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1497759898

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Providence  
St Joseph Hospital, SUTTER  
COAST HOSPITAL, SUTTER

LAKESIDE HOSP, SUTTER  
MATERNITY AND SURGERY

CENTER OF SANTA CRUZ,  
MEMORIAL HOSPITAL MED

CTR, EISENHOWER MEDICAL

CTR, Alameda Hospital,  
Alameda Hospital, Highland

Hospital, SAN LEANDRO  
HOSPITAL, SAN LEANDRO

HOSPITAL

Medi-Cal Open Panel: Yes

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **RICKMAN, CHRISTOPHER**

Provider ID: 311168

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1497759898

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Providence  
St Joseph Hospital, SUTTER

COAST HOSPITAL, SUTTER  
LAKESIDE HOSP, SUTTER

MATERNITY AND SURGERY  
CENTER OF SANTA CRUZ,

MEMORIAL HOSPITAL MED

CTR, Alameda Hospital,  
Alameda Hospital, Highland

Hospital, SAN LEANDRO  
HOSPITAL, SAN LEANDRO

HOSPITAL

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## D. 專業提供者目錄

---

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

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## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


---

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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: 309703

Board Certified Specialty: No

UCSD MEDICAL GROUP

 330 LEWIS ST

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1598738577

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

**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

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## D. 專業提供者目錄


### MEDICAL CTR

Medi-Cal Open 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: 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

 Website: N/A

IPA: UCSD Medical Group


### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


 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: 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: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


#### **TADDONIO, MICHAEL**

Provider ID: 240408

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1386987261

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**


#### **TADDONIO, MICHAEL**

Provider ID: 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



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

**PROVIDER**  
 Website: N/A  
IPA: UCSD Medical Group

---


### **RADIOLOGY DIAGNOSTIC**

#### **VAKILIAN, SIAVOSH**


Provider ID: 283205

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 3366 5TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 230-0400

Fax: (858) 429-7936

 After Hours Phone: (619)  
230-0400

Provider Gender: Male

NPI: 1427456151

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

---

### **RADIOLOGY DIAGNOSTIC**


#### **VAKILIAN, SIAVOSH**

Provider ID: 283207

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 5395 RUFFIN RD STE 103

SAN DIEGO, CA 92123

 Phone: (858) 505-4100

Fax: (858) 429-7939

 After Hours Phone: (858)  
505-4100

Provider Gender: Male

NPI: 1427456151

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

---


### **RADIOLOGY DIAGNOSTIC**

#### **YOO, RAPHAEL**

Provider ID: 310111

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3010 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123


 Phone: (858) 966-8863

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-8863

Provider Gender: Male

NPI: 1154559037

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Korean

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

---


### **RADIOLOGY DIAGNOSTIC**

#### **YOO, RAPHAEL**

Provider ID: 310112

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 966-8863

Fax: (858) 966-8863

 After Hours Phone: (858)  
966-8863

Provider Gender: Male

NPI: 1154559037

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Korean

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


---

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

---


### **RADIOLOGY DIAGNOSTIC**

#### **YORK, VINCENT**

Provider ID: 283517

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1790146611

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): UCSD MEDICAL GROUP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **RADIOLOGY DIAGNOSTIC**

#### **YORK, VINCENT**

Provider ID: 283519

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1790146611


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **RADIOLOGY DIAGNOSTIC**


#### **ZAPALA, MATTHEW**


Provider ID: 307678

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1346482809

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, UCSF  
MEDICAL CENTER, UCSF  
Medical Center At Mission Bay,  
UCSF MEDICAL CENTER AT  
MOUNT ZION, VALLEY  
CHILDRENS HOSPITAL, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **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

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S


HOSPITAL OAKLAND, UCSF

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
 者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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: 273380

Board Certified Specialty: No  
UCSD MEDICAL GROUP

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1669818993

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **REGISTERED PHYSICAL THERAPIST**

#### **BARTZ, BRYAN**

Provider ID: 273381

Board Certified Specialty: No  
UCSD MEDICAL GROUP

8929 UNIVERSITY CENTER  
LN STE 200

SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1669818993

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes



Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

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### **REGISTERED PHYSICAL THERAPIST**

---

#### **BERGERON, PATRICK**

Provider ID: 206534  
Board Certified Specialty: No  
UCSD MEDICAL GROUP



 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1285061390  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group



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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**

---

#### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Website: N/A  
IPA: UCSD Medical Group

---

### REGISTERED PHYSICAL THERAPIST


---

#### **CORTEZ, AARON**

Provider ID: 279194

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1639693187

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### REGISTERED PHYSICAL THERAPIST


---

#### **COSTELLO, MARK**


Provider ID: 295634

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111


 Phone: (818) 894-2273


Fax: (818) 357-2505

 After Hours Phone: (818)  
894-2273

Provider Gender: Male

NPI: 1710193602

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Armenian,  
Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

---


### REGISTERED PHYSICAL THERAPIST


---

#### **DANG, ERIC**

Provider ID: 258363

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8929 UNIVERSITY CENTER  
LN STE 200  
SAN DIEGO, CA 92122

 Phone: (858) 543-3333

Fax: (858) 657-1809

 After Hours Phone: (858)  
543-3333

Provider Gender: Male

NPI: 1891237756


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### REGISTERED PHYSICAL THERAPIST

---

#### **DANG, KAYLEE**

Provider ID: 279261

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1316426356

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

American Sign Language (ASL): Provider ID: 206523

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### REGISTERED PHYSICAL THERAPIST


---


#### **JOHNSON, KENNADY**

Provider ID: 305041

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730834417

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### REGISTERED PHYSICAL THERAPIST

---

#### **MC ELROY, CARTER**

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1114472230

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Thai

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### REGISTERED PHYSICAL THERAPIST


---

#### **MC ELROY, CARTER**

Provider ID: 206522

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8929 UNIVERSITY CENTER  
LN STE 200  
SAN DIEGO, CA 92122

 Phone: (855) 543-0333


Fax: (858) 657-6873

 After Hours Phone: (855)  
543-0333

Provider Gender: Male

NPI: 1114472230

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Thai

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### REGISTERED PHYSICAL THERAPIST

---


#### **NGUYEN, HARRY**

Provider ID: 271871

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1629558499

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

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## D. 專業提供者目錄


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄


NPI: 1942818505

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### REGISTERED PHYSICAL THERAPIST

#### **VASQUEZ, BENJAMIN**

Provider ID: 302870

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 4910 DIRECTORS PL  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1568938413

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### REGISTERED PHYSICAL THERAPIST

#### **WALKER, JULIE**

Provider ID: 258489

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8929 UNIVERSITY CENTER  
LN STE 200  
SAN DIEGO, CA 92122

 Phone: (855) 543-0333  
Fax: (858) 535-6422

 After Hours Phone: (855)  
543-0333

Provider Gender: Female


NPI: 1720489503


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### REGISTERED PHYSICAL THERAPIST

#### **WILLIAMS, STACY**

Provider ID: 259683

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689962169

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

#### **WILLIAMS, STACY**

Provider ID: 259684

Board Certified Specialty: No  
UCSD MEDICAL GROUP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

4520 EXECUTIVE DR STE 1  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689962169

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SLEEP MEDICINE**

#### **FINCH, CHRISTINA**

Provider ID: 299938

Board Certified Specialty: No

UCSD MEDICAL GROUP

4520 EXECUTIVE DR

SAN DIEGO, CA 92121

Phone: (800) 926-7283

Fax: (888) 539-8781

After Hours Phone: (800)  
926-7283

Provider Gender: Female

NPI: 1598255325

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

### **SLEEP MEDICINE**

#### **FINCH, CHRISTINA**

Provider ID: 299939

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1598255325

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### **SPEECH PATHOLOGIST**

#### **AROCHO-SALGADO, MIRELIS**

Provider ID: 296929

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

11440 W BERNARDO CT  
STE 300

SAN DIEGO, CA 92127

Phone: (877) 757-8353

Fax: (818) 357-2505

After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1063660165

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### **SPEECH PATHOLOGIST**

#### **AROCHO-SALGADO, MIRELIS**


Provider ID: 296932


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111

 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1063660165

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **SPEECH PATHOLOGIST**


**AROCHO-SALGADO, MIRELIS**

Provider ID: 296930

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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**


**DURNAN, CASSANDRA**

Provider ID: 307883

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 9655 GRANITE RIDGE DR  
STE 200

SAN DIEGO, CA 92123


 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1073873501

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 7AM-7PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **SPEECH PATHOLOGIST**

**DURNAN, CASSANDRA**

Provider ID: 307885

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 8929 AERO DR STE E  
SAN DIEGO, CA 92123

 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877)  
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: 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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

757-8353  
Provider Gender: Female  
NPI: 1073873501  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 7AM-7PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **SPEECH PATHOLOGIST**

**SCHIEDERMAYER, BENJAMIN**  
Provider ID: 288937  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1164979837  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  Website: N/A  
IPA: UCSD Medical Group

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

### **SURGERY COLON SURGERY**

**EISENSTEIN, SAMUEL**  
Provider ID: 286384  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
 Phone: (858) 657-7237  
 After Hours Phone: (858)  
657-7237


Provider Gender: Male  
NPI: 1194983932  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **SURGERY COLON SURGERY**

**EISENSTEIN, SAMUEL**  
Provider ID: 286363  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1194983932


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY COLON SURGERY**

#### **EISENSTEIN, SAMUEL**


Provider ID: 286364

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1194983932

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY COLON SURGERY**

#### **LIU, SHANGLEI**

Provider ID: 273363

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1043558653

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY COLON SURGERY**


#### **LOPEZ, NICOLE**

Provider ID: 286387

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-6886

 After Hours Phone: (619) 543-6886

Provider Gender: Female

NPI: 1518163005

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY COLON SURGERY**

#### **LOPEZ, NICOLE**

Provider ID: 286366


Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4303 LA JOLLA VILLAGE  
DR STE 2110

SAN DIEGO, CA 92122

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## D. 專業提供者目錄

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1518163005


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


### **SURGERY COLON SURGERY**

#### **PARRY, LISA**

Provider ID: 286341


Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1235369067

 Provider English Spoken: Y


Cultural Competency: N  
Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY COLON SURGERY**

#### **PARRY, LISA**

Provider ID: 278553

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1235369067


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


### **SURGERY COLON SURGERY**

#### **RAMAMOORTHY, SONIA**

Provider ID: 286370

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

 Phone: (800) 926-8273  
Fax: (888) 529-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1801812656


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY CRITICAL CARE**

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## D. 專業提供者目錄

### ADAMS, LAURA

Provider ID: 284407

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1144616541

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### SURGERY CRITICAL CARE

### MASCH, JESSICA

Provider ID: 311552

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1902300445

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### SURGERY CRITICAL CARE

### POTENZA, BRUCE

Provider ID: 277298

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-7200

After Hours Phone: (619)  
543-7200

Provider Gender: Male  
NPI: 1548281496

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### SURGERY CRITICAL CARE

### VENTRO, GEORGE

Provider ID: 284418

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1548604648

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### SURGERY GENERAL

### AL-NOURI, OMAR

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## D. 專業提供者目錄

Provider ID: 211903  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1770742264  
Provider English Spoken: Y  
Provider Language(s) Spoken: Arabic  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### **SURGERY GENERAL**

**ARMANI, AVA**  
Provider ID: 282141  
Board Certified Specialty: Yes  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (858) 822-6100  
After Hours Phone: (858)

822-6100  
Provider Gender: Female  
NPI: 1861759383  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF MEDICAL CENTER, UCSF Medical Center At Mission Bay, UCSF MEDICAL CENTER AT MOUNT ZION, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### **SURGERY GENERAL**

**BARNES, RYAN**  
Provider ID: 129062  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
7910 FROST ST STE 250  
SAN DIEGO, CA 92123  
Phone: (858) 565-0104  
Fax: (858) 565-0194  
After Hours Phone: (858) 565-0104  
Provider Gender: Male  
NPI: 1831493501

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, PALOMAR HEALTH  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 9AM-4:30PM  
Website: N/A  
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

### **SURGERY GENERAL**


**BARNES, RYAN**  
Provider ID: 299904  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
7910 FROST ST STE 250  
SAN DIEGO, CA 92123  
Phone: (858) 565-0104  
Fax: (858) 565-0194  
After Hours Phone: (858) 565-0104  
Provider Gender: Male  
NPI: 1831493501  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND

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## D. 專業提供者目錄

HEALTHCARE CTR, PALOMAR N  
HEALTH  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-4:30PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### SURGERY GENERAL

#### **BENCH, SHAWN**

Provider ID: 129060

Board Certified Specialty: Yes  
COMMUNITY CARE IPA LLC

 7910 FROST ST STE 250  
SAN DIEGO, CA 92123

 Phone: (858) 565-0104  
Fax: (858) 565-0194

 After Hours Phone: (858)  
565-0104

Provider Gender: Male

NPI: 1669700753


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, KERN  
MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 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

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## D. 專業提供者目錄

IPA: Rady Childrens Health Network

### **SURGERY GENERAL**

#### **BRODERICK, RYAN**

Provider ID: 201617

Board Certified Specialty: Yes

UCSD MEDICAL GROUP

4520 EXECUTIVE DR STE 111  
SAN DIEGO, CA 92121

Phone: (858) 657-8860

After Hours Phone: (858)  
657-8860

Provider Gender: Male

NPI: 1619252418

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY GENERAL**

#### **BRODERICK, RYAN**

Provider ID: 286342

Board Certified Specialty: No

UCSD MEDICAL GROUP

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1619252418

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY GENERAL**

#### **BRODERICK, RYAN**

Provider ID: 247073

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1619252418

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY GENERAL**

#### **BRUBAKER, ALEAH**

Provider ID: 285272

Board Certified Specialty: No

UCSD MEDICAL GROUP

4510 EXECUTIVE DR STE 7  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790104305

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Stanford

Health Care, LUCILE SALTER


PACKARD CHILDRENS HOSP,

UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

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## D. 專業提供者目錄






CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network, UCSD Medical Group




### **SURGERY GENERAL**

**BRUBAKER, ALEAH**  
 Provider ID: 289164  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 8001 FROST ST  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8354  
 Fax: (858) 966-5815  
 After Hours Phone: (858) 966-8354  
 Provider Gender: Female  
 NPI: 1790104305  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19






American Sign Language (ASL): Min/Max Age: 0\None  
 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

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

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## D. 專業提供者目錄

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

### **SURGERY GENERAL**

#### **FAIRBANKS, TIMOTHY**

Provider ID: 260842  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-7711  
 Fax: (858) 966-7712  
 After Hours Phone: (858) 966-7711  
 Provider Gender: Male  
 NPI: 1407010556  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### **SURGERY GENERAL**

#### **GARCIA CABRERA, ANA**

Provider ID: 311499  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4303 LA JOLLA VILLAGE DR STE 2110  
 SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1205330354  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### **SURGERY GENERAL**

#### **HOLLANDSWORTH, HANNAH**

Provider ID: 310729  
 Board Certified Specialty: No

UCSD MEDICAL GROUP  
 4303 LA JOLLA VILLAGE DR STE 2110  
 SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1972954303  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### **SURGERY GENERAL**

#### **HORGAN, SANTIAGO**

Provider ID: 286367  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4303 LA JOLLA VILLAGE DR STE 2110  
 SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider Gender: Male  
 NPI: 1932297231  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **SURGERY GENERAL**

**HORGAN, SANTIAGO**  
 Provider ID: 286379  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (619) 471-0700  
 After Hours Phone: (619)  
 471-0700  
 Provider Gender: Male  
 NPI: 1932297231  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **SURGERY GENERAL**

**IGNACIO, ROMEO**  
 Provider ID: 217053  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

8110 BIRMINGHAM WAY FL  
 2  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-7711  
 After Hours Phone: (858)  
 966-7711

Provider Gender: Male  
 NPI: 1538147145  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### **SURGERY GENERAL**

**JACOBSEN, GARTH**  
 Provider ID: 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**

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## D. 專業提供者目錄

### JACOBSEN, GARTH

Provider ID: 286355

Board Certified Specialty: No  
UCSD MEDICAL GROUP

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1265649966

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### SURGERY GENERAL

### JACOBSEN, GARTH

Provider ID: 201729

Board Certified Specialty: No  
UCSD MEDICAL GROUP

4520 EXECUTIVE DR STE 111  
SAN DIEGO, CA 92121

Phone: (858) 657-8860

After Hours Phone: (858)  
657-8860

Provider Gender: Male

NPI: 1265649966

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### SURGERY GENERAL

### MUELLER, GEORGE

Provider ID: 300091

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

7910 FROST ST STE 250  
SAN DIEGO, CA 92123

Phone: (858) 565-0104  
Fax: (858) 565-0194

After Hours Phone: (858)  
565-0104

Provider Gender: Male

NPI: 1629179684

Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:30AM-5PM  
F 8:30AM-4PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### SURGERY GENERAL

### MUELLER, GEORGE

Provider ID: 54298

Board Certified Specialty: No  
SAN DIEGO GEN AND

VASCULAR SURGEONS MED  
GRP INC

7910 FROST ST STE 250  
SAN DIEGO, CA 92123

Phone: (858) 565-0104  
Fax: (858) 565-0194

After Hours Phone: (858)  
565-0104

Provider Gender: Male

NPI: 1629179684

Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

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## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8:30AM-5PM  
F 8:30AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **SURGERY GENERAL**

#### **POLLACK, LARRY**

Provider ID: 54346


Board Certified Specialty: Yes

SAN DIEGO GEN AND


VASCULAR SURGEONS MED

GRP INC

 7910 FROST ST STE 250  
SAN DIEGO, CA 92123


 Phone: (858) 565-0104

Fax: (858) 565-0194

 After Hours Phone: (858)  
565-0104

Provider Gender: Male

NPI: 1104998400

 Provider English Spoken: Y

 Provider Language(s)

Spoken: German, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 9AM-5PM  
F 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC

### **SURGERY GENERAL**

#### **REEVES, JAMES**


Provider ID: 311505

Board Certified Specialty: No

UCSD MEDICAL GROUP

 4303 LA JOLLA VILLAGE  
DR STE 2110

SAN DIEGO, CA 92122


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1174059257

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY GENERAL**

#### **SANDLER, BRYAN**

Provider ID: 286357

Board Certified Specialty: No

UCSD MEDICAL GROUP

 4303 LA JOLLA VILLAGE  
DR STE 2110

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1043410186

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY GENERAL**

#### **SANDLER, BRYAN**


Provider ID: 286383

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1043410186

 Provider English Spoken: Y




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## D. 專業提供者目錄

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max 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

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## D. 專業提供者目錄

### IHP OF SOUTHERN CAL-PHP

8008 FROST ST STE 403  
SAN DIEGO, CA 92123

Phone: (858) 715-9200

Fax: (858) 715-9202

After Hours Phone: (858)  
715-9200

Provider Gender: Female

NPI: 1871592253

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, Sharp

Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **SURGERY HAND ORTHOPEDIC**

#### **STEPHENSON, SAMUEL**

Provider ID: 284934

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1578058665

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **BARBA, DAVID**

Provider ID: 244087

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (619) 543-5720

After Hours Phone: (619)  
543-5720

Provider Gender: Male

NPI: 1093730251

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR,

UCSD LA JOLLA JOHN SALLY

THORNTON, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **BELVERUD, SHAWN**

Provider ID: 202333

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1073817268

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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## D. 專業提供者目錄

American Sign Language (ASL): IPA: UCSD Medical Group

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **BEN-HAIM, SHARONA**

Provider ID: 304129

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1942469663

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hebrew, Spanish  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR, TRI CITY MEDICAL CTR,  
PALOMAR MEDICAL CENTER,  
COLUSA MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

### **SURGERY NEUROLOGICAL**

#### **HATEFI, DUSTIN**

Provider ID: 310033

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1790072106

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, UCSD  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**


#### **LEVY, MICHAEL**

Provider ID: 298705


Board Certified Specialty: No  
RADY CHILDRENS HEALTH

NETWORK

 7910 FROST ST STE 180  
SAN DIEGO, CA 92123

 Phone: (858) 966-8574

Fax: (858) 966-7930

 After Hours Phone: (858)  
966-8574

Provider Gender: Male

NPI: 1164593927

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
CHILDRENS HOSP OF LOS  
ANGELES

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network


### **SURGERY NEUROLOGICAL**


#### **MARSHALL, LAWRENCE**

Provider ID: 244150

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273


 After Hours Phone: (800)  
926-8273


Provider Gender: Male

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## D. 專業提供者目錄

NPI: 1750306171

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### SURGERY NEUROLOGICAL


#### **OSORIO, JOSEPH**

Provider ID: 242007

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1437416591

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): **PHAM, MARTIN**

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### SURGERY NEUROLOGICAL


#### **OSORIO, JOSEPH**

Provider ID: 304170

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1437416591

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: UCSD Medical Group


### SURGERY NEUROLOGICAL

Provider ID: 244158

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1609130921

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, TRI CITY MEDICAL CTR,  
PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### SURGERY NEUROLOGICAL


#### **TOMLIN, JEFFREY**

Provider ID: 272950

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103

 Phone: (858) 657-8540

 After Hours Phone: (858)

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## D. 專業提供者目錄

657-8540  
Provider Gender: Male  
NPI: 1366530321  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **U, HOI**

Provider ID: 244132  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
🕒 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1164468146  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

#### **ANDRY, JAMES**

Provider ID: 302086  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
📍 7910 FROST ST STE 340  
SAN DIEGO, CA 92123  
☎ Phone: (858) 824-1703  
Fax: (858) 455-6473  
🕒 After Hours Phone: (858)  
824-1703

Provider Gender: Male  
NPI: 1679726103  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS MERCY  
HOSPITAL, SHARP CHULA  
VISTA MED CTR, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, Sharp  
Grossmont Hospital, SHARP  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL, TRI

CITY MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **SURGERY ORTHOPEDIC**

#### **BALLARD, BROOKE**

Provider ID: 262204  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
📍 5555 RESERVOIR DR STE  
104  
SAN DIEGO, CA 92120  
☎ Phone: (619) 286-9480  
Fax: (619) 286-4568  
🕒 After Hours Phone: (619)  
286-9480  
Provider Gender: Female  
NPI: 1841447950  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: French, Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, SHARP  
MEMORIAL HOSPITAL, UC  
SAN DIEGO HEALTH - EAST

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## D. 專業提供者目錄


CAMPUS MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Imperial Health Holdings  
Medical Group-SD

### **SURGERY ORTHOPEDIC**


**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


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## D. 專業提供者目錄

CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### **SURGERY ORTHOPEDIC**

#### **CHIARAPPA, FRANK**

Provider ID: 304174

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1932536828

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

#### **CHOI, JIHOON**

Provider ID: 284788

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1285097741

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY ORTHOPEDIC**


#### **CIDAMBI, EMILY**

Provider ID: 296446

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1659634699

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network

### **SURGERY ORTHOPEDIC**


#### **CIDAMBI, EMILY**

Provider ID: 246466

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY FL  
3

SAN DIEGO, CA 92123

 Phone: (858) 966-6789

Fax: (858) 966-6706

 After Hours Phone: (858)

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## D. 專業提供者目錄

966-6789  
Provider Gender: Female  
NPI: 1659634699  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network

### **SURGERY ORTHOPEDIC**

#### **EDMONDS, ERIC**

Provider ID: 205495  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800  
Provider Gender: Male  
NPI: 1013048412  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND  
Medi-Cal Open Panel: No

Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: Rady Childrens Health Network

### **SURGERY ORTHOPEDIC**

#### **EDMONDS, ERIC**

Provider ID: 260841  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123  
 Phone: (858) 966-6789  
Fax: (858) 966-6706  
 After Hours Phone: (858) 966-6789  
Provider Gender: Male  
NPI: 1013048412  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT

PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: Rady Childrens Health Network

### **SURGERY ORTHOPEDIC**

#### **GOEB, YANNICK**

Provider ID: 284794  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1730542747  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: German, Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

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## D. 專業提供者目錄

### **SURGERY ORTHOPEDIC**

#### **HURVITZ, ANDREW**

Provider ID: 311579

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1083842371

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

#### **HURVITZ, ANDREW**

Provider ID: 311580

Board Certified Specialty: No

UCSD MEDICAL GROUP

4520 EXECUTIVE DR

SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1083842371

Provider English Spoken: Y Network

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

#### **JACKSON, MADELEINE**

Provider ID: 301818

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1386140085

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: Rady Childrens Health

### **SURGERY ORTHOPEDIC**

#### **KUSNEZOV, NICHOLAS**

Provider ID: 303196

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

7910 FROST ST STE 340

SAN DIEGO, CA 92123

Phone: (858) 824-1703

Fax: (858) 455-6473

After Hours Phone: (858) 824-1703

Provider Gender: Male

NPI: 1396185161

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: TWIN

CITIES COMMUNITY

HOSPITAL, TRI CITY MEDICAL

CTR, PARADISE VALLEY

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SHARP CHULA

VISTA MED CTR, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, Sharp

Grossmont Hospital, Sharp

Grossmont Hospital, SHARP

MEMORIAL HOSPITAL, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):



N

Accessibility: CONTACT

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## D. 專業提供者目錄

### PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### SURGERY ORTHOPEDIC

#### PRUSS, ERIKA

Provider ID: 303797  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123  
 Phone: (858) 966-6789  
Fax: (858) 966-6706  
 After Hours Phone: (858) 966-6789  
Provider Gender: Female  
NPI: 1538402441  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network

### SURGERY ORTHOPEDIC

#### SULLIVAN, THOMAS





Provider ID: 285247  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1437565488  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

---

### SURGERY ORTHOPEDIC

#### SULLIVAN, THOMAS

Provider ID: 304164  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1437565488  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### SURGERY ORTHOPEDIC

#### UPASANI, VIDYADHAR

Provider ID: 205914  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800  
Provider Gender: Male  
NPI: 1548417652  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

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## D. 專業提供者目錄

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL): Network

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network

### **SURGERY ORTHOPEDIC**


#### **UPASANI, VIDYADHAR**

Provider ID: 260953

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY FL 3

SAN DIEGO, CA 92123

 Phone: (858) 966-6789

Fax: (858) 966-6706

 After Hours Phone: (858) 966-6789

Provider Gender: Male

NPI: 1548417652

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

### **SURGERY PEDIATRIC**

#### **BICKLER, STEPHEN**

Provider ID: 270090

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY FL 1

SAN DIEGO, CA 92123


 Phone: (858) 966-7711

Fax: (858) 966-7712

 After Hours Phone: (858) 966-7711

Provider Gender: Male

NPI: 1891866653

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### **SURGERY PEDIATRIC**


#### **GOSMAN, AMANDA**

Provider ID: 205841

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH NETWORK

 7920 FROST ST STE 200

SAN DIEGO, CA 92123

 Phone: (858) 966-5999

Fax: (858) 966-4064

 After Hours Phone: (858) 966-5999

Provider Gender: Female

NPI: 1164436291

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### **SURGERY PEDIATRIC**

#### **KELLER, BENJAMIN**

Provider ID: 285941


Board Certified Specialty: No  
RADY CHILDRENS HEALTH

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-7711

Fax: (858) 966-7712

 After Hours Phone: (858)  
966-7711

Provider Gender: Male

NPI: 1285953364

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### SURGERY PEDIATRIC

#### **KELLER, BENJAMIN**

Provider ID: 272196

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 966-5999

Fax: (858) 966-4064

 After Hours Phone: (858)  
966-5999

Provider Gender: Male

NPI: 1285953364

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network


### SURGERY PEDIATRIC

#### **KLING, KAREN**

Provider ID: 283380

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 966-7711

Fax: (858) 966-7712

 After Hours Phone: (858)  
966-7711

Provider Gender: Female

NPI: 1982775144

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR,  
SHARP MARY BIRCH HOSP

FOR WOMEN AND

NEWBORNS, NATIONAL

NAVAL MED CTR, SHARP

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### SURGERY PEDIATRIC


#### **KLING, KAREN**

Provider ID: 205340


Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 8110 BIRMINGHAM WAY FL  
2

SAN DIEGO, CA 92123

 Phone: (858) 966-7711

Fax: (858) 966-7712

 After Hours Phone: (858)  
966-7711

Provider Gender: Female

NPI: 1982775144

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

DIEGO, UCSD MEDICAL CTR,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, NATIONAL  
NAVAL MED CTR, SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **SURGERY PEDIATRIC**

#### **LAZAR, DAVID**

Provider ID: 283140

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 966-7711

Fax: (858) 966-7712

 After Hours Phone: (858)  
966-7711

Provider Gender: Male

NPI: 1538365002

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### **SURGERY PEDIATRIC**


#### **LAZAR, DAVID**

Provider ID: 205606

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK

 8110 BIRMINGHAM WAY FL  
2

SAN DIEGO, CA 92123

 Phone: (858) 966-7711

Fax: (858) 966-7712

 After Hours Phone: (858)  
966-7711

Provider Gender: Male

NPI: 1538365002


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **SURGERY PEDIATRIC**


#### **THANGARAJAH, HARIHARAN**

Provider ID: 256194

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 966-7711

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

8110 BIRMINGHAM WAY FL  
2  
SAN DIEGO, CA 92123

Phone: (858) 966-7711  
Fax: (858) 966-7712

After Hours Phone: (858)  
966-7711

Provider Gender: Male  
NPI: 1598979593

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### SURGERY PEDIATRIC

**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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

### SURGERY PLASTIC


**KOLB, FREDERIC**

Provider ID: 255576

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123


 Phone: (858) 966-5999

Fax: (858) 966-8394

 After Hours Phone: (858) 966-5999

Provider Gender: Female

NPI: 1790341832

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

### SURGERY PLASTIC


**KOLB, FREDERIC**


Provider ID: 246239

Board Certified Specialty: No

UCSD MEDICAL GROUP


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1790341832

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

### SURGERY PLASTIC

**KOLB, FREDERIC**

Provider ID: 255575

Board Certified Specialty: No

UCSD MEDICAL GROUP

 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1790341832

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

### SURGERY PLASTIC

**KOLB, FREDERIC**

Provider ID: 246240

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## D. 專業提供者目錄

Board Certified Specialty: No  
UCSD MEDICAL GROUP

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790341832

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

### **SURGERY PLASTIC**

**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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

 Hours: M-F 8AM-5PM  
 Website: N/A  
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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

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### **SURGERY PLASTIC**

#### **REID, CHRISTOPHER**

Provider ID: 245523

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 966-5999

Fax: (858) 966-8394

 After Hours Phone: (858)  
966-5999

Provider Gender: Male

NPI: 1982964276

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT

#### **PROVIDER**

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

---

### **SURGERY PLASTIC**


#### **REID, CHRISTOPHER**

Provider ID: 224795

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982964276

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

---


### **SURGERY THORACIC**


#### **FOX, KENNETH**

Provider ID: 257841

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8030

 After Hours Phone: (858)  
966-8030

Provider Gender: Male

NPI: 1235153552

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

---


### **SURGERY THORACIC**


#### **GANTA, SRUJAN**

Provider ID: 256383

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8030


 After Hours Phone: (858)  
966-8030

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider Gender: Male

NPI: 1265071005

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

### **SURGERY THORACIC**


#### **GANTA, SRUJAN**


Provider ID: 275611

Board Certified Specialty: No

UCSD MEDICAL GROUP

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8030

 After Hours Phone: (858)  
966-8030

Provider Gender: Male

NPI: 1265071005

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Network

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

Network

### **SURGERY THORACIC**

#### **NIGRO, JOHN**

Provider ID: 205367


Board Certified Specialty: Yes


RADY CHILDRENS HEALTH

NETWORK

 3030 CHILDRENS WAY STE  
202

SAN DIEGO, CA 92123

 Phone: (858) 966-8030

 Fax: (858) 966-8032

 After Hours Phone: (858)  
966-8030

Provider Gender: Male

NPI: 1881707818

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN


DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

### **SURGERY THORACIC**

#### **VOSSLER, JOHN**

Provider ID: 306389

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## D. 專業提供者目錄

*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,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄




UCSD MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### UROLOGY




#### CHEN, TONY

Provider ID: 283960  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1245684497

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, PALOMAR MEDICAL  
CENTER




Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None



American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group



### UROLOGY

#### KADER, ANDREW

Provider ID: 311541  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1184731127

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### UROLOGY

#### MONGA, MANOJ

Provider ID: 256847

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781




 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1174609127

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON



Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### UROLOGY

#### MONGA, MANOJ

Provider ID: 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)

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## D. 專業提供者目錄

926-8273  
Provider Gender: Female  
NPI: 1174609127  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### UROLOGY

**MONGA, MANOJ**  
Provider ID: 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. 專業提供者目錄

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: 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



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## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*

### UROLOGY

**UNTERBERG, STEPHEN**  
*Provider ID: 284664*  
*Board Certified Specialty: Yes*  
*COMMUNITY CARE IPA LLC*

 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
 *Phone: (619) 297-4707*  
*Fax: (858) 429-7927*

 *After Hours Phone: (619) 297-4707*

*Provider Gender: Male*

*NPI: 1215374210*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*


### UROLOGY

**UNTERBERG, STEPHEN**

*Provider ID: 295833*

*Board Certified Specialty: Yes*  
*IHP OF SOUTHERN CAL-PHP*

 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

 *Phone: (619) 297-4707*

*Fax: (858) 429-7927*

 *After Hours Phone: (619) 297-4707*

*Provider Gender: Male*

*NPI: 1215374210*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*

### **SAN MARCOS**


### CARDIOVASCULAR DISEASE

**BOLER, AMBER**

*Provider ID: 311783*

*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: 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 VALPREDA RD  
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

*Fax: (760) 736-6744*

 *After Hours Phone: (760) 736-6767*

*Provider Gender: Female*

*NPI: 1801522859*

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## D. 專業提供者目錄

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
SA 8AM-4:30PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **CABRAL, ALEJANDRA**

Provider ID: 297888  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 150 VALPREDA RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 736-6744  
 After Hours Phone: (760)  
736-6767  
Provider Gender: Female  
NPI: 1699222620  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **FODDA, RAMI**

Provider ID: 296603  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078  
 Phone: (760) 736-6767  
Fax: (760) 736-6744  
 After Hours Phone: (760)  
736-6767

Provider Gender: Male  
NPI: 1164660452

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-6PM  
SA 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **GARCIA, REGINA**

Provider ID: 297837  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 150 VALPREDA RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 736-6744

After Hours Phone: (760)  
736-6767

Provider Gender: Female  
NPI: 1639673858

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP






### CERTIFIED NURSE PRACTITIONER

#### **HAN, ANGELA**





Provider ID: 300215  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 150 VALPREDA RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 736-6744  
 After Hours Phone: (760)  
736-6767  
Provider Gender: Female  
NPI: 1629242839




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 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 VALPREDA RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 736-6744  
 After Hours Phone: (760)  
736-6767  
Provider Gender: Female  
NPI: 1316544331  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 14\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-8PM  
SA 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER


**MOONEY, PATRICIA**  
Provider ID: 280382  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
 838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069  
 Phone: (760) 747-8935  
Fax: (760) 466-0078  
 After Hours Phone: (760)  
747-8935  
Provider Gender: Female  
NPI: 1700470200  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC


### CERTIFIED NURSE PRACTITIONER

**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 VALPREDA RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

Provider Gender: Female  
NPI: 1972090306

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): Provider ID: 290739*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

---


### **CERTIFIED NURSE PRACTITIONER**

#### **YCASAS, EMILY**

*Provider ID: 307853*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 150 VALPREDA 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 VALPREDA 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 VALPREDA 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*

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### **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*

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## D. 專業提供者目錄

Min/Max Age: 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 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### INTERVENTIONAL CARDIOLOGY

#### **SUDHAKAR, DEEPTHI**

Provider ID: 291607

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1811307051

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital, SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 15\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### NEUROLOGY

#### **ANDER, AZIZ**

Provider ID: 290382

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

838 NORDAHL RD STE 310

SAN MARCOS, CA 92069

Phone: (442) 999-5977

Fax: (442) 999-5914

After Hours Phone: (442)  
999-5977

Provider Gender: Male

NPI: 1316131832

Provider English Spoken: Y

Provider Language(s)  
Spoken: Faroese, Pashto,  
Persian, Urdu

Cultural Competency: N

Hospital Affiliation: DESERT

REGIONAL MED CTR, JOHN F

KENNEDY MEMORIAL HOSP,

PALOMAR HEALTH, PALOMAR

MEDICAL CENTER, TEMECULA

VALLEY HOSPITAL INC

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-4:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### NEUROLOGY

#### **GUPTA, MONIKA**

Provider ID: 307938

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Phone: (760) 281-3662

Fax: (760) 316-5268

After Hours Phone: (760)  
281-3662

Provider Gender: Female

NPI: 1922243401

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: TEMECULA

VALLEY HOSPITAL INC, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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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

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### **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

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### **PEDIATRICS**

**LUM HO, RACHEL**

Provider ID: 304047

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 150 VALPREDA RD  
SAN MARCOS, CA 92069

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

☎ 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 VALPREDA 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 VALPREDA 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 VALPREDA 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

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## D. 專業提供者目錄

*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: 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 VALPREDA 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 VALPREDA 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, LYNDIA**

Provider ID: 299716

*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)

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## D. 專業提供者目錄

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 VALPREDA 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 VALPREDA 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 VALPREDA 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 VALPREDA 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


 *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. 專業提供者目錄

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP</i></p> <hr/> <p style="text-align: center;"><b><u>FAMILY PRACTICE</u></b></p> <p><b>CHOU, SUSANNA</b></p> <p><i>Provider ID: 310842</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>Fax: (619) 205-6305</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1104889724</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Chinese, Mandarin, Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY 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):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p>	<p><i>IPA: IHP of Southern Cal-PHP</i></p> <hr/> <p style="text-align: center;"><b><u>FAMILY PRACTICE</u></b></p> <p><b>DALUGDUGAN, ESTHER</b></p> <p><i>Provider ID: 302285</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>Fax: (619) 205-6305</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1962662718</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Tagalog</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: SHARP CHULA VISTA MED 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 8:30AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP</i></p> <hr/> <p style="text-align: center;"><b><u>FAMILY PRACTICE</u></b></p> <p><b>GOLU, CRISTIANA</b></p> <p><i>Provider ID: 310232</i></p> <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 4004 BEYER BLVD</p>	<p>SAN YSIDRO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i></p> <p><i>Fax: (619) 205-6305</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1083684997</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Romanian</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP</i></p> <hr/> <p style="text-align: center;"><b><u>FAMILY PRACTICE</u></b></p> <p><b>MANSOUR, SABAH</b></p> <p><i>Provider ID: 310230</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>Fax: (619) 205-6305</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1194388637</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Arabic</i></p> <p><i>Cultural Competency: N</i></p>
---	---	---

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

 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

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## D. 專業提供者目錄

### 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. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄



 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **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,


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

PARADISE VALLEY HOSPITAL,  
TRI CITY MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **CARDIOVASCULAR DISEASE**

#### **ABELHAD, NADIA**

Provider ID: 306897

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1619400801

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, Sharp  
Grossmont Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-8PM

F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### **CARDIOVASCULAR DISEASE**

#### **ABELHAD, NADIA**

Provider ID: 306896

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1619400801

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, Sharp  
Grossmont Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-8PM  
F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### **CARDIOVASCULAR DISEASE**

#### **DO, HULBERT**

Provider ID: 290574

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1679733760

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, Sharp  
Grossmont Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 9AM-8PM  
M-TH 9AM-8PM

F 9AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **CERTIFIED ACUPUNCTURIST**

#### **DUFFIELD, GARY**

Provider ID: 310925

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### 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: 311752

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1306428131

Provider English Spoken: Y

Provider Language(s)  
Spoken: Korean, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### **CERTIFIED ACUPUNCTURIST**

#### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1518166685

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-8PM  
F 9AM-5PM

SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**APRIL, MONIQUE**

Provider ID: 306977

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1093288730

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**APRIL, MONIQUE**

Provider ID: 306980

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1093288730

Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**APRIL, MONIQUE**

Provider ID: 307939

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1093288730

Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### CERTIFIED NURSE PRACTITIONER

#### **AYELE, MAHOGANY**

Provider ID: 257586

Board Certified Specialty: No  
BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1902120421

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N  
IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-8PM  
F 8AM-5PM

SA 9AM-4PM

Website: N/A

IPA: BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

### CERTIFIED NURSE PRACTITIONER

#### **AYELE, MAHOGANY**

Provider ID: 257587

Board Certified Specialty: No  
BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (844) 308-5003

Fax: (760) 414-3763

After Hours Phone: (844)  
308-5003

Provider Gender: Female

NPI: 1902120421

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N  
IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT

Accessibility: CONTACT  
PROVIDER

Hours: M 8AM-5PM  
TU 10:30AM-7:30PM

W-F 8AM-5PM

Website: N/A

### CERTIFIED NURSE PRACTITIONER

#### **BERNETICH, MEGHAN**

Provider ID: 304506

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3702

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1629354360

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM  
SA 9AM-4PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **BERNETICH, MEGHAN**

Provider ID: 302526

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3702

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1629354360

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\24

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

SA 9AM-4PM  
Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE PRACTITIONER**

---

#### **CARDINELL, ANNA**

Provider ID: 291411  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
910 SYCAMORE AVE STE  
270  
VISTA, CA 92081  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1306978614  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Website: N/A  
IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**

---

**CHILAKA, SAMUEL**  
Provider ID: 301311

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Provider Gender: Male  
NPI: 1679140644  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8AM-8PM  
F 8AM-5PM  
SA 9AM-4PM  
Website: N/A  
IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE PRACTITIONER**

---

**CHILAKA, SAMUEL**  
Provider ID: 301312  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Provider Gender: Male

NPI: 1679140644  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8AM-8PM  
F 8AM-5PM  
SA 9AM-4PM  
Website: N/A  
IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE PRACTITIONER**

---

**CORY, ALLISON**  
Provider ID: 245207  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1194027706  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

🕒 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

**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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

---

### 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

Medi-Cal Open Panel: Yes

Min/Max 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄





 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。








## D. 專業提供者目錄

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。



## D. 專業提供者目錄

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1477588598

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH 9AM-8PM  
F 9AM-5PM

SA 9AM-4PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### OPTOMETRIST

#### **GEE, JENNIFER**

Provider ID: 273114

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1336589332

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL

MEDICAL CENTER-FRESNO,

CALIFORNIA PACIFIC

MEDICAL CENTER - D P APH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M 8AM-5PM  
TU 9:30AM-5PM

W 8AM-5PM

TH 10AM-7PM

F 8AM-5PM

SA 9AM-4PM

🌐 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### OPTOMETRIST

#### **GEE, JENNIFER**

Provider ID: 273113

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1336589332

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL

MEDICAL CENTER-FRESNO,

CALIFORNIA PACIFIC

MEDICAL CENTER - D P APH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH 8AM-8PM  
F 9AM-5PM

SA 9AM-4PM

🌐 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### OPTOMETRIST

#### **GEE, JENNIFER**

Provider ID: 290208

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1336589332

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL





MEDICAL CENTER-FRESNO,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄







CALIFORNIA PACIFIC  
MEDICAL CENTER - D P APH  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8AM-8PM  
F 9AM-5PM  
SA 9AM-4PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OPTOMETRIST

**GEE, JENNIFER**  
Provider ID: 290209  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1336589332  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC  
MEDICAL CENTER - D P APH  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None








American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8AM-5PM  
TU 9:30AM-5PM  
W 8AM-5PM  
TH 10AM-7PM  
F 8AM-5PM  
SA 9AM-4PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OPTOMETRIST

**KIM, MICHAEL**  
Provider ID: 290697  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Male  
NPI: 1164546313  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-W 8AM-5PM  
TH 10:30AM-7:30PM  
F 8AM-5PM

Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OPTOMETRIST







**KIM, MICHAEL**  
Provider ID: 290903  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Male  
NPI: 1164546313  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 8AM-5PM  
M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OPTOMETRIST

**KIM, MICHAEL**  
Provider ID: 245239  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
 134 GRAPEVINE RD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。






## D. 專業提供者目錄



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

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### **OPTOMETRIST**

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**MORA, WENDY**  
 Provider ID: 290236  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 NPI: 1376958389  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish


Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 9AM-8PM  
 F 9AM-5PM  
 SA 9AM-4PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

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### **OPTOMETRIST**

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**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**

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**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

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### **OPTOMETRIST**

---

**TAM, EMILY**  
 Provider ID: 277978

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## D. 專業提供者目錄

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. 專業提供者目錄

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

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### **REGISTERED PHYSICAL**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。





## D. 專業提供者目錄




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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---

### INTERNAL MEDICINE CRITICAL CARE MEDICINE

#### **PATEL, SAGAR**

Provider ID: 283000

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

☎ Phone: (951) 677-1111

Fax: (951) 677-9757

🕒 After Hours Phone: (951)  
677-1111

Provider Gender: Male

NPI: 1245672302

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST

HEALTHCARE INLAND  
VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

---

### INTERNAL MEDICINE CRITICAL CARE MEDICINE

#### **TRAN, LINH**

Provider ID: 202658

Board Certified Specialty: Yes  
UCSD MEDICAL GROUP

📍 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

☎ Phone: (951) 677-1111

🕒 After Hours Phone: (951)  
677-1111

Provider Gender: Female

NPI: 1851682728

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST

HEALTHCARE RANCHO  
SPRINGS HOSPITAL,

SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

---

### PULMONARY DISEASES

#### **KUMAR, AVNEE**

Provider ID: 300013

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 36485 INLAND VALLEY DR

WILDOMAR, CA 92595

☎ Phone: (951) 677-1111

Fax: (951) 677-9757

🕒 After Hours Phone: (951)  
677-1111

Provider Gender: Female

NPI: 1750745394

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SOUTHWEST

HEALTHCARE INLAND  
VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

---

### PULMONARY DISEASES

#### **SURI, RAJAT**

Provider ID: 283349

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

☎ Phone: (951) 677-1111

Fax: (951) 677-9757

🕒 After Hours Phone: (951)  
677-1111

Provider Gender: Male

NPI: 1144615337

🗨 Provider English Spoken: Y  
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---

*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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## E. 醫院名錄 - 普通急症醫院

### GROSSMONT HOSPITAL

Provider ID: 170046

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Phone: (619) 740-6000

After Hours Phone: (619)  
740-6000

Accepting New Patients: No  
Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

License Number: 080000006  
NPI: 1528041811

Website: [www.sharp.com/hospitals/grossmont/](http://www.sharp.com/hospitals/grossmont/)

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Birth Friendly: Y

### KINDRED HOSPITAL SAN DIEGO

Provider ID: 169663

1940 EL CAJON BLVD  
SAN DIEGO, CA 92104

Phone: (619) 543-4500

After Hours Phone: (619)  
543-4500

Accepting New Patients: No  
Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

NPI: 1992880512

Website: N/A

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PALOMAR HEALTH

Provider ID: 170052

15615 POMERADO RD  
POWAY, CA 92064

Phone: (858) 613-4000

After Hours Phone: (858)  
613-4000

Accepting New Patients: No  
Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

License Number: 080000127  
NPI: 1376513754

Website: [www.palomarhealth.org/facilities/palomar-poway-outpatient](http://www.palomarhealth.org/facilities/palomar-poway-outpatient)

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### 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

Birth 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## E. 醫院名錄 - 普通急症醫院

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## E. 醫院名錄 - 普通急症醫院

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## E. 醫院名錄 - 普通急症醫院


Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:


JCAHO

 Hours: 24 Hours / 7 days/week

NPI: 1154304475

 Website: [www.sharp.com/hospitals/coronado/](http://www.sharp.com/hospitals/coronado/)


American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

### SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS

Provider ID: 170054

 3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

 Phone: (858) 939-3400

 After Hours Phone: (858) 939-3400

Accepting New Patients: No  
Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:

JCAHO

 Hours: 24 Hours / 7 days/week

License Number: 080000039

NPI: 1407839921

 Website: [www.sharp.com](http://www.sharp.com)

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

Birth Friendly: Y

### SHARP MEMORIAL HOSPITAL

Provider ID: 170047

 7901 FROST ST  
SAN DIEGO, CA 92123

 Phone: (858) 939-3400


 After Hours Phone: (858) 939-3400

Accepting New Patients: No  
Min/Max Age: 0\None


 Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

 Hours: 24 Hours / 7 days/week

NPI: 1407839921

 Website: [www.sharp.com/hospitals/memorial/](http://www.sharp.com/hospitals/memorial/)

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER


Birth Friendly: Y

### TRI CITY MEDICAL CTR

Provider ID: 170049

 4002 VISTA WAY  
OCEANSIDE, CA 92056

 Phone: (760) 724-8411

 After Hours Phone: (760) 724-8411

Accepting New Patients: No  
Min/Max Age: 0\None


 Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

 Hours: 24 Hours / 7 days/week

NPI: 1801861190

 Website: [www.tricitymed.org](http://www.tricitymed.org)

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER


Birth Friendly: Y

### UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER

Provider ID: 685221

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (619) 287-3270


 After Hours Phone: (619) 287-3270

Accepting New Patients: No  
Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

 Hours: 24 Hours / 7 days/week

License Number: 090000013

NPI: 1184722779

 Website: N/A

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

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## E. 醫院名錄 - 普通急症醫院

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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. 長期護理 (LTC) 和專業護理機構 (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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。





## F. 長期護理 (LTC) 和專業護理機構 (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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## F. 長期護理 (LTC) 和專業護理機構 (SNF)


### PROVIDER

#### PARKSIDE HEALTH AND WELLNESS CENTER


Provider ID: 349923

 444 W LEXINGTON AVE  
EL CAJON, CA 92020

 Phone: (619) 442-7744


 After Hours Phone: (619)  
442-7744

Accepting New Patients: No  
NPI: 1447653340

 Website: <http://parksidehealth.net>

Credentials and/or  
certifications:

 Site English Spoken: Y

 Site Language(s) Spoken:  
Spanish, Tagalog

Cultural Competency: N


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### SAN DIEGO POST ACUTE CENTER

Provider ID: 173508

 1201 S ORANGE AVE  
EL CAJON, CA 92020

 Phone: (619) 441-1988

Fax: (619) 441-7416

 After Hours Phone: (619)  
441-1988

Accepting New Patients: No  
NPI: 1285061085

 Website: <http://sdpostacute.com>

Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### SOMERSET SUBACUTE AND CARE

Provider ID: 348526

 151 CLAYDELLE AVE  
EL CAJON, CA 92020

 Phone: (619) 442-0245

Fax: (614) 423-3631

 After Hours Phone: (619)  
442-0245

Accepting New Patients: No  
NPI: 1073916987

 Website: <http://somensetsubacute.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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## F. 長期護理 (LTC) 和專業護理機構 (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. 長期護理 (LTC) 和專業護理機構 (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. 長期護理 (LTC) 和專業護理機構 (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. 長期護理 (LTC) 和專業護理機構 (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

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## F. 長期護理 (LTC) 和專業護理機構 (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

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## F. 長期護理 (LTC) 和專業護理機構 (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

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## F. 長期護理 (LTC) 和專業護理機構 (SNF)

Fax: (760) 721-9872

☎ After Hours Phone: (760) 721-1706

Accepting New Patients: No  
NPI: 1962488007

🌐 Website: N/A  
Credentials and/or  
certifications:

☑ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### POWAY

#### BOULDER CREEK POST ACUTE

Provider ID: 276987

📍 12696 MONTE VISTA RD  
POWAY, CA 92064

☎ Phone: (858) 487-6242  
Fax: (858) 487-4282

☎ After Hours Phone: (858) 487-6242

Accepting New Patients: No

🕒 Hours: M-F 8AM-5PM  
NPI: 1073902672

🌐 Website: [http://bouldercre  
ekpa.com](http://bouldercre<br/>ekpa.com)

Credentials and/or  
certifications:

☑ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

#### POWAY HEALTHCARE CENTER

Provider ID: 171989

📍 15632 POMERADO RD  
POWAY, CA 92064

☎ Phone: (858) 485-5153  
Fax: (858) 485-7694

☎ After Hours Phone: (858) 485-5153

Accepting New Patients: No  
NPI: 1407035512

🌐 Website: [http://powaycare.  
com](http://powaycare.<br/>com)

Credentials and/or  
certifications:

☑ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

#### THE VILLAS AT POWAY

Provider ID: 172642

📍 15615 POMERADO RD  
POWAY, CA 92064

☎ Phone: (858) 613-4545  
☎ After Hours Phone: (858) 613-4545

Accepting New Patients: No  
NPI: 1619947090

🌐 Website: [www.palomarheal  
th.org/skilled-  
nursing/villa  
- pomerado](http://www.palomarheal<br/>th.org/skilled-<br/>nursing/villa-<br/>pomerado)

Credentials and/or  
certifications:

☑ Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### SAN DIEGO

#### ACCESS TO INDEPENDENCE

Provider ID: 417267

📍 8885 RIO SAN DIEGO DR  
STE 131  
SAN DIEGO, CA 92108

☎ Phone: (619) 293-3500  
Fax: (619) 704-2054

☎ After Hours Phone: (619) 293-3500

Accepting New Patients: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## F. 長期護理 (LTC) 和專業護理機構 (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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## F. 長期護理 (LTC) 和專業護理機構 (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

NPI: 1669875563

 Website: [http://missionhills  
postacute.com](http://missionhillspostacute.com)  
Credentials and/or  
certifications:

Site English Spoken: Y  
 Site Languages(s) Spoken:  
Tagalog, Spanish  
Cultural Competency: N

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### RADY CHILDRENS

#### CONVALESCENT HOSPITAL

Provider ID: 172200

 8022 BIRMINGHAM DR  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5833  
Fax: (858) 966-8558

 After Hours Phone: (858)  
966-5833



 Website: [www.rchsd.org](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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## F. 長期護理 (LTC) 和專業護理機構 (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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## F. 長期護理 (LTC) 和專業護理機構 (SNF)

☎ After Hours Phone: (619)  
232-2946

Accepting New Patients: No  
NPI: 1811963028

🌐 Website: <https://windsorgo.com>  
[Idenhill.com](https://windsorgo.com)

Credentials and/or  
certifications:

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### SAN MARCOS

#### CARLO HOUSE

Provider ID: 662931

📍 411 CARLO ST  
SAN MARCOS, CA 92078

☎ Phone: (760) 721-1706

Fax: (760) 721-9872

☎ After Hours Phone: (760)  
721-1706

Accepting New Patients: No  
NPI: 1962488007

🌐 Website: N/A  
Credentials and/or

certifications:

☐ Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### SANTEE

#### STANFORD COURT SKILLED NURSING AND REHAB CENTER

Provider ID: 171994

📍 8778 CUYAMACA ST  
SANTEE, CA 92071

☎ Phone: (619) 449-5555

☎ After Hours Phone: (619)  
449-5555

Accepting New Patients: No

🕒 Hours: SU-SA 8AM-5PM

NPI: 1184628554

🌐 Website: [www.lifegen.net/S](http://www.lifegen.net/S)  
[tanfordcourt/](http://www.lifegen.net/S)

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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## F. 長期護理 (LTC) 和專業護理機構 (SNF)

 Phone: (619) 931-1151  
Fax: (224) 233-1397

 After Hours Phone: (619) 931-1151

Accepting New Patients: No


 Hours: SU-SA 8AM-5PM  
NPI: 1649375403

 Website: [covivingmountmi-guel.org](http://covivingmountmi-guel.org)

Credentials and/or certifications:

 Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### MOUNT MIGUEL COVENANT VILLAGE HEALTH FAC


Provider ID: 171969

 325 KEMPTON ST  
SPRING VALLEY, CA 91977

 Phone: (619) 931-1151  
Fax: (224) 233-1397

 After Hours Phone: (619) 931-1151

Accepting New Patients: No

 Hours: SU-SA 8AM-5PM  
NPI: 1649375403

 Website: [www.mountmiguelcovenantvillage.org](http://www.mountmiguelcovenantvillage.org)

Credentials and/or certifications:

 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

### VALLEY CENTER

#### AMREEN HOME

Provider ID: 658588

 13873 OAKWOOD GLEN PL  
VALLEY CENTER, CA 92082

 Phone: (760) 751-9879  
Fax: (760) 749-3019

 After Hours Phone: (760) 751-9879

Accepting New Patients: No

NPI: 1700160405

 Website: N/A

Credentials and/or certifications:

 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

### VISTA

#### 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

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## F. 長期護理 (LTC) 和專業護理機構 (SNF)

NPI: 1962488007

 Website: N/A  
 Credentials and/or  
 certifications:

Site English Spoken: Y  
 Cultural Competency: N


American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER

### HAYDEN HOME


Provider ID: 664442

 822 GRANADA DR  
 VISTA, CA 92083

 Phone: (760) 941-8052  
 Fax: (949) 218-1670

 After Hours Phone: (760)  
 941-8052

Accepting New Patients: No  
 NPI: 1245400670

 Website: N/A  
 Credentials and/or  
 certifications:


Site English Spoken: Y  
 Cultural Competency: N


American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER

### LA FUENTE POST ACUTE


Provider ID: 429590


 247 E BOBIER DR  
 VISTA, CA 92084

 Phone: (760) 945-3033

 After Hours Phone: (760)  
 945-3033

Accepting New Patients: No

 Hours: SU-SA 8:30AM-5PM  
 NPI: 1366802696

 Website: N/A  
 Credentials and/or  
 certifications:

Site English Spoken: Y  
 Cultural Competency: N


American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

### LIFE CARE CENTER OF VISTA


Provider ID: 171970

 304 N MELROSE DR  
 VISTA, CA 92083

 Phone: (760) 724-8222  
 Fax: (760) 941-4870

 After Hours Phone: (760)  
 724-8222

Accepting New Patients: No  
 Hours: SU-SA 9AM-5PM  
 NPI: 1811942063

 Website: www.lcca.com  
 Credentials and/or  
 certifications:

Site English Spoken: Y

Site Language(s) Spoken:  
 Tagalog

Cultural Competency: N


American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

### MARSHALL HOUSE


Provider ID: 662924

 758 S MELROSE DR  
 VISTA, CA 92081

 Phone: (760) 721-1706  
 Fax: (760) 721-9872

 After Hours Phone: (760)  
 721-1706

Accepting New Patients: No  
 NPI: 1962488007

 Website: N/A  
 Credentials and/or  
 certifications:

Site English Spoken: Y  
 Cultural Competency: N


American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

### MONTGOMERY HOUSE


Provider ID: 662927

 1658 MONTGOMERY DR  
 VISTA, CA 92084

 Phone: (760) 721-1706  
 Fax: (760) 721-9872

 After Hours Phone: (760)  
 721-1706

Accepting New Patients: No  
 NPI: 1962488007

 Website: N/A  
 Credentials and/or  
 certifications:

Site English Spoken: Y  
 Cultural Competency: N

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## F. 長期護理 (LTC) 和專業護理機構 (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


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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## F. 長期護理 (LTC) 和專業護理機構 (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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## G. 基於社群的成人服務 (CBAS) - 成人日間服務

### CHULA VISTA

#### OPEN ARMS ADHC

Provider ID: 417307

301 E J ST  
CHULA VISTA, CA 91910

Phone: (619) 420-1404

Fax: (619) 420-1408

After Hours Phone: (619) 420-1404

Accepting New Patients: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## G. 基於社群的成人服務 (CBAS) - 成人日間服務

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 Language(s) Spoken: Spanish, Tagalog  
Hours: M-F 8AM-4:30PM  
License Number: 060000582  
NPI: 1396476388  
Accessibility: CONTACT PROVIDER  
American Sign Language (ASL): N  
Language line interpreter services: N  
If Facility has completed cultural competence training:

Facility has access to skilled medical interpreters on site?: N  
Interpreter Non-English  
Languages: N  
Website: N/A

### POWAY

#### POWAY ADULT DAY HEALTH CARE CENTER

Provider ID: 404183  
12250 CROSTHWAITE CIR  
POWAY, CA 92064  
Phone: (858) 748-5044  
Fax: (858) 748-5405  
After Hours Phone: (858) 748-5044  
Accepting New Patients: No

License Number: 60000822  
NPI: 1568659977  
Accessibility: CONTACT PROVIDER  
American Sign Language (ASL): N  
Language line interpreter services: N  
If Facility has completed cultural competence training: N  
Facility has access to skilled medical interpreters on site?: N  
Interpreter Non-English  
Languages: N  
Website: N/A

### SAN DIEGO

#### CASA PACIFICA ADHCC

Provider ID: 417303  
1424 30TH ST STE C  
SAN DIEGO, CA 92154  
Phone: (619) 424-8181  
After Hours Phone: (619) 424-8181  
Accepting New Patients: No  
NPI: 1609920305  
Accessibility: CONTACT PROVIDER  
American Sign Language (ASL): N  
Language line interpreter services: N  
If Facility has completed cultural competence training: N

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## G. 基於社群的成人服務 (CBAS) - 成人日間服務

Facility has access to skilled medical interpreters on site?: N  
 Interpreter Non-English  
 Languages: N  
 Website: [www.casa-pacifica.com](http://www.casa-pacifica.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)

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## H. 縣居家支援服務 (IHSS)


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### SAN DIEGO

#### AGING & INDEPENDENCE SERVICES

*Specialty: Case Management*

 5560 OVERLAND AVE  
SAN DIEGO, CA 92123

 Phone: (858) 495-5885


*License Number: 1710308986*

*Accessibility: CONTACT*

#### PROVIDER

 Hours: M-F

*8:00AM-5:00PM*

 Website: [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/inhome\\_supportive\\_services.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/inhome_supportive_services.html)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

# I. 心理健康名錄

## 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

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# I. 心理健康名錄

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

## 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

## GALLO, LINDA

Provider Gender: Female

License Number: PSY27375

NPI: 1427773621

Provider English Spoken: Y

Cultural Competency: N

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# I. 心理健康名錄

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. 心理健康名錄

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. 心理健康名錄

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): Provider English Spoken: Y*

*N*

 *Accessibility: CONTACT PROVIDER*

## **CASEY, SHANNON**

*Provider Gender: Female*

*License Number: PSY31889*

*NPI: 1548873755*

*Provider English Spoken: Y*


*Provider Language(s) Spoken:*

*Sign Language*

*Cultural Competency: N*

*SHANNON K CASEY*

 215 W MADISON AVE  
EL CAJON, CA 92020

 *Phone: (760) 737-6935*

*Fax: (760) 741-2782*

 *After Hours Phone: (760) 737-6935*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 9AM-7PM*

## **CASEY, SHANNON**

*Provider Gender: Female*

*License Number: PSY31889*

*NPI: 1548873755*

*Provider English Spoken: Y*


*Provider Language(s) Spoken:*

*Sign Language*

*Cultural Competency: N*


*SHANNON K CASEY*

 215 W MADISON AVE  
EL CAJON, CA 92020

 *Phone: (760) 737-6935*

*Fax: (760) 741-2782*

 *After Hours Phone: (760) 737-6935*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 9AM-7PM*

## **CRUZ, GUADALUPE**

*Provider Gender: Male*

*License Number: LCS101900*

*NPI: 1649727942*

*Provider English Spoken: Y*

*Provider Language(s) Spoken:*


*Spanish*

*Cultural Competency: N*

*GUADALUPE A CRUZ*

 855 E MADISON AVE

EL CAJON, CA 92020

 *Phone: (619) 440-2751*

*Fax: (360) 462-2746*

 *After Hours Phone: (619) 440-2751*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

## **GARNER, SARAH**

*Provider Gender: Female*

*License Number: LCS106507*

*NPI: 1124476809*

*Provider English Spoken: Y*


*Provider Language(s) Spoken:*

*Spanish*

*Cultural Competency: N*

*SARAH J GARNER*

 855 E MADISON AVE  
EL CAJON, CA 92020

 *Phone: (619) 440-2751*

*Fax: (360) 462-2746*

 *After Hours Phone: (619) 440-2751*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*



 *Site Languages(s) Spoken: Chinese, Mandarin, Arabic,*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

# I. 心理健康名錄

*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. 心理健康名錄

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. 心理健康名錄

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. 心理健康名錄





520-8300  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
 Site Language(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 18\None  
Gender Restriction: No Gender  
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 Language(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 12\None  
Gender Restriction: No Gender








restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

## 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 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

## 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

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# I. 心理健康名錄


Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: 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. 心理健康名錄





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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上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medical)。此提供  
者目錄中的資訊可能會更改。

# I. 心理健康名錄


 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. 心理健康名錄

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: 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. 心理健康名錄

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 12\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## MILES, RENEE

Provider Gender: Female

License Number: LCS70204


NPI: 1053763623

Provider English Spoken: Y

Cultural Competency: N

RENEE S MILES

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4720

Fax: (760) 457-4700

 After Hours Phone: (760) 451-4720

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## WAGONER, KENYADA

Provider Gender: Female

License Number: LCS114731


NPI: 1760172688

Provider English Spoken: Y

Cultural Competency: N

KENYADA M WAGONER

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4720


Fax: (760) 457-4700

 After Hours Phone: (760) 451-4720

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site 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

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### BOOTH, CHRISTOPHER

Provider Gender: Male

License Number: PSY26073


NPI: 1568893162


Provider English Spoken: Y

Cultural Competency: N

CHRISTOPHER R BOOTH

 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender


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# I. 心理健康名錄

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. 心理健康名錄






*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**  
 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)*

*926-8273*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender*  
*restriction*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*

**DUARTE, KRISTEN**  
*Provider Gender: Female*  
*License Number: PSY31227*  
*NPI: 1093119364*  
*Provider English Spoken: Y*  
*Cultural Competency: N*  
**KRISTEN L DUARTE**  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)*  
*926-8273*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender*  
*restriction*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-5PM*

**EGAN, KAITLYN**  
*Provider Gender: Female*  
*License Number: PSY32214*  
*NPI: 1629653860*  
*Provider English Spoken: Y*  
*Cultural Competency: N*  
**KAITLYN N EGAN**  
 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender*  
*restriction*  
*American Sign Language (ASL):*  
*N*  
 *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. 心理健康名錄

LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: 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. 心理健康名錄

Accepting New Patients: Yes

Site English Spoken: Y

TDD: 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. 心理健康名錄

TDD: 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. 心理健康名錄

Accepting New Patients: Yes

Site English Spoken: Y


TDD: 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. 心理健康名錄

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): Provider Language(s) Spoken: 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): Provider English Spoken: Y*

*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. 心理健康名錄

*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*

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# I. 心理健康名錄

## **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. 心理健康名錄

 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

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# I. 心理健康名錄

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: 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. 心理健康名錄

 *Site Languages(s) Spoken:* Spanish, Portuguese


*TDD: U*

*Min/Max Age: 18\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 9AM-5PM*

## **LAD, NIKISHA**

*Provider Gender: Female*

*License Number: LCS120676*


*NPI: 1942857107*

*Provider English Spoken: Y*

*Cultural Competency: N*

**NIKISHA J LAD**

 2400 E 8TH ST  
NATIONAL CITY, CA 91950

 *Phone: (619) 662-4100*

*Fax: (619) 259-2807*

 *After Hours Phone: (619) 662-4100*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: SU 8AM-5PM*

*M-F 8AM-5PM*

## **SACHS, MELISSA**

*Provider Gender: Female*

*License Number: LCS76968*


*NPI: 1649760356*

*Provider English Spoken: Y*


*Cultural Competency: N*


**MELISSA R SACHS**

 2400 E 8TH ST  
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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。




# I. 心理健康名錄

*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*

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# I. 心理健康名錄





Site English 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 Language(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 Language(s) Spoken: Spanish  
TDD: U  
Min/Max Age: 5\80

Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N





 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
SA 9AM-4PM

## **BELL, JENNIFER**


Provider Gender: Female

License Number: 20A20702  
NPI: 1154614956

Provider English Spoken: Y  
Cultural Competency: N  
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 Language(s) Spoken: Spanish  
TDD: U  
Min/Max Age: 5\80

Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
SA 9AM-4PM

## **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. 心理健康名錄

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

📍 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. 心理健康名錄


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

## DOUGHERTY, CHRISTINE

Provider Gender: Female

License Number: LCS26686


NPI: 1003194960

Provider English Spoken: Y

Cultural Competency: N

CHRISTINE A DOUGHERTY

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## DOUGHERTY, CHRISTINE

Provider Gender: Female


License Number: LCS26686

NPI: 1003194960


Provider English Spoken: Y  
Cultural Competency: N

CHRISTINE A DOUGHERTY

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-8PM  
F 8AM-5PM  
SA 8AM-4PM

## DOUGHERTY, CHRISTINE

Provider Gender: Female


License Number: LCS26686

NPI: 1003194960

Provider English Spoken: Y  
Cultural Competency: N

CHRISTINE A DOUGHERTY

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 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. 心理健康名錄

- 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  
 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760) 631-5000*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*
- Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*
- NEVILLE, MARGARET**  
*Provider Gender: Female*  
*License Number: LCS82407*  
*NPI: 1073682407*  
*Provider English Spoken: Y*  
*Cultural Competency: N*  
MARGARET R NEVILLE  
 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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

# I. 心理健康名錄

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

## 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

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# I. 心理健康名錄

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. 心理健康名錄

*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):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

## **SMITH, SONYA**

*Provider Gender: Female*

*License Number: LCS82598*

*NPI: 1902070857*


*Provider English Spoken: Y*

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency: N*

**SONYA L SMITH**

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

## **SMITH, SONYA**

*Provider Gender: Female*

*License Number: LCS82598*

*NPI: 1902070857*

*Provider English Spoken: Y*

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# I. 心理健康名錄

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

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 9AM-4PM

## 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






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# I. 心理健康名錄

 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

## POWAY

### 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. 心理健康名錄


*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. 心理健康名錄

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): HUMA BAQIR

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## BAQIR, HUMA

Provider Gender: Female

License Number: A188608

NPI: 1306499132

Provider English Spoken: Y

Cultural Competency: N

HUMA BAQIR

 6645 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

## BAQIR, HUMA

Provider Gender: Female

License Number: A188608


NPI: 1306499132

Provider English Spoken: Y

Cultural Competency: N

HUMA BAQIR

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

## BAQIR, HUMA

Provider Gender: Female

License Number: A188608

NPI: 1306499132

Provider English Spoken: Y

Cultural Competency: N

HUMA BAQIR

 350 DICKINSON ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

## BASS, GURGIANA

Provider Gender: Female

License Number: PSY24750


NPI: 1639325277


Provider English Spoken: Y

Cultural Competency: N

GURGIANA BASS

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858) 279-0925

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U


Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-4:30PM  
TU 8AM-12PM

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# I. 心理健康名錄

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

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# I. 心理健康名錄

*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. 心理健康名錄


 Phone: (858) 810-8700  
 Fax: (858) 633-4680

 After Hours Phone: (858) 810-8700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## **CHESHER, NICHOLAS**

Provider Gender: Male

License Number: PSY29290



NPI: 1124539697

Provider English Spoken: Y

Cultural Competency: N

NICHOLAS J CHESHER

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## **CHOI, MIN**

Provider Gender: Female

License Number: MFC135952


NPI: 1871195107


Provider English Spoken: Y


Cultural Competency: N

MIN H CHOI

 10737 CAMINO RUIZ STE  
235

 Phone: (844) 200-2426  
 Fax: (858) 578-4417

 After Hours Phone: (844) 200-2426

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM

## **CIOBANU, COSMINA**

Provider Gender: Female


License Number: A137628



NPI: 1285049932

Provider English Spoken: Y

Cultural Competency: N

COSMINA S CIOBANU

 3010 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700  
 Fax: (858) 966-8164

 After Hours Phone: (858) 576-1700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## **CIOBANU, COSMINA**

Provider Gender: Female

License Number: A137628



NPI: 1285049932

Provider English Spoken: Y

Cultural Competency: N

COSMINA S CIOBANU


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700  
 Fax: (858) 966-8164

 After Hours Phone: (858) 576-1700

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# I. 心理健康名錄

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\19  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


## **CIOBANU, COSMINA**

Provider Gender: Female  
License Number: A137628  
NPI: 1285049932

Provider English Spoken: Y  
Cultural Competency: N

COSMINA S CIOBANU

 8001 FROST ST  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700  
Fax: (858) 966-8164

 After Hours Phone: (858) 576-1700

 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y

TDD: U


Min/Max Age: 0\19

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

## **CIOBANU, COSMINA**


Provider Gender: Female  
License Number: A137628  
NPI: 1285049932


Provider English Spoken: Y  
Cultural Competency: N

COSMINA S CIOBANU

 4510 EXECUTIVE DR STE 315

SAN DIEGO, CA 92121

 Phone: (858) 534-8019

 After Hours Phone: (858) 534-8019

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **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. 心理健康名錄








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  
**DEACON, CASSIE**  
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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

# I. 心理健康名錄

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. 心理健康名錄

 *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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

# I. 心理健康名錄

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. 心理健康名錄

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*

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# I. 心理健康名錄

License Number: LCS28742

NPI: 1881198554

Provider English Spoken: Y

Cultural Competency: N

RICHARD R GARCIA

2630 1ST AVE

SAN DIEGO, CA 92103

Phone: (619) 234-2158

Fax: (619) 234-0206

After Hours Phone: (619)  
234-2158

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-4:30PM

## **GARCIA, JENNI**

Provider Gender: Female

License Number: LPCC10346

NPI: 1437775863

Provider English Spoken: Y

Provider Language(s) Spoken:  
Spanish

Cultural Competency: N

JENNI GARCIA

3025 BEYER BLVD

SAN DIEGO, CA 92154

Phone: (619) 662-4100

Fax: (619) 662-4119

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## **GIAMONA, KRISTEN**

Provider Gender: Female

License Number: PSY28419

NPI: 1376824383

Provider English Spoken: Y

Cultural Competency: N

KRISTEN M GIAMONA

6973 LINDA VISTA RD

SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

## **GIAMONA, KRISTEN**

Provider Gender: Female

License Number: PSY28419

NPI: 1376824383

Provider English Spoken: Y

Cultural Competency: N

KRISTEN M GIAMONA

7011 LINDA VISTA RD

SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

## **GOMEZ, JUANITA**

Provider Gender: Female

License Number: PSY27439

NPI: 1790915759

Provider English Spoken: Y

Provider Language(s) Spoken:

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# I. 心理健康名錄

*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


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# I. 心理健康名錄





 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

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# I. 心理健康名錄

*Min/Max Age: 2\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

## **KRUCKENBERG, KATHERINE**

*Provider Gender: Female*  
*License Number: A184317*  
*NPI: 1518595826*  
*Provider English Spoken: Y*  
*Cultural Competency: N*  
KATHERINE M  
KRUCKENBERG

 350 DICKINSON ST  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*


*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

## **KRUCKENBERG, KATHERINE**

*Provider Gender: Female*



*License Number: A184317*  
*NPI: 1518595826*  
*Provider English Spoken: Y*  
*Cultural Competency: N*  
KATHERINE M  
KRUCKENBERG

 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*


## **KRUCKENBERG, KATHERINE**

*Provider Gender: Female*  
*License Number: A184317*  
*NPI: 1518595826*  
*Provider English Spoken: Y*  
*Cultural Competency: N*  
KATHERINE M  
KRUCKENBERG

 6645 ALVARADO RD  
SAN DIEGO, CA 92120  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*



 *After Hours Phone: (800) 926-8273*



 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*

*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

## **KRUCKENBERG, KATHERINE**

*Provider Gender: Female*  
*License Number: A184317*  
*NPI: 1518595826*  
*Provider English Spoken: Y*  
*Cultural Competency: N*  
KATHERINE M  
KRUCKENBERG

 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*

*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL):*

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# I. 心理健康名錄

- 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**  
 9333 GENESEE AVE STE 200  
SAN DIEGO, CA 92121  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*
- TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*
- LEBENSOHN CHIALVO, FLORENCIA**  
*Provider Gender: Female*  
*License Number: PSY30776*  
*NPI: 1134788730*  
*Provider English Spoken: Y*  
*Cultural Competency: N*
- FLORENCIA LEBENSOHN CHIALVO**  
 7910 FROST ST STE 350  
SAN DIEGO, CA 92123  
 *Phone: (858) 496-4800*  
 *After Hours Phone: (858) 496-4800*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

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# I. 心理健康名錄

## **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*

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# I. 心理健康名錄

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


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# I. 心理健康名錄

## 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

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# I. 心理健康名錄

*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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

# I. 心理健康名錄


 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
Fax: (619) 687-1067  
 After Hours Phone: (619)  
233-8500  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM


## **MIRON, JEAN-PHILIPPE**

Provider Gender: Male  
License Number: A186033  
NPI: 1952178196

Provider English Spoken: Y  
Cultural Competency: N

JEAN-PHILIPPE MIRON

 6645 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


## **MIRON, JEAN-PHILIPPE**

Provider Gender: Male  
License Number: A186033  
NPI: 1952178196

Provider English Spoken: Y  
Cultural Competency: N

JEAN-PHILIPPE MIRON

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## **MIRON, JEAN-PHILIPPE**

Provider Gender: Male

License Number: A186033


NPI: 1952178196

Provider English Spoken: Y  
Cultural Competency: N

JEAN-PHILIPPE MIRON

 16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


## **MONTOYA, JESSICA**

Provider Gender: Female  
License Number: PSY31647  
NPI: 1003421256

Provider English Spoken: Y  
Cultural Competency: N

JESSICA L MONTOYA

 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

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# I. 心理健康名錄

*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*

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# I. 心理健康名錄

*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*

 *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

 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*

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# I. 心理健康名錄

**PROVIDER**  
🕒 Hours: M-F 8AM-5PM

## **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

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# I. 心理健康名錄

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

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# I. 心理健康名錄

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

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# I. 心理健康名錄



*Cultural Competency: N*  
ISABEL A RIBEIRO CALDAS  
DOMINGUES

 350 DICKINSON ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM



## **RICHARD, MARLA**

Provider Gender: Female  
License Number: G65188  
NPI: 1578720934

Provider English Spoken: Y  
Cultural Competency: N  
MARLA G RICHARD

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y

TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

## **RICHARD, MARLA**

Provider Gender: Female  
License Number: G65188  
NPI: 1578720934



Provider English Spoken: Y  
Cultural Competency: N  
MARLA G RICHARD

 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

## **RIVERA, KEVIN**


Provider Gender: Male

License Number: A193862  
NPI: 1760986715  
Provider English Spoken: Y  
Cultural Competency: N

KEVIN J RIVERA  
 6645 ALVARADO RD  
SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U





Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

## **RIVERA, KEVIN**

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

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# I. 心理健康名錄

Accepting New Patients: Yes

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

 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

## 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. 心理健康名錄

restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## SAWYER, CAROLYN

Provider Gender: Female

License Number: A149116


NPI: 1043653249

Provider English Spoken: Y


Cultural Competency: N

CAROLYN M SAWYER

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 246-0794

Fax: (858) 496-9257

 After Hours Phone: (858)  
246-0794

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y


TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## SAWYER, CAROLYN

Provider Gender: Female

License Number: A149116

NPI: 1043653249


Provider English Spoken: Y

Cultural Competency: N


CAROLYN M SAWYER

 3030 CHILDRENS WAY FL  
4

SAN DIEGO, CA 92123

 Phone: (858) 966-4032

Fax: (858) 966-6227

 After Hours Phone: (858)  
966-4032

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## SCHELLINGER, KRISTON

Provider Gender: Female

License Number: PSY26313

NPI: 1710234273


Provider English Spoken: Y


Cultural Competency: N


KRISTON B SCHELLINGER

 330 LEWIS ST

SAN DIEGO, CA 92103

 Phone: (858) 246-1979

 After Hours Phone: (858)  
246-1979

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## SCHELLINGER, KRISTON

Provider Gender: Female

License Number: PSY26313

NPI: 1710234273

Provider English Spoken: Y


Cultural Competency: N

KRISTON B SCHELLINGER

 9333 GENESEE AVE STE  
200

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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# I. 心理健康名錄

## SCHELLINGER, KRISTON

Provider Gender: Female  
License Number: PSY26313  
NPI: 1710234273

Provider English Spoken: Y  
Cultural Competency: N

KRISTON B SCHELLINGER

9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131

Phone: (858) 246-1979

After Hours Phone: (858)  
246-1979

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## SCHLOSSER, TARA

Provider Gender: Female  
License Number: MFC107868  
NPI: 1407220437

Provider English Spoken: Y  
Cultural Competency: N

TARA S SCHLOSSER

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)

926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

## SCHNEEBERGER, ANDRES

Provider Gender: Male  
License Number: C175502  
NPI: 1184867376

Provider English Spoken: Y  
Cultural Competency: N

ANDRES R SCHNEEBERGER

6645 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

## SERIO, TAYLOR

Provider Gender: Female  
License Number: LCS107050  
NPI: 1093217382

Provider English Spoken: Y  
Cultural Competency: N

TAYLOR L SERIO

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925  
Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## SERIO, TAYLOR

Provider Gender: Female  
License Number: LCS107050  
NPI: 1093217382

Provider English Spoken: Y  
Cultural Competency: N


TAYLOR L SERIO

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

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# I. 心理健康名錄

 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. 心理健康名錄

Accepting New Patients: Yes

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 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

## 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. 心理健康名錄

- 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**  
 4290 POLK AVE  
SAN DIEGO, CA 92105  
 *Phone: (619) 563-0250*  
*Fax: (858) 633-4681*  
 *After Hours Phone: (619) 563-0250*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 5\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*
- TO, TUAN**  
*Provider Gender: Male*  
*License Number: PSY30204*  
*NPI: 1255696183*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken: Vietnamese*  
*Cultural Competency: N*  
**TUAN TO**  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
*Fax: (858) 633-4680*  
 *After Hours Phone: (858) 279-0925*  
 *Website: N/A*  
*Accepting New Patients: Yes*
- Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 5\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*
- TO, TUAN**  
*Provider Gender: Male*  
*License Number: PSY30204*  
*NPI: 1255696183*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken: Vietnamese*  
*Cultural Competency: N*  
**TUAN TO**  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 *Phone: (858) 810-8700*  
*Fax: (858) 633-4680*  
 *After Hours Phone: (858) 810-8700*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 5\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*








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# I. 心理健康名錄

## **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. 心理健康名錄

**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):

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# I. 心理健康名錄


**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. 心理健康名錄

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. 心理健康名錄

*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. 心理健康名錄

 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. 心理健康名錄

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. 心理健康名錄

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. 心理健康名錄

## **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 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*


## **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*

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# I. 心理健康名錄

## VISTA

### BARUCH, VANIA

Provider Gender: Female  
License Number: LCS102454  
NPI: 1205469053  
Provider English Spoken: Y  
Cultural Competency: N  
VANIA M BARUCH

1000 VALE TERRACE DR  
VISTA, CA 92084  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M 8AM-7PM  
W 8AM-6:30PM  
TH 8:30AM-7PM  
F 8:30AM-12PM

### BARUCH, VANIA

Provider Gender: Female  
License Number: LCS102454  
NPI: 1205469053  
Provider English Spoken: Y  
Cultural Competency: N

### VANIA M BARUCH

134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M 8AM-7PM  
W 8AM-6:30PM  
TH 8:30AM-7PM  
F 8:30AM-12PM

### BELL, JENNIFER

Provider Gender: Female  
License Number: 20A20702  
NPI: 1154614956  
Provider English Spoken: Y  
Cultural Competency: N  
JENNIFER L BELL

1000 VALE TERRACE DR  
VISTA, CA 92084  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website: N/A  
Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Chinese, Farsi, Estonian, Vietnamese, Hindi, Tagalog, French, Korean, Marathi, Spanish, Telugu  
TDD: U  
Min/Max Age: 5\80  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM  
SA 9AM-4PM

### BELL, JENNIFER

Provider Gender: Female  
License Number: 20A20702  
NPI: 1154614956  
Provider English Spoken: Y  
Cultural Competency: N  
JENNIFER L BELL

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y

Site Languages(s) Spoken: Chinese, Farsi, Estonian, Vietnamese, Hindi, Tagalog, French, Korean, Marathi, Spanish, Telugu

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# I. 心理健康名錄

TDD: 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




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

# I. 心理健康名錄

 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: restriction  
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  
 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

## 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

# I. 心理健康名錄

SA 9AM-4PM

## NEVILLE, MARGARET

Provider Gender: Female

License Number: LCS82407

NPI: 1073682407

Provider English Spoken: Y

Cultural Competency: N

MARGARET R NEVILLE

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

## 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



# I. 心理健康名錄


 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

# I. 心理健康名錄


*American Sign Language (ASL):* Provider English Spoken: Y  
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

 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*

## **SMITH, SONYA**

*Provider Gender: Female*  
*License Number: LCS82598*  
*NPI: 1902070857*

*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*

## **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*


## **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*

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## J. 視力提供者目錄 - 眼科和視力服務

### ALPINE

#### AOTO, KIM, OD

Provider Gender: Female

License Number: 14524

NPI: 1780935650

Provider English Spoken: Y

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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

### DYER, SHARON, OD

Provider Gender: Female

License Number: 33450


NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

 Phone: (619) 445-2687

Fax: (619) 445-0801

 After Hours Phone: (619) 445-2687

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9AM-5PM

TU 10AM-6PM

W 9AM-5PM

TH 8AM-5PM

F 9AM-4PM

### HUANG, GRACE, OD

Provider Gender: Female

License Number: 35485


NPI: 1013605526

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

 Phone: (619) 445-2687

Fax: (619) 445-0801

 After Hours Phone: (619) 445-2687

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9AM-5PM

TU 10AM-6PM

W 9AM-5PM

TH 8AM-5PM

F 9AM-4PM

### KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943


NPI: 1700556438


Provider English Spoken: Y

Provider Language(s) Spoken: Arabic

Cultural Competency: Y

ACUITY EYE GROUP

 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

 Phone: (619) 445-2687

Fax: (619) 445-0801

 After Hours Phone: (619) 445-2687

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9AM-5PM

TU 10AM-6PM

W 9AM-5PM

TH 8AM-5PM

F 9AM-4PM

### KATZMAN, BARRY, MD

Provider Gender: Male

License Number: A34834

NPI: 1760473797

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### **MCGRAW, JOSEPH, MD**

Provider Gender: Male  
License Number: A155228  
NPI: 1588624852  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
📍 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
☎ Phone: (619) 445-2687  
Fax: (619) 445-0801  
🕒 After Hours Phone: (619) 445-2687  
Accepting New Patients: Yes  
📄 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male

License Number: A125435  
NPI: 1235366782  
Provider English Spoken: Y  
Provider Language(s) Spoken: Indonesian, Spanish  
Cultural Competency: Y  
ACUITY EYE GROUP  
📍 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
☎ Phone: (619) 445-2687  
Fax: (619) 445-0801  
🕒 After Hours Phone: (619) 445-2687  
Accepting New Patients: Yes  
📄 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### **PATEL, SARJAN, MD**

Provider Gender: Male  
License Number: A114976  
NPI: 1316199326  
Provider English Spoken: Y  
Provider Language(s) Spoken: Gujarati, Hindi, Spanish

Cultural Competency: Y  
ACUITY EYE GROUP  
📍 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
☎ Phone: (619) 445-2687  
Fax: (619) 445-0801  
🕒 After Hours Phone: (619) 445-2687  
Accepting New Patients: Yes  
📄 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### **PATEL, GITANE, MD**

Provider Gender: Male  
License Number: A108603  
NPI: 1710171434  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
📍 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
☎ Phone: (619) 445-2687  
Fax: (619) 445-0801  
🕒 After Hours Phone: (619)

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## J. 視力提供者目錄 - 眼科和視力服務

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. 視力提供者目錄 - 眼科和視力服務

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798

NPI: 1477968667

Provider English Spoken: Y

Provider Language(s) Spoken:  
Spanish

Cultural Competency: Y

### ACUITY EYE GROUP

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM

TU 10AM-6PM

W 9AM-5PM

TH 8AM-5PM

F 9AM-4PM

### ZAIDI, NOORINA, OD

Provider Gender: Female

License Number: 35615

NPI: 1023477262

Provider English Spoken: Y

Cultural Competency: Y

### ACUITY EYE GROUP

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM

TU 10AM-6PM

W 9AM-5PM

TH 8AM-5PM

F 9AM-4PM

### BONITA

### CHA, DANIEL, OD

Provider Gender: Male

License Number: 14779

NPI: 1386078020

Provider English Spoken: Y

Provider Language(s) Spoken:  
Spanish

Cultural Competency: Y

### EYECARE OF BONITA

4502 BONITA RD  
BONITA, CA 91902

Phone: (619) 479-7334

Fax: (619) 475-3456

After Hours Phone: (619)  
479-7334

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M 8AM-6:30PM

W 8AM-6PM

TH 8AM-1PM

F 8AM-6PM

SA 9AM-2PM

### CARLSBAD

### HO, TRAM, OD

Provider Gender: Female

License Number: 13485

NPI: 1245464460

Provider English Spoken: Y

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: Y

### EYE STYLE OPTOMETRY

5814 VAN ALLEN WAY STE  
146

CARLSBAD, CA 92008

Phone: (760) 606-2020

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## J. 視力提供者目錄 - 眼科和視力服務

☎ *After Hours Phone: (760) 606-2020*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Language(s) Spoken: Spanish, Vietnamese*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 ⌚ *Hours: TU 9AM-5PM*  
*W 10AM-6PM*  
*TH 9AM-5PM*  
*F 8AM-4PM*  
*SA 9AM-3PM*

### **RAMOLIA, ANIKA, OD**

*Provider Gender: Female*  
*License Number: 13802*  
*NPI: 1205084787*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken: Hindi, Spanish*  
*Cultural Competency: Y*  
**BEACON OPTOMETRY**  
 7720 EL CAMINO REAL STE G  
 CARLSBAD, CA 92009  
 *Phone: (760) 278-8068*  
*Fax: (760) 278-3539*  
 *After Hours Phone: (760) 278-8068*  
*Accepting New Patients: Yes*

*Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 ⌚ *Hours: M-W 8:30AM-5PM*  
*TH 10:30AM-7PM*  
*F 8:30AM-5PM*

### **THAN, CINDY, OD**

*Provider Gender: Female*  
*License Number: 13602*  
*NPI: 1316103633*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken: Vietnamese*  
*Cultural Competency: Y*  
**PIER VISION OPTOMETRY**  
 2525 EL CAMINO REAL STE 125  
 CARLSBAD, CA 92008  
 *Phone: (760) 912-5552*  
*Fax: (619) 996-0700*  
 *After Hours Phone: (760) 912-5552*

*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*

*Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 ⌚ *Hours: TU-F 11AM-6PM*  
*SA 11AM-6PM*

### **CHULA VISTA**

**CASTILLEJOS, DAVID, MD**  
*Provider Gender: Male*  
*License Number: A44482*  
*NPI: 1558446401*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken: French, Portuguese, Spanish, Tagalog*  
*Cultural Competency: Y*  
**CASTILLEJOS EYE INSTITUTE MED GROUP**  
 342 F ST  
 CHULA VISTA, CA 91910  
 *Phone: (619) 422-1471*  
*Fax: (619) 271-7044*  
 *After Hours Phone: (619) 422-1471*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Language(s) Spoken: French, Spanish, Tagalog*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within*

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## J. 視力提供者目錄 - 眼科和視力服務

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. 視力提供者目錄 - 眼科和視力服務

 557 H ST  
 CHULA VISTA, CA 91910  
 Phone: (619) 422-0139  
 Fax: (619) 422-0066  
 After Hours Phone: (619)  
 422-0139  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Language(s) Spoken:  
 Spanish, Vietnamese  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1T  
 Hours: M 9AM-5PM  
 TU 9AM-6PM  
 W 9AM-5PM  
 TH 9AM-6PM  
 F 8AM-4PM  
 SA 9AM-2PM




### **KALRA, ANKUR, OD**

Provider Gender: Male  
 License Number: 11898  
 NPI: 1124195789  
 Provider English Spoken: Y  
 Provider Language(s) Spoken:  
 Hindi  
 Cultural Competency: Y  
 OTAY RANCH EYEWORKS  
 OPTOMETRY  
 1741 EASTLAKE PKWY STE




101  
 CHULA VISTA, CA 91915  
 Phone: (619) 421-6600  
 Fax: (619) 421-6006  
 After Hours Phone: (619)  
 421-6600  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Language(s) Spoken:  
 Hindi, Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1U  
 Hours: SU 10AM-4PM  
 M-F 9AM-7PM  
 SA 9AM-5PM

### **KEDDINGTON, JOAN, OD**

Provider Gender: Female  
 License Number: 6263  
 NPI: 1992872691  
 Provider English Spoken: Y  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: Y  
 OTAY RANCH EYEWORKS  
 OPTOMETRY  
 1741 EASTLAKE PKWY STE  
 101  
 CHULA VISTA, CA 91915  
 Phone: (619) 421-6600

Fax: (619) 421-6006  
 After Hours Phone: (619)  
 421-6600  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Language(s) Spoken:  
 Hindi, Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1U  
 Hours: SU 10AM-4PM  
 M-F 9AM-7PM  
 SA 9AM-5PM

### **KIM, JENNY, OD**

Provider Gender: Female  
 License Number: 35831  
 NPI: 1497588362  
 Provider English Spoken: Y  
 Provider Language(s) Spoken:  
 Korean  
 Cultural Competency: Y  
 OTAY RANCH EYEWORKS  
 OPTOMETRY  
 1741 EASTLAKE PKWY STE  
 101  
 CHULA VISTA, CA 91915  
 Phone: (619) 421-6600  
 Fax: (619) 421-6006  
 After Hours Phone: (619)  
 421-6600

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## J. 視力提供者目錄 - 眼科和視力服務

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. 視力提供者目錄 - 眼科和視力服務

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

- Site Languages(s) Spoken:* restriction  
*French, Spanish, Tagalog*  
*Min/Max Age:* 0\None  
*Gender Restriction:* No Gender restriction  
*American Sign Language (ASL):* Public transportation (within 1/2 mile from Site): 1U  
 *Accessibility:* CONTACT PROVIDER  
*Public transportation (within 1/2 mile from Site):* 1T  
 *Hours:* M 8AM-5PM  
 TU 7AM-5PM  
 W-F 8AM-5PM
- SCOVILL, ALEXANDRA, OD**  
*Provider Gender:* Female  
*License Number:* 33711  
*NPI:* 1184146094  
*Provider English Spoken:* Y  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Y  
**CASTILLEJOS EYE INSTITUTE MED GROUP**  
 342 F ST  
 CHULA VISTA, CA 91910  
 *Phone:* (619) 422-1471  
*Fax:* (619) 271-7044  
 *After Hours Phone:* (619) 422-1471  
*Accepting New Patients:* Yes  
 *Site English Spoken:* Y  
 *Site Languages(s) Spoken:* French, Spanish, Tagalog  
*Min/Max Age:* 0\None  
*Gender Restriction:* No Gender restriction
- Site English Spoken:* Y  
 *Site Languages(s) Spoken:* Hindi, Spanish  
*Min/Max Age:* 0\None  
*Gender Restriction:* No Gender restriction  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Public transportation (within 1/2 mile from Site):* 1U  
 *Hours:* SU 10AM-4PM  
 M-F 9AM-7PM  
 SA 9AM-5PM
- TOUBIA, ELIAS, OD**  
*Provider Gender:* Male  
*License Number:* 33758  
*NPI:* 1740701481  
*Provider English Spoken:* Y  
*Provider Language(s) Spoken:* Arabic  
*Cultural Competency:* Y  
**OTAY RANCH EYEWORKS OPTOMETRY**  
 1741 EASTLAKE PKWY STE 101  
 CHULA VISTA, CA 91915  
 *Phone:* (619) 421-6600  
*Fax:* (619) 421-6006  
 *After Hours Phone:* (619) 421-6600  
*Accepting New Patients:* Yes  
 *Site English Spoken:* Y  
 *Site Languages(s) Spoken:* Hindi, Spanish  
*Min/Max Age:* 0\None  
*Gender Restriction:* No Gender restriction  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Public transportation (within 1/2 mile from Site):* 1U  
 *Hours:* SU 10AM-4PM  
 M-F 9AM-7PM  
 SA 9AM-5PM
- SOLIS, KEVIN, OD**  
*Provider Gender:* Male  
*License Number:* 10420  
*NPI:* 1538362116  
*Provider English Spoken:* Y  
*Cultural Competency:* Y  
**OTAY RANCH EYEWORKS OPTOMETRY**  
 1741 EASTLAKE PKWY STE 101  
 CHULA VISTA, CA 91915  
 *Phone:* (619) 421-6600  
*Fax:* (619) 421-6006  
 *After Hours Phone:* (619) 421-6600  
*Accepting New Patients:* Yes  
 *Site English Spoken:* Y  
 *Site Languages(s) Spoken:* 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

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## J. 視力提供者目錄 - 眼科和視力服務

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  
801 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  
801 523 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  
801 801 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  
801 801 ORANGE AVE STE 204  
CORONADO, CA 92118  
Phone: (619) 437-4406

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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. 視力提供者目錄 - 眼科和視力服務

*Russian*

*Cultural Competency: Y*

ALVARADO EYE ASSOCIATES  
MED CLINIC INC

801 ORANGE AVE STE 204  
CORONADO, CA 92118

Phone: (619) 437-4406

Fax: (619) 522-7983

After Hours Phone: (619)  
437-4406

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-4:30PM  
TU 9AM-3PM  
W-TH 9AM-4:30PM

### EL CAJON

**AOTO, KIM, OD**

Provider Gender: Female

License Number: 14524

NPI: 1780935650

Provider English Spoken: Y

Provider Language(s) Spoken:

Spanish, Vietnamese

Cultural Competency: Y

RETINA INSTITUTE OF

CALIFORNIA MEDICAL GROUP

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Phone: (619) 440-5400

Fax: (619) 440-0239

After Hours Phone: (619)  
440-5400

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8:30AM-6PM

**ASIS, STEPHANIE, OD**

Provider Gender: Female

License Number: 34013

NPI: 1902383540

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF

CALIFORNIA MEDICAL GROUP

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Phone: (619) 440-5400

Fax: (619) 440-0239

After Hours Phone: (619)  
440-5400

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender

restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8:30AM-6PM

**BAUMANN, DANIELA, OD**

Provider Gender: Female

License Number: 34530

NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF

CALIFORNIA MEDICAL GROUP

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Phone: (619) 440-5400

Fax: (619) 440-0239

After Hours Phone: (619)  
440-5400

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8:30AM-6PM

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## J. 視力提供者目錄 - 眼科和視力服務

### **BINDER, NICHOLAS, MD**

*Provider Gender: Male*  
*License Number: A124698*  
*NPI: 1306076716*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
RETINA INSTITUTE OF  
CALIFORNIA MEDICAL GROUP  
300 S PIERCE ST STE 200  
EL CAJON, CA 92020  
*Phone: (619) 440-5400*  
*Fax: (619) 440-0239*  
*After Hours Phone: (619) 440-5400*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*  
*Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
*Hours: M-F 8:30AM-6PM*

### **BUTLER, KIM, OD**

*Provider Gender: Male*  
*License Number: 6405*  
*NPI: 1467444844*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
KIM J BUTLER OD  
1273 BROADWAY  
EL CAJON, CA 92021

*Phone: (619) 579-2345*  
*Fax: (619) 579-0876*  
*After Hours Phone: (619) 579-2345*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
*Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
*Hours: M-F 9AM-5PM SA 9AM-12AM*

### **CHAN, KWOK FUNG, OD**

*Provider Gender: Male*  
*License Number: 35087*  
*NPI: 1407508385*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
WERNER OPTOMETRY  
2650 JAMACHA RD STE 155  
EL CAJON, CA 92019  
*Phone: (619) 670-6296*  
*Fax: (619) 670-8852*  
*After Hours Phone: (619) 670-6296*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*Site Language(s) Spoken: Italian, Spanish*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender*


*restriction*  
*American Sign Language (ASL): N*  
*Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
*Hours: M 9AM-5PM TU 10AM-5PM W-TH 9AM-5PM F 8AM-2PM*

### **DEAN, MOENA, OD**

*Provider Gender: Female*  
*License Number: 33955*  
*NPI: 1265927578*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
RETINA INSTITUTE OF  
CALIFORNIA MEDICAL GROUP  
300 S PIERCE ST STE 200  
EL CAJON, CA 92020  
*Phone: (619) 440-5400*  
*Fax: (619) 440-0239*  
*After Hours Phone: (619) 440-5400*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
*Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*

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## J. 視力提供者目錄 - 眼科和視力服務

 Hours: M-F 8:30AM-6PM

### **DYER, SHARON, OD**

Provider Gender: Female

License Number: 33450


NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

 Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### **HAN, SULKI, OD**

Provider Gender: Female

License Number: 34171

NPI: 1750802195

Provider English Spoken: Y


Provider Language(s) Spoken:

Korean

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP


 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### **HSU, CHRISTOPHER, MD**

Provider Gender: Male

License Number: A65973


NPI: 1336167618

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP


 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### **HUANG, GRACE, OD**

Provider Gender: Female

License Number: 35485


NPI: 1013605526

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP


 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction


American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

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## J. 視力提供者目錄 - 眼科和視力服務

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 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

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## J. 視力提供者目錄 - 眼科和視力服務

*Gender 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*

### **TON-NU, MY LINH, OD**

*Provider Gender: Female*

*License Number: 34990*

*NPI: 1245733476*


*Provider English Spoken: Y*

*Cultural Competency: Y*

RETINA INSTITUTE OF

CALIFORNIA MEDICAL GROUP


 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 *Phone: (619) 440-5400*

*Fax: (619) 440-0239*


 *After Hours Phone: (619) 440-5400*

*Accepting New Patients: Yes*


 *Site English Spoken: Y*  
*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-F 8:30AM-6PM*

### **TONNU, ANH, OD**

*Provider Gender: Female*

*License Number: 11318*

*NPI: 1679521280*


*Provider English Spoken: Y*

*Provider Language(s) Spoken: Vietnamese*

*Cultural Competency: Y*

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 *Phone: (619) 440-5400*

*Fax: (619) 440-0239*

 *After Hours Phone: (619) 440-5400*

*Accepting New Patients: Yes*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender 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. 視力提供者目錄 - 眼科和視力服務

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. 視力提供者目錄 - 眼科和視力服務


*Provider Language(s) Spoken:*

*Spanish, Vietnamese*

*Cultural Competency: Y*

**ACUITY EYE GROUP**

 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024


 *Phone: (760) 943-7141*

*Fax: (760) 943-0371*

 *After Hours Phone: (760)  
943-7141*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Language(s) Spoken:  
Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-F 8AM-5PM*

### **BANSAL, PREETI, MD**

*Provider Gender: Female*

*License Number: A90890*

*NPI: 1871664631*

*Provider English Spoken: Y*


*Provider Language(s) Spoken:  
Spanish*

*Cultural Competency: Y*


**RADY CHILDRENS HOSPITAL  
ENCINITAS**

 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

 *Phone: (858) 309-7702*

*Fax: (858) 966-7403*

 *After Hours Phone: (858)  
309-7702*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

 *Hours: M-F 8AM-5PM*

### **BAUMANN, DANIELA, OD**

*Provider Gender: Female*

*License Number: 34530*


*NPI: 1982232146*

*Provider English Spoken: Y*

*Cultural Competency: Y*

**ACUITY EYE GROUP**

 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024


 *Phone: (760) 943-7141*

*Fax: (760) 943-0371*

 *After Hours Phone: (760)  
943-7141*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Language(s) Spoken:  
Spanish*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender*

*restriction*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-F 8AM-5PM*

### **BHATIA, SHAGUN, MD**

*Provider Gender: Female*


*License Number: A154902*

*NPI: 1104237353*


*Provider English Spoken: Y*

*Cultural Competency: Y*

**RADY CHILDRENS HOSPITAL  
ENCINITAS**

 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

 *Phone: (858) 309-7702*

*Fax: (858) 966-7403*

 *After Hours Phone: (858)  
309-7702*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

 *Hours: M-F 8AM-5PM*

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## J. 視力提供者目錄 - 眼科和視力服務

### **CHANG, TOM, MD**

Provider Gender: Male

License Number: A69909

NPI: 1609848969

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Phone: (760) 943-7141

Fax: (760) 943-0371

After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### **DEAN, MOENA, OD**

Provider Gender: Female

License Number: 33955

NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Phone: (760) 943-7141

Fax: (760) 943-0371

After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### **DYER, SHARON, OD**

Provider Gender: Female

License Number: 33450

NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Phone: (760) 943-7141

Fax: (760) 943-0371

After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### **HUDSON, HENRY, MD**

Provider Gender: Male

License Number: G76091

NPI: 1851349195

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Phone: (760) 943-7141

Fax: (760) 943-0371

After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

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## J. 視力提供者目錄 - 眼科和視力服務

### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## J. 視力提供者目錄 - 眼科和視力服務

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. 視力提供者目錄 - 眼科和視力服務

Fax: (858) 966-7403


 After Hours Phone: (858) 309-7702

Accepting New Patients: Yes


Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### **SAMUEL, MICHAEL, MD**

Provider Gender: Male

License Number: A83237


NPI: 1730175670

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 320 SANTA FE DR STE 104 ENCINITAS, CA 92024

 Phone: (760) 943-7141

Fax: (760) 943-0371

 After Hours Phone: (760) 943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL): Provider Gender: Male

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **TON-NU, MY LINH, OD**

Provider Gender: Female

License Number: 34990


NPI: 1245733476

Provider English Spoken: Y


Cultural Competency: Y

ACUITY EYE GROUP

 320 SANTA FE DR STE 104 ENCINITAS, CA 92024

 Phone: (760) 943-7141

Fax: (760) 943-0371

 After Hours Phone: (760) 943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **VINH, JOHN, OD**

Provider Gender: Male

License Number: 14177


NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 320 SANTA FE DR STE 104 ENCINITAS, CA 92024

 Phone: (760) 943-7141

Fax: (760) 943-0371

 After Hours Phone: (760) 943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **VIVIRITO, MARY, OD**

Provider Gender: Female

License Number: 33798

NPI: 1477968667

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish


Cultural Competency: Y



ACUITY EYE GROUP

 320 SANTA FE DR STE 104 ENCINITAS, CA 92024

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## J. 視力提供者目錄 - 眼科和視力服務

 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. 視力提供者目錄 - 眼科和視力服務

*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. 視力提供者目錄 - 眼科和視力服務

Public transportation (within 1/2 mile from Site): IT

🕒 Hours: M-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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## J. 視力提供者目錄 - 眼科和視力服務


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

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. 視力提供者目錄 - 眼科和視力服務

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. 視力提供者目錄 - 眼科和視力服務

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## J. 視力提供者目錄 - 眼科和視力服務

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): IT*

 *Hours: M-TH 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*

*Public transportation (within 1/2 mile from Site): IT*

*Hours: M-F 8:30AM-4:30PM*

### **MARYOUNG, ALLISON, OD**

*Provider Gender: Female*

*License Number: 35512*

*NPI: 1083309124*


*Provider English Spoken: Y*

*Cultural Competency: Y*


**ACUITY EYE GROUP**

 700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026


 *Phone: (760) 743-5872*

*Fax: (760) 743-5879*

 *After Hours Phone: (760) 743-5872*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Language(s) Spoken: Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): IT*

 *Hours: M-F 8AM-5PM*

### **MCGRAW, JOSEPH, MD**

*Provider Gender: Male*

*License Number: A155228*

*NPI: 1588624852*


*Provider English Spoken: Y*

*Cultural Competency: Y*


**ACUITY EYE GROUP**

 700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026


 *Phone: (760) 743-5872*

*Fax: (760) 743-5879*

 *After Hours Phone: (760) 743-5872*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Language(s) Spoken: Spanish*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): IT*

 *Hours: M-F 8AM-5PM*

### **MOLL, ANGELA, MD**

*Provider Gender: Female*

*License Number: A105472*

*NPI: 1861648602*

*Provider English Spoken: Y*

*Cultural Competency: Y*

**RADY CHILDRENS**


**SPECIALISTS**

 2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029


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## J. 視力提供者目錄 - 眼科和視力服務

 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. 視力提供者目錄 - 眼科和視力服務

### **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 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**

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 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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 者目錄中的資訊可能會更改。


## J. 視力提供者目錄 - 眼科和視力服務

*Spanish*  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **SAMUEL, MICHAEL, MD**

Provider Gender: Male

License Number: A83237

NPI: 1730175670


Provider English Spoken: Y

Cultural Competency: Y


ACUITY EYE GROUP

 700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026

 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **THACH, TERILYN, OD**

Provider Gender: Female

License Number: 11456

NPI: 1710030861


Provider English Spoken: Y

Provider Language(s) Spoken: Vietnamese

Cultural Competency: Y

INSIGHT VISION OPTOMETRY

 2419 E VALLEY PKWY ESCONDIDO, CA 92027

 Phone: (760) 738-9931

Fax: (760) 888-2181

 After Hours Phone: (760) 738-9931

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Vietnamese

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TU 9:30AM-5PM TH 10AM-6PM

F 9:30AM-5PM

### **TO, BRITTANY, OD**

Provider Gender: Female

License Number: 10651

NPI: 1306997143

Provider English Spoken: Y


Provider Language(s) Spoken: Vietnamese

Cultural Competency: Y


ACUITY EYE GROUP

 700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026

 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **TON-NU, MY LINH, OD**

Provider Gender: Female

License Number: 34990

NPI: 1245733476

Provider English Spoken: Y


Cultural Competency: Y


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## J. 視力提供者目錄 - 眼科和視力服務

### 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. 視力提供者目錄 - 眼科和視力服務

1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **ZAI, 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## J. 視力提供者目錄 - 眼科和視力服務

*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. 視力提供者目錄 - 眼科和視力服務

 *Site Languages(s) Spoken:* Spanish  
*Min/Max Age:* 0\None  
*Gender Restriction:* 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. 視力提供者目錄 - 眼科和視力服務

### 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. 視力提供者目錄 - 眼科和視力服務

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-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. 視力提供者目錄 - 眼科和視力服務

*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. 視力提供者目錄 - 眼科和視力服務

 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. 視力提供者目錄 - 眼科和視力服務

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): N

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

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

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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

🕒 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. 視力提供者目錄 - 眼科和視力服務

### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

🕒 *Hours: M-F 8AM-4:30PM  
SA 8AM-2PM*

### **MIZOGUCHI, LIANNE, OD**

*Provider Gender: Female  
License Number: 10104  
NPI: 1619900313  
Provider English Spoken: Y  
Cultural Competency: Y*

PERLMAN

OPHTHALMOLOGY-UCSD

📍 9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

☎ *Phone: (858) 534-6290*

*Fax: (858) 732-0921*

📞 *After Hours Phone: (858)  
534-6290*

*Accepting New Patients: Yes*

☐ *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

🕒 *Hours: M-F 8AM-4:30PM*

### **MOOR, TRACY, OD**

*Provider Gender: Female*

*License Number: 35085*

*NPI: 1184283277*

*Provider English Spoken: Y*

*Cultural Competency: Y*

PERLMAN

OPHTHALMOLOGY-UCSD

📍 9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

☎ *Phone: (858) 534-6290*

*Fax: (858) 732-0921*

📞 *After Hours Phone: (858)  
534-6290*

*Accepting New Patients: Yes*

☐ *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

🕒 *Hours: M-F 8AM-4:30PM*

### **MOOR, TRACY, OD**

*Provider Gender: Female*

*License Number: 35085*

*NPI: 1184283277*

*Provider English Spoken: Y*

*Cultural Competency: Y*

UCSD SHILEY EYE CENTER

📍 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ *Phone: (858) 534-6290*

*Fax: (858) 732-0921*

📞 *After Hours Phone: (858)  
534-6290*

*Accepting New Patients: Yes*

☐ *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

🕒 *Hours: M-F 8AM-4:30PM  
SA 8AM-2PM*

### **MORRISON REYES, JOSHUA, MD**

*Provider Gender: Male*

*License Number: A125435*

*NPI: 1235366782*

*Provider English Spoken: Y*

*Provider Language(s) Spoken:*

*Indonesian, Spanish*

*Cultural Competency: Y*

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

☎ *Phone: (858) 457-3010*

*Fax: (858) 457-0028*

📞 *After Hours Phone: (858)  
457-3010*

*Accepting New Patients: Yes*

☐ *Site English Spoken: Y*

☐ *Site Languages(s) Spoken:  
Spanish, Tagalog*

*Min/Max Age: 0\None*



*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

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## J. 視力提供者目錄 - 眼科和視力服務

N

 **Accessibility: CONTACT PROVIDER**  
Public transportation (within 1/2 mile from Site): 1U  
 **Hours: M-F 8AM-4:30PM**



### **PERRY, ARTHUR, MD**

Provider Gender: Male  
License Number: C37934  
NPI: 1194832725  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: Y

#### ACUITY EYE GROUP

 9850 GENESEE AVE STE 310  
LA JOLLA, CA 92037  
 Phone: (858) 457-3010  
Fax: (858) 457-0028  
 After Hours Phone: (858) 457-3010  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Tagalog  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**  
Public transportation (within 1/2 mile from Site): 1U  
 **Hours: M-F 8AM-4:30PM**



### **PRATT, STEVEN, MD**

Provider Gender: Male  
License Number: G32379  
NPI: 1407963044  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: Y

#### ACUITY EYE GROUP

 9850 GENESEE AVE STE 310  
LA JOLLA, CA 92037  
 Phone: (858) 457-3010  
Fax: (858) 457-0028  
 After Hours Phone: (858) 457-3010  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Tagalog  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**  
Public transportation (within 1/2 mile from Site): 1U  
 **Hours: M-F 8AM-4:30PM**

### **TO, BRITTANY, OD**

Provider Gender: Female  
License Number: 10651  
NPI: 1306997143  
Provider English Spoken: Y

Provider Language(s) Spoken: Vietnamese



Cultural Competency: Y

#### ACUITY EYE GROUP

 9850 GENESEE AVE STE 310  
LA JOLLA, CA 92037  
 Phone: (858) 457-3010  
Fax: (858) 457-0028  
 After Hours Phone: (858) 457-3010  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Tagalog  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL):



N

 **Accessibility: CONTACT PROVIDER**  
Public transportation (within 1/2 mile from Site): 1U  
 **Hours: M-F 8AM-4:30PM**

### **TON-NU, MY LINH, OD**

Provider Gender: Female  
License Number: 34990  
NPI: 1245733476  
Provider English Spoken: Y  
Cultural Competency: Y

#### ACUITY EYE GROUP

 9850 GENESEE AVE STE 310  
LA JOLLA, CA 92037  
 Phone: (858) 457-3010

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## J. 視力提供者目錄 - 眼科和視力服務

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。





## J. 視力提供者目錄 - 眼科和視力服務

 **Accessibility:** CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
 **Hours:** M-F 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

### 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

🕒 | 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## J. 視力提供者目錄 - 眼科和視力服務

*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)*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

722-8460  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8AM-5PM

**GOLLOGLY, HEIDRUN, MD**  
 Provider Gender: Female  
 License Number: A134761  
 NPI: 1477879823  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: German, French, Spanish  
 Cultural Competency: Y  
 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

**GOLLOGLY, HEIDRUN, MD**  
 Provider Gender: Female  
 License Number: A134761  
 NPI: 1477879823  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: German, French, Spanish  
 Cultural Competency: Y  
 EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
 5565 GROSSMONT CENTER DR # 551  
 LA MESA, CA 91942  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189

After Hours Phone: (619) 465-2020  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT

PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8AM-5PM

**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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
 者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## J. 視力提供者目錄 - 眼科和視力服務

-  *Site Languages(s) Spoken:* Spanish  
*Min/Max Age:* 0\None  
*Gender Restriction:* No Gender restriction  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Public transportation (within 1/2 mile from Site):* 1T  
 *Hours:* M-F 8AM-5PM
- KALBAKJI, NATALY, OD**  
*Provider Gender:* Female  
*License Number:* 34943  
*NPI:* 1700556438  
*Provider English Spoken:* Y  
*Provider Language(s) Spoken:* Arabic  
*Cultural Competency:* Y  
 EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
 5565 GROSSMONT CENTER DR # 551  
 LA MESA, CA 91942  
 *Phone:* (619) 465-2020  
*Fax:* (619) 698-1189  
 *After Hours Phone:* (619) 465-2020  
*Accepting New Patients:* Yes  
 *Site English Spoken:* Y  
 *Site Languages(s) Spoken:* Spanish  
*Min/Max Age:* 0\None  
*Gender Restriction:* No Gender restriction
-  *Site Languages(s) Spoken:* American Sign Language (ASL): N  
 *Accessibility:* CONTACT PROVIDER  
*Public transportation (within 1/2 mile from Site):* 1U  
 *Hours:* M-F 8AM-5PM
- KATZMAN, LEE, MD**  
*Provider Gender:* Male  
*License Number:* A135673  
*NPI:* 1912297284  
*Provider English Spoken:* Y  
*Cultural Competency:* Y  
 ALVARADO EYE ASSOCIATES MED CLINIC INC  
 7877 PARKWAY DR STE 100  
 LA MESA, CA 91942  
 *Phone:* (619) 460-3711  
*Fax:* (619) 460-2184  
 *After Hours Phone:* (619) 460-3711  
*Accepting New Patients:* Yes  
 *Site English Spoken:* Y  
*Min/Max Age:* 0\None  
*Gender Restriction:* No Gender restriction  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Public transportation (within 1/2 mile from Site):* 1U  
 *Hours:* M-F 8:30AM-4:30PM
- KATZMAN, BARRY, MD**  
*Provider Gender:* Male  
*License Number:* A34834  
*NPI:* 1760473797  
*Provider English Spoken:* Y  
*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
- KHALIL, VADY, OD**  
*Provider Gender:* Male  
*License Number:* 35137  
*NPI:* 1275263584  
*Provider English Spoken:* Y  
*Provider Language(s) Spoken:*

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## J. 視力提供者目錄 - 眼科和視力服務

Arabic

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No 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

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

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### KHIEU, TINA, OD

Provider Gender: Female

License Number: 34777

NPI: 1962031617

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

5565 GROSSMONT CENTER DR # 551

LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction


American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

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## J. 視力提供者目錄 - 眼科和視力服務

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F 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*

**BUIIQUE OPTOMETRY**

 5020 BALTIMORE DR STE  
B

LA MESA, CA 91942

 *Phone: (619) 464-8303*

*Fax: (619) 464-4971*

 *After Hours Phone: (619) 464-8303*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken: Spanish, Vietnamese*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-F 9AM-5PM  
SA 9AM-2PM*

### **MANNEN, JOSEPH, OD**

*Provider Gender: Male*

*License Number: 33650*

*NPI: 1851827034*


*Provider English Spoken: Y*

*Cultural Competency: Y*

**ALVARADO EYE ASSOCIATES**

**MED CLINIC INC**


 7877 PARKWAY DR STE 100  
LA MESA, CA 91942

 *Phone: (619) 460-3711*

*Fax: (619) 460-2184*

 *After Hours Phone: (619) 460-3711*

*Accepting New Patients: Yes*


 *Site English Spoken: Y*  
*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F  
8:30AM-4:30PM*

### **MARR, RYAN, OD**

*Provider Gender: Male*

*License Number: 35302*


*NPI: 1235857525*

*Provider English Spoken: Y*


*Cultural Competency: Y*

**EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP**

 5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942

 *Phone: (619) 465-2020*

*Fax: (619) 698-1189*

 *After Hours Phone: (619) 465-2020*

*Accepting New Patients: Yes*

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## J. 視力提供者目錄 - 眼科和視力服務

Site English Spoken: Y N  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: 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):

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



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## J. 視力提供者目錄 - 眼科和視力服務

 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):

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 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medical)。此提供  
 者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

- N**  
 **Accessibility: CONTACT PROVIDER**  
Public transportation (within 1/2 mile from Site): 1U  
 **Hours: M-F 8AM-5PM**
- NGUYEN, THY, OD**  
Provider Gender: Female  
License Number: 12746  
NPI: 1750490413  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish, Vietnamese  
Cultural Competency: Y  
ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942  
 Phone: (619) 722-8460  
Fax: (619) 722-8465  
 After Hours Phone: (619) 722-8460  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N
-  **Accessibility: CONTACT 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
- 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

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## J. 視力提供者目錄 - 眼科和視力服務

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) 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. 視力提供者目錄 - 眼科和視力服務



### **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*

 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*

 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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。




## J. 視力提供者目錄 - 眼科和視力服務

American Sign Language (ASL):  Hours: M-F 8AM-5PM  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### TO, BRITTANY, OD

Provider Gender: Female

License Number: 10651

NPI: 1306997143

Provider English Spoken: Y

Provider Language(s) Spoken:


Vietnamese

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J

LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

 Site English Spoken: Y


 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): 1/2 mile from Site): 1U

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

### TO, BRITTANY, OD

Provider Gender: Female

License Number: 10651

NPI: 1306997143

Provider English Spoken: Y

Provider Language(s) Spoken:


Vietnamese

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551

LA MESA, CA 91942


 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

☎ 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

📍 7339 EL CAJON BLVD STE J

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

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/med-cal](http://blueshieldca.com/promise/med-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/med-cal](http://blueshieldca.com/promise/med-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務



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

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## J. 視力提供者目錄 - 眼科和視力服務

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## J. 視力提供者目錄 - 眼科和視力服務

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

WEST COAST EYE CARE



 2240 E PLAZA BLVD STE  
FG



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

NATIONAL CITY, CA 91950  
 Phone: (619) 470-2700  
 Fax: (619) 267-8221  
 After Hours Phone: (619) 470-2700  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8AM-4:30PM


### **KALBAKJI, NATALY, OD**

Provider Gender: Female  
 License Number: 34943  
 NPI: 1700556438  
 Provider English Spoken: Y  
 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






### **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 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


### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/med-cal](http://blueshieldca.com/promise/med-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

 Hours: M-F 8AM-4:30PM

### **KEDDINGTON, JOAN, OD**

Provider Gender: Female

License Number: 6263

NPI: 1992872691

Provider English Spoken: Y


Provider Language(s) Spoken:  
Spanish

Cultural Competency: Y

LUSTRO EYEWORKS

OPTOMETRY

 1481 E PLAZA BLVD  
NATIONAL CITY, CA 91950

 Phone: (619) 477-2159

Fax: (619) 477-2128

 After Hours Phone: (619)  
477-2159

Accepting New Patients: Yes


Site English Spoken: Y

Site Language(s) Spoken:  
Arabic, Hindi, Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: SU 10AM-4PM  
M-F 9AM-6PM  
SA 9AM-5PM

### **KHALIL, VADY, OD**

Provider Gender: Male

License Number: 35137

NPI: 1275263584


Provider English Spoken: Y

Provider Language(s) Spoken:  
Arabic

Cultural Competency: Y

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

### **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

### **KHIEU, TINA, OD**

Provider Gender: Female


License Number: 34777


NPI: 1962031617

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

 2240 E PLAZA BLVD STE  
FG  
NATIONAL CITY, CA 91950

 Phone: (619) 470-2700

Fax: (619) 267-8221

 After Hours Phone: (619)  
470-2700

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

### **KHIEU, TINA, OD**

Provider Gender: Female

License Number: 34777

NPI: 1962031617

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619) 472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-TU 8AM-6PM

W 8:30AM-5PM

TH 8AM-6PM

F 8AM-5PM

### **KING, MARY, OD**

Provider Gender: Female

License Number: 13711

NPI: 1578792107

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: Y

LUSTRO EYEWORKS

OPTOMETRY

1481 E PLAZA BLVD  
NATIONAL CITY, CA 91950

Phone: (619) 477-2159

Fax: (619) 477-2128

After Hours Phone: (619) 477-2159

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Arabic, Hindi, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: SU 10AM-4PM

M-F 9AM-6PM

SA 9AM-5PM

### **LEE, AUSTIN, OD**

Provider Gender: Male

License Number: 14519

NPI: 1922356914

Provider English Spoken: Y

Cultural Competency: Y

VIVE OPTOMETRY

1033 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Phone: (619) 477-2771

Fax: (619) 477-1680

After Hours Phone: (619) 477-2771

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: TU 10AM-5PM  
W-F 9:30AM-5PM

### **LEE, SALLY, DO**

Provider Gender: Female

License Number: 20A8088

NPI: 1457468514

Provider English Spoken: Y

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## J. 視力提供者目錄 - 眼科和視力服務

Provider Language(s) Spoken: 477-4166

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)

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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:

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

*Spanish*  
 Min/Max Age: 0\None  
 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 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

### **PATEL, GITANE, MD**

Provider Gender: Male  
 License Number: A108603  
 NPI: 1710171434  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 WEST COAST EYE CARE  
 📍 2240 E PLAZA BLVD STE FG  
 NATIONAL CITY, CA 91950  
 📞 Phone: (619) 470-2700  
 📠 Fax: (619) 267-8221  
 🕒 After Hours Phone: (619) 470-2700  
 Accepting New Patients: Yes

📄 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 🕒 Hours: M-F 8AM-4:30PM

### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

### 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

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## J. 視力提供者目錄 - 眼科和視力服務

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. 視力提供者目錄 - 眼科和視力服務

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: 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 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*

### **VIVIRITO, MARY, OD**

*Provider Gender: Female*  
*License Number: 33798*  
*NPI: 1477968667*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken: Spanish*  
*Cultural Competency: Y*

**WEST COAST EYE CARE**  
 2240 E PLAZA BLVD STE FG  
 NATIONAL CITY, CA 91950  
 *Phone: (619) 470-2700*  
*Fax: (619) 267-8221*  
 *After Hours Phone: (619) 470-2700*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-F 8AM-4:30PM*

### **VIVIRITO, MARY, OD**

*Provider Gender: Female*  
*License Number: 33798*  
*NPI: 1477968667*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken: Spanish*  
*Cultural Competency: Y*  
**ACUITY EYE GROUP**  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA 91950  
 *Phone: (619) 472-1010*  
*Fax: (619) 479-5233*  
 *After Hours Phone: (619) 472-1010*  
*Accepting New Patients: Yes*

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## J. 視力提供者目錄 - 眼科和視力服務

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-TU 8AM-6PM  
 W 8:30AM-5PM  
 TH 8AM-6PM  
 F 8AM-5PM

### WU, EVA, OD

Provider Gender: Female  
 License Number: 14743  
 NPI: 1073954442  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish, Chinese  
 Cultural Competency: Y  
 VIVE OPTOMETRY  
 1033 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 Phone: (619) 477-2771  
 Fax: (619) 477-1680  
 After Hours Phone: (619) 477-2771  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Tagalog  
 Min/Max Age: 0\None

Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: TU 10AM-5PM  
 W-F 9:30AM-5PM

### ZAIDI, NOORINA, OD

Provider Gender: Female  
 License Number: 35615  
 NPI: 1023477262  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 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. 視力提供者目錄 - 眼科和視力服務


*Cultural Competency: Y*

**ACUITY EYE GROUP**

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950


 Phone: (619) 472-1010

Fax: (619) 479-5233

 After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes


 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### OCEANSIDE

**KASAI, SARAH, OD**

Provider Gender: Female

License Number: 34226


NPI: 1023406238

Provider English Spoken: Y

Cultural Competency: Y

**NORTH COAST OPTOMETRY**


 3915 MISSION AVE STE 2  
OCEANSIDE, CA 92058

 Phone: (760) 757-8771

 After Hours Phone: (760)  
757-8771

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-TU 9AM-6PM  
W 10AM-7PM  
TH 9AM-6PM  
F 9AM-5PM

**NISKANEN, RACHEL, OD**

Provider Gender: Female

License Number: 34663


NPI: 1467065797

Provider English Spoken: Y

Cultural Competency: Y

**NORTH COAST OPTOMETRY**


 3915 MISSION AVE STE 2  
OCEANSIDE, CA 92058

 Phone: (760) 757-8771

 After Hours Phone: (760)  
757-8771

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-TU 9AM-6PM  
W 10AM-7PM  
TH 9AM-6PM  
F 9AM-5PM

**ROSA, ADAM, OD**

Provider Gender: Male

License Number: 34093

NPI: 1295250264


Provider English Spoken: Y

Provider Language(s) Spoken:  
Spanish

Cultural Competency: Y

**NORTH COAST OPTOMETRY**


 3915 MISSION AVE STE 2  
OCEANSIDE, CA 92058

 Phone: (760) 757-8771

 After Hours Phone: (760)  
757-8771

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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## J. 視力提供者目錄 - 眼科和視力服務

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

*Provider English Spoken: Y*

*Cultural Competency: Y*

**WEST COAST EYE CARE**

📍 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

☎ Phone: (619) 697-4600

Fax: (619) 697-2410

🕒 After Hours Phone: (619)  
697-4600

*Accepting New Patients: Yes*

📄 Site English Spoken: Y

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

N

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

🕒 *Hours: M 7:30AM-4:30PM*

*TU 8AM-5PM*

*W 8:30AM-5PM*

*TH 8AM-6PM*

*F 8AM-4PM*

### **BAUMANN, DANIELA, OD**

*Provider Gender: Female*

*License Number: 34530*

*NPI: 1982232146*

*Provider English Spoken: Y*

*Cultural Competency: Y*

**WEST COAST EYE CARE**

📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822

Fax: (858) 565-2449

🕒 *After Hours Phone: (858)  
565-8822*

*Accepting New Patients: Yes*

📄 *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

🕒 *Hours: M 10AM-6PM*

*TU 8:30AM-5PM*

*W 7:30AM-4PM*

*TH 9:30AM-5PM*

*F 8AM-4PM*

### **BEAUDRY, AMANDA, OD**

*Provider Gender: Female*

*License Number: 33385*

*NPI: 1477903516*

*Provider English Spoken: Y*

*Cultural Competency: Y*

**RADY CHILDRENS**

**SPECIALISTS**

📍 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

☎ Phone: (858) 309-7702

Fax: (858) 966-8901

🕒 *After Hours Phone: (858)  
309-7702*

*Accepting New Patients: Yes*

📄 *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*

*restriction*

*American Sign Language (ASL):*

N  
♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

🕒 *Hours: M-F 7AM-5PM*

### **BERGMARK, JAMIE, OD**

*Provider Gender: Female*

*License Number: 33657*

*NPI: 1669920757*

*Provider English Spoken: Y*

*Cultural Competency: Y*

**RADY CHILDRENS**

**SPECIALISTS**

📍 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

☎ Phone: (858) 309-7702

Fax: (858) 966-8901

🕒 *After Hours Phone: (858)  
309-7702*

*Accepting New Patients: Yes*

📄 *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

N  
♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

🕒 *Hours: M-F 7AM-5PM*

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## J. 視力提供者目錄 - 眼科和視力服務

### **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

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

### **BINDER, NICHOLAS, MD**

Provider Gender: Male  
License Number: A124698  
NPI: 1306076716

Provider English Spoken: Y  
Cultural Competency: Y

### WEST COAST EYE CARE

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 697-4600  
Fax: (619) 697-2410

After Hours Phone: (619)  
697-4600

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM

### **BOECK, CARL, OD**

Provider Gender: Male  
License Number: 6620

NPI: 1588656151

Provider English Spoken: Y

Provider Language(s) Spoken:  
German, Spanish

Cultural Competency: Y

### VAN HOOSE OPTOMETRIC CORPORATION

7246 CLAIREMONT MESA  
BLVD  
SAN DIEGO, CA 92111

Phone: (858) 292-7193  
Fax: (858) 292-8247

After Hours Phone: (858)  
292-7193

Accepting New Patients: Yes

Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## J. 視力提供者目錄 - 眼科和視力服務


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 Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within

1/2 mile from Site): 1U

 Hours: M-F 9AM-5:30PM  
SA 9AM-3PM

### CAO, STEPHANIE, OD

Provider Gender: Female

License Number: 35158


NPI: 1215660436

Provider English Spoken: Y

Cultural Competency: Y

FASHION VALLEY EYE CARE OPTOMETR

 7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108


 Phone: (619) 291-2020

Fax: (888) 210-5799

 After Hours Phone: (619) 291-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 10AM-7PM  
SA 10AM-7PM

### CAO, STEPHANIE, OD

Provider Gender: Female

License Number: 35158


NPI: 1215660436

Provider English Spoken: Y


Cultural Competency: Y

OPTOM-EYES VISION CARE OPTOMETRY

 1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

 Phone: (619) 297-2020

Fax: (888) 210-5799

 After Hours Phone: (619) 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

### DAVIS, JADE, OD

Provider Gender: Female

License Number: 11765

NPI: 1457303398

Provider English Spoken: Y

Cultural Competency: Y

FASHION VALLEY EYE CARE

OPTOMETR

7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108

Phone: (619) 291-2020

Fax: (888) 210-5799

After Hours Phone: (619)  
291-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 10AM-7PM  
SA 10AM-7PM

### DAVIS, JADE, OD

Provider Gender: Female

License Number: 11765

NPI: 1457303398

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE  
OPTOMETRY

5638 MISSION CENTER RD  
STE 103

SAN DIEGO, CA 92108

Phone: (619) 295-2900

Fax: (888) 210-5799

After Hours Phone: (619)  
295-2900

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 9AM-5:30PM  
SA 9AM-3PM

### DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955

NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)

565-8822

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### DUONG, CHERYL, OD

Provider Gender: Female

License Number: 34070

NPI: 1366935678

Provider English Spoken: Y

Cultural Competency: Y

EYELUX OPTOMETRY

16615 DOVE CANYON RD  
STE 105

SAN DIEGO, CA 92127

Phone: (858) 487-7900

Fax: (858) 487-1896

After Hours Phone: (858)  
487-7900

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## J. 視力提供者目錄 - 眼科和視力服務

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Vietnamese  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 9AM-5PM  
 SA 9AM-1PM

### HO, AMIEE, OD

Provider Gender: Female  
 License Number: 14527  
 NPI: 1396009478  
 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

<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><b>PROVIDER</b>  <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</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>American Sign Language (ASL):</i> N   <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>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

☉ 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

NPI: 1003454604  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: Y  
 NORTH COUNTY OPTOMETRY  
 11835 CARMEL MTN RD STE 1313  
 SAN DIEGO, CA 92128  
 Phone: (858) 674-1276  
 Fax: (858) 674-5863  
 After Hours Phone: (858) 674-1276  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Tagalog  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M 9AM-4PM  
 TU 7AM-1PM  
 W-TH 10AM-6PM  
 F 10AM-3PM  
 SA 9AM-2PM

### HUYNH, CHI, OD

Provider Gender: Female  
 License Number: 12901  
 NPI: 1922187426  
 Provider English Spoken: Y

Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: Y  
 CRYSTAL EYESITE OPTOMETRY  
 9225 MIRA MESA BLVD STE 108  
 SAN DIEGO, CA 92126  
 Phone: (858) 547-3988  
 Fax: (844) 367-5161  
 After Hours Phone: (858) 547-3988  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 9:30AM-6PM  
 W 9:30AM-6PM  
 TH-F 10AM-6PM  
 SA 9AM-3PM

### HUYNH, PAUL, MD

Provider Gender: Male  
 License Number: A79141  
 NPI: 1871577056  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: Y  
 ADVANCED EYE AND LASER

CTR OF CA INC  
 10737 CAMINO RUIZ STE 100  
 SAN DIEGO, CA 92126  
 Phone: (858) 549-3200  
 Fax: (858) 549-3207  
 After Hours Phone: (858) 549-3200  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Tagalog, Vietnamese  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8AM-5PM



### HUYNH, PAUL, MD

Provider Gender: Male  
 License Number: A79141  
 NPI: 1871577056  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: Y  
 ADVANCED EYE AND LASER  
 CTR OF CA INC  
 4844 UNIVERSITY AVE STE A  
 SAN DIEGO, CA 92105

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## J. 視力提供者目錄 - 眼科和視力服務

 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): NPI: 1700556438

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/med-cal](https://blueshieldca.com/promise/med-cal)。此提供者目錄中的資訊可能會更改。




## J. 視力提供者目錄 - 眼科和視力服務



 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

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 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medical)。此提供  
 者目錄中的資訊可能會更改。



## J. 視力提供者目錄 - 眼科和視力服務

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 9AM-5PM SA 9AM-1PM*

**KHALIL, VADY, OD**  
*Provider Gender: Male*  
*License Number: 35137*  
*NPI: 1275263584*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken: Arabic*  
*Cultural Competency: Y*  
**WEST COAST EYE CARE**  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115  
 *Phone: (619) 697-4600*  
*Fax: (619) 697-2410*  
 *After Hours Phone: (619) 697-4600*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M 7:30AM-4:30PM TU 8AM-5PM W 8:30AM-5PM TH 8AM-6PM*

*F 8AM-4PM*  
**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*

**KHAN, FAHAD, MD**  
*Provider Gender: Male*  
*License Number: A163142*






*NPI: 1548605843*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken: Hindi*  
*Cultural Competency: Y*  
**VISION SPECIALISTS OF CALIFORNIA**  
 233 LEWIS ST  
 SAN DIEGO, CA 92103  
 *Phone: (619) 501-9050*  
*Fax: (619) 501-9054*  
 *After Hours Phone: (619) 501-9050*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Bengali, Hindi, Spanish*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-TH 8AM-5PM F 8AM-4PM*

**KHIEU, TINA, OD**  
*Provider Gender: Female*  
*License Number: 34777*  
*NPI: 1962031617*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
**WEST COAST EYE CARE**  
 4344 CONVOY ST STE C2




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

SAN DIEGO, CA 92111  
 Phone: (858) 565-8822  
 Fax: (858) 565-2449  
 After Hours Phone: (858) 565-8822  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 10AM-6PM  
 TU 8:30AM-5PM  
 W 7:30AM-4PM  
 TH 9:30AM-5PM  
 F 8AM-4PM






### **KHIEU, TINA, OD**

Provider Gender: Female  
 License Number: 34777  
 NPI: 1962031617  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 WEST COAST EYE CARE  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115  
 Phone: (619) 697-4600  
 Fax: (619) 697-2410  
 After Hours Phone: (619) 697-4600  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None

Gender Restriction: No Gender restriction  
 American Sign Language (ASL):  | Hours: M-F 8AM-5PM  
 SA 8:30AM-2PM  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 7:30AM-4:30PM  
 TU 8AM-5PM  
 W 8:30AM-5PM  
 TH 8AM-6PM  
 F 8AM-4PM







### **KHINDA, SUNEHA, OD**

Provider Gender: Female  
 License Number: 35494  
 NPI: 1750066726  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 EYELUX OPTOMETRY

 16615 DOVE CANYON RD  
 STE 105  
 SAN DIEGO, CA 92127  
 Phone: (858) 487-7900  
 Fax: (858) 487-1896  
 After Hours Phone: (858) 487-7900  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

*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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

**PROVIDER**  
Public transportation (within  
1/2 mile from Site): 1U  
🕒 Hours: M-F 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



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## J. 視力提供者目錄 - 眼科和視力服務

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

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## J. 視力提供者目錄 - 眼科和視力服務

*Public transportation (within 1/2 mile from Site): 1U*

🕒 *Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM*

### **MCGRAW, JOSEPH, MD**

*Provider Gender: Male*

*License Number: A155228*

*NPI: 1588624852*

*Provider English Spoken: Y*

*Cultural Competency: Y*

**WEST COAST EYE CARE**

📍 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

☎ *Phone: (619) 697-4600*

*Fax: (619) 697-2410*

🕒 *After Hours Phone: (619)  
697-4600*

*Accepting New Patients: Yes*

🗒 *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

🕒 *Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM*

### **MIZOGUCHI, LIANNE, OD**

*Provider Gender: Female*

*License Number: 10104*

*NPI: 1619900313*

*Provider English Spoken: Y*

*Cultural Competency: Y*

**HILLCREST EYE**

**CENTER-UCSD**

📍 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

☎ *Phone: (619) 543-6244*

*Fax: (619) 295-5034*

🕒 *After Hours Phone: (619)  
543-6244*

*Accepting New Patients: Yes*

🗒 *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

🕒 *Hours: M-F 8AM-4PM*

### **MOLL, ANGELA, MD**

*Provider Gender: Female*

*License Number: A105472*

*NPI: 1861648602*

*Provider English Spoken: Y*

*Cultural Competency: Y*

**RADY CHILDRENS**

**SPECIALISTS**

📍 7910 FROST ST STE 200

SAN DIEGO, CA 92123

☎ *Phone: (858) 309-7702*

*Fax: (858) 966-8901*

🕒 *After Hours Phone: (858)  
309-7702*

*Accepting New Patients: Yes*

🗒 *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

🕒 *Hours: M-F 7AM-5PM*

### **MOOR, TRACY, OD**

*Provider Gender: Female*

*License Number: 35085*

*NPI: 1184283277*

*Provider English Spoken: Y*

*Cultural Competency: Y*

**UC SAN DIEGO HEALTH**

📍 16950 VIA TAZON

SAN DIEGO, CA 92127

☎ *Phone: (858) 534-6290*

*Fax: (858) 732-0921*

🕒 *After Hours Phone: (858)  
534-6290*

*Accepting New Patients: Yes*

🗒 *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

- N**  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8AM-5PM*
- MOOR, TRACY, OD**  
*Provider Gender: Female*  
*License Number: 35085*  
*NPI: 1184283277*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
**HILLCREST EYE CENTER-UCSD**  
 4060 4TH AVE STE 610  
 SAN DIEGO, CA 92103  
 *Phone: (619) 543-6244*  
*Fax: (619) 295-5034*  
 *After Hours Phone: (619) 543-6244*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8AM-4PM*
- MORRISON REYES, JOSHUA, MD**  
*Provider Gender: Male*  
*License Number: A125435*  
*NPI: 1235366782*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken: Indonesian, Spanish*  
*Cultural Competency: Y*  
**WEST COAST EYE CARE**  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111  
 *Phone: (858) 565-8822*  
*Fax: (858) 565-2449*  
 *After Hours Phone: (858) 565-8822*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M 10AM-6PM*  
*TU 8:30AM-5PM*  
*W 7:30AM-4PM*  
*TH 9:30AM-5PM*  
*F 8AM-4PM*
- MORRISON REYES, JOSHUA, MD**  
*Provider Gender: Male*  
*License Number: A125435*  
*NPI: 1235366782*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken: Indonesian, Spanish*  
*Cultural Competency: Y*  
**WEST COAST EYE CARE**  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115  
 *Phone: (619) 697-4600*  
*Fax: (619) 697-2410*  
 *After Hours Phone: (619) 697-4600*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M 7:30AM-4:30PM*  
*TU 8AM-5PM*  
*W 8:30AM-5PM*  
*TH 8AM-6PM*  
*F 8AM-4PM*
- NGUYEN, KELVIN, OD**  
*Provider Gender: Male*  
*License Number: 11085*  
*NPI: 1518923572*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken: Spanish*  
*Cultural Competency: Y*  
**SD VISION CARE OPTOMETRY**  
 3807 FAIRMOUNT AVE STE 200


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

*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:*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medical)。此提供  
 者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

🕒 | 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## J. 視力提供者目錄 - 眼科和視力服務







A  
 SAN DIEGO, CA 92105  
 Phone: (619) 431-2020  
 Fax: (619) 376-2100  
 After Hours Phone: (619) 431-2020  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: SU-SA 9AM-6PM

**PRABHU, SUJATA, MD**  
 Provider Gender: Female  
 License Number: A115965  
 NPI: 1982872552  
 Provider English Spoken: Y  
 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 Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## J. 視力提供者目錄 - 眼科和視力服務

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 697-4600

Fax: (619) 697-2410

After Hours Phone: (619)  
697-4600

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM

### TON-NU, MY LINH, OD

Provider Gender: Female

License Number: 34990

NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### TONNU, ANH, OD

Provider Gender: Female

License Number: 11318

NPI: 1679521280

Provider English Spoken: Y

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

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## J. 視力提供者目錄 - 眼科和視力服務

Min/Max Age: 0\None  
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

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## J. 視力提供者目錄 - 眼科和視力服務

### **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:

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

*Spanish*  
 Min/Max Age: 0\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. 視力提供者目錄 - 眼科和視力服務

 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 Language(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 Language(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 Language(s) Spoken:  
 Spanish, Thai  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction  
 American Sign Language (ASL):  
 N



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 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medical)。此提供  
 者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 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)*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## J. 視力提供者目錄 - 眼科和視力服務

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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

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## J. 視力提供者目錄 - 眼科和視力服務


Min/Max Age: 0\None

Gender 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## K. 其他服務提供者（社區支援、增強護理管理）

ECM 重點族群 (POF) 表

ECM 重點族群			成人	兒童及青少年
	1	無家可歸者	✓	✓
	2	面臨可避免的醫院或 ED 使用風險者（正式稱為「高使用者」）	✓	✓
	3	有嚴重心理健康和/或藥物濫用障礙需求者	✓	✓
	4	從監禁中過渡者	✓	✓
	5	生活在社區且面臨長期照護機構收容風險的成年人	✓	
	6	過渡到社區的成人護理機構居民	✓	
	7	加入加州兒童服務 (CCS) 或 CCS 全兒童模式 (WCM) 的兒童及青少年，除了 CCS 條件外還有其他需求)		✓
	8	參與兒童福利的兒童及青少年		✓
	9	出生公平性重點人群	✓	✓

## K. 其他服務提供者（社區支援、增強護理管理）

### 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

\*成人 \*\*兒童 \*\*\*成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

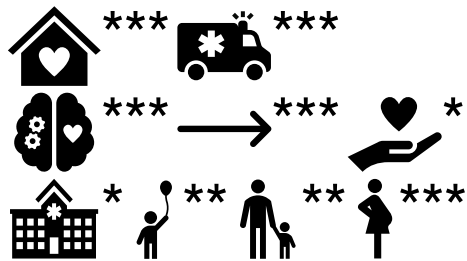
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## K. 其他服務提供者（社區支援、增強護理管理）

### 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

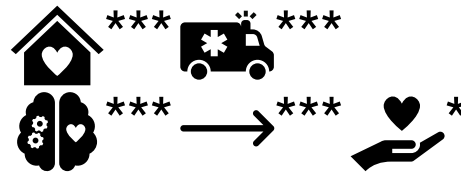


Community Supports Services:  
N/A  
Street Medicine Provider: N  
Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG  
Phone for New Referrals and Existing Patients: (619) 510-4641

### 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:



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

\*成人 \*\*兒童 \*\*\*成人和兒童





†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

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## K. 其他服務提供者（社區支援、增強護理管理）

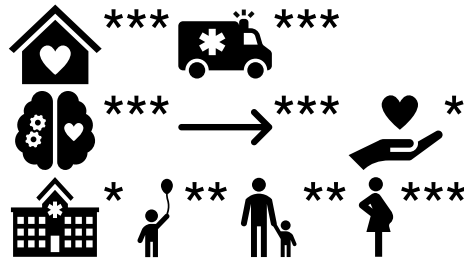
EL SEGUNDO, CA 90245  
 Phone: (310) 906-3683  
 After Hours Phone: (310) 906-3683  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 Community Supports Services: Personal Care and Homemaker Services, Respite Services  
 Street Medicine Provider: N  
 Phone for New Referrals and Existing Patients: (310) 906-3683

### ENCINITAS

#### SAN DIEGO HEALTHCARE QUALITY COLLABORATIVE

 1084 N EL CAMINO REAL STE B149  
 ENCINITAS, CA 92024  
 Phone: (619) 273-3295  
 After Hours Phone: (619) 273-3295  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

ECM Population of Focus:






Community Supports Services: N/A  
 Street Medicine Provider: N  
 Email for New Referrals and Existing Patients: [referrals@sdwellnesscollaborative.org](mailto:referrals@sdwellnesscollaborative.org)  
 Phone for New Referrals and Existing Patients: (619) 273-3295  
 Mailing Address: 1084 N EL CAMINO REAL STE B-149; Encinitas; CA; 92024

JI ECM Provider Billing- FFS (PAVE Enrollment)  
 JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs; JI ECM Provider Services-Warm Handoffs Only

### ESCONDIDO

#### TITANIUM HEALTHCARE

 500 LA TERRAZA BLVD STE 150  
 ESCONDIDO, CA 92025  
 Phone: (310) 280-5203  
 After Hours Phone: (310) 280-5203  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 Community Supports Services: Housing Deposits, Housing 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


\*成人 \*\*兒童 \*\*\*成人和兒童

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## K. 其他服務提供者（社區支援、增強護理管理）

 *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:*








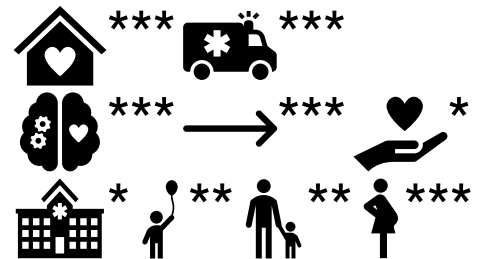
*Community Supports Services:*

*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:*



\*成人 \*\*兒童 \*\*\*成人和兒童

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## K. 其他服務提供者（社區支援、增強護理管理）

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

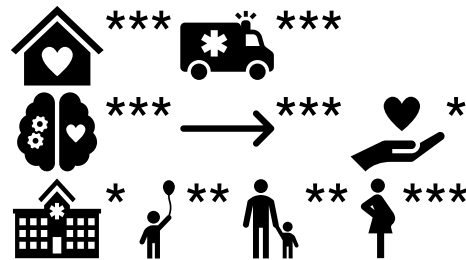
### LA MAESTRA COMMUNITY HEALTH CENTERS

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

\*成人 \*\*兒童 \*\*\*成人和兒童

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## K. 其他服務提供者（社區支援、增強護理管理）

 *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*


### 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:*

\*成人 \*\*兒童 \*\*\*成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

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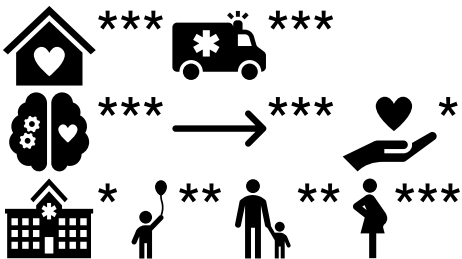
## K. 其他服務提供者（社區支援、增強護理管理）

*Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services*  
*Street Medicine Provider: N*  
*Phone for New Referrals and Existing Patients: (323) 789-6492*

### NATIONAL CITY

#### LA MAESTRA COMMUNITY HEALTH CENTERS




 217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 *Phone: (619) 510-4641*  
 *After Hours Phone: (619) 510-4641*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*ECM Population of Focus:*



*Community Supports Services: N/A*  
*Street Medicine Provider: N*  
*Email for New Referrals and Existing Patients: ECM.CS@LAMA.OSTRA.ORG*  
*Phone for New Referrals and Existing Patients: (619) 510-4641*

*Mailing Address: 4060 FAIRMONT AVE; SAN DIEGO; CA; 92105*  
*JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs*

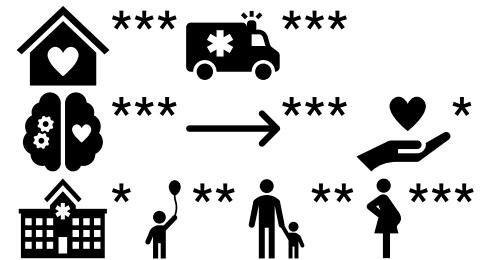
#### LA MAESTRA COMMUNITY HEALTH CENTERS

 217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 *Phone: (619) 510-4641*  
 *After Hours Phone: (619) 510-4641*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*ECM Population of Focus:*



*Community Supports Services: N/A*  
*Street Medicine Provider: N*  
*Email for New Referrals and Existing Patients: ECM.CS@LAMA.OSTRA.ORG*  
*Phone for New Referrals and Existing Patients: (619) 510-4641*

*Mailing Address: 4060 FAIRMONT 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*

\*成人 \*\*兒童 \*\*\*成人和兒童

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## K. 其他服務提供者（社區支援、增強護理管理）

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

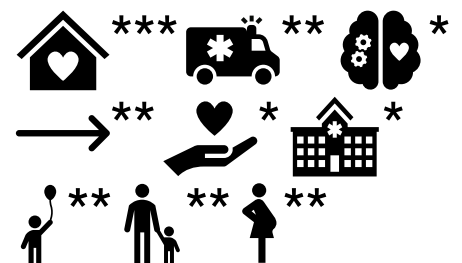
Phone: (888) 749-8877

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

\*成人 \*\*兒童 \*\*\*成人和兒童

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## K. 其他服務提供者（社區支援、增強護理管理）

Email for New Referrals and Existing Patients: [network@fullcirclehn.org](mailto:network@fullcirclehn.org)

Phone for New Referrals and Existing Patients: (888) 749-8877

Mailing Address: 2201 K ST; SACRAMENTO; CA; 95816

JI ECM Provider Billing- FFS (PAVE Enrollment)

JI ECM Provider

Services-Pre-Release Services and Participating in Warm Handoffs



Community Supports Services:

Housing Deposits, Housing

Tenancy and Sustaining

Services, Housing Transition

Navigation Services

Street Medicine Provider: N

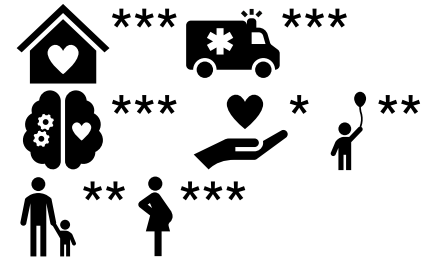
Email for New Referrals and Existing Patients: [mhammel@comresearch.org](mailto:mhammel@comresearch.org)

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

\*成人 \*\*兒童 \*\*\*成人和兒童

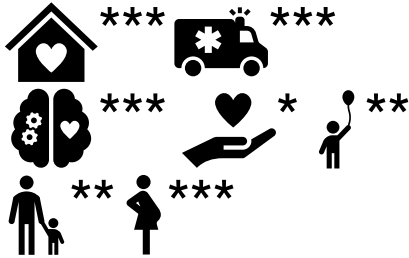
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## K. 其他服務提供者（社區支援、增強護理管理）

☎ Phone: (619) 507-9333  
 📞 After Hours Phone: (619) 507-9333  
 ♿ Accessibility: CONTACT PROVIDER  
 🌐 Website: N/A  
 ECM Population of Focus:

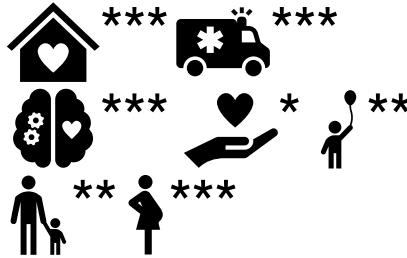


Community Supports Services: N/A  
 Street Medicine Provider: N  
 Email for New Referrals and Existing Patients: [mhammel@comresearch.org](mailto:mhammel@comresearch.org)  
 Phone for New Referrals and Existing Patients: (619) 507-9333

### 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:



\*成人 \*\*兒童 \*\*\*成人和兒童

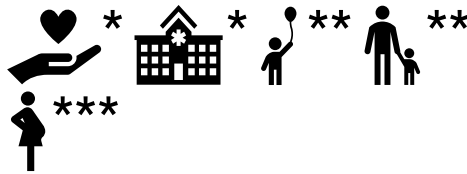
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## K. 其他服務提供者（社區支援、增強護理管理）



**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

### 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  
**ECM Population of Focus:**

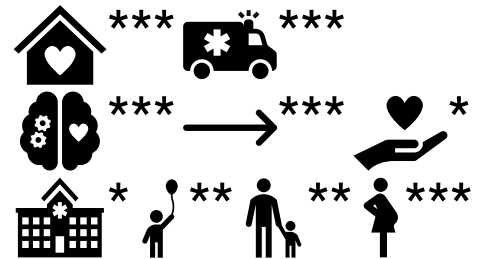


**Community Supports Services:**  
**Housing Tenancy and Sustaining Services, Housing**

**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

## 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:**



\*成人 \*\*兒童 \*\*\*成人和兒童

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## K. 其他服務提供者（社區支援、增強護理管理）

*Community Supports Services:  
Housing Deposits, Housing  
Tenancy and Sustaining  
Services, Housing Transition  
Navigation Services  
Street Medicine Provider: N  
Email for New Referrals and Existing Patients: CalAIMReferral  
s@fhcsd.org*





*Phone for New Referrals and Existing Patients: (619) 876-4450*

*Mailing Address: 823 GATEWAY CENTER WAY; SAN DIEGO; CA; 92102*

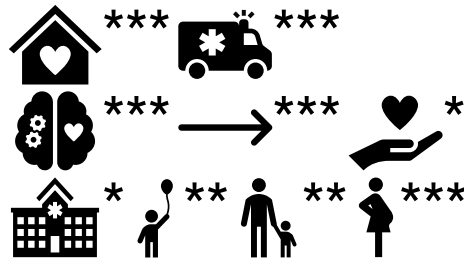
*JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs*

### **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: CalAIMReferral  
s@fhcsd.org  
Phone for New Referrals and Existing Patients: (619) 876-4450*

*Mailing Address: 823 GATEWAY CENTER WAY; SAN DIEGO; CA; 92102*

*JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs*

### **FATHER JOES VILLAGES**

 16 15TH ST  
SAN DIEGO, CA 92101  
 Phone: (619) 645-6405  
 After Hours Phone: (619) 645-6405

 Accessibility: CONTACT PROVIDER

 Website: N/A

*Community Supports Services:  
Recuperative Care (Medical Respite)  
Street Medicine Provider: N  
Phone for New Referrals and Existing Patients: (619) 645-6405*

\*成人 \*\*兒童 \*\*\*成人和兒童

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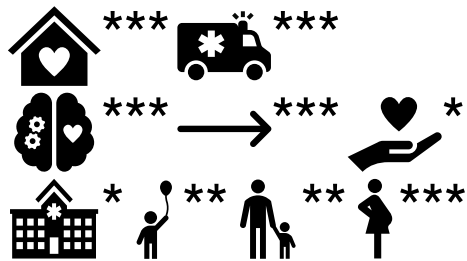
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## K. 其他服務提供者（社區支援、增強護理管理）

### 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:



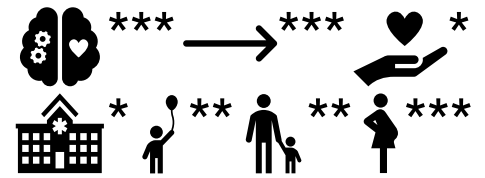
Community Supports Services:  
Asthma Remediation, Housing  
Deposits, Housing Tenancy and  
Sustaining Services, Housing  
Transition Navigation Services  
Street Medicine Provider: N  
Email for New Referrals and Ex  
isting Patients: ECM.CS@LAMA  
ESTRA.ORG

Phone for New Referrals and  
Existing Patients: (619)  
510-4641  
Mailing Address: 4060 FAIRMO  
UNT AVE; SAN DIEGO; CA; 92105  
JI ECM Provider Billing- Direct  
Contract with Correctional  
Facilities; JI ECM Provider  
Billing- FFS (PAVE Enrollment)  
JI ECM Provider  
Services-Pre-Release Services  
and Participating in Warm  
Handoffs

### LA MAESTRA COMMUNITY HEALTH CENTERS

 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 Ex  
isting Patients: ECM.CS@LAMA  
ESTRA.ORG

Phone for New Referrals and  
Existing Patients: (619)  
510-4641  
Mailing Address: 4060 FAIRMO  
UNT AVE; SAN DIEGO; CA; 92105  
JI ECM Provider Billing- Direct  
Contract with Correctional  
Facilities; JI ECM Provider  
Billing- FFS (PAVE Enrollment)  
JI ECM Provider  
Services-Pre-Release Services  
and Participating in Warm  
Handoffs

\*成人 \*\*兒童 \*\*\*成人和兒童

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街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

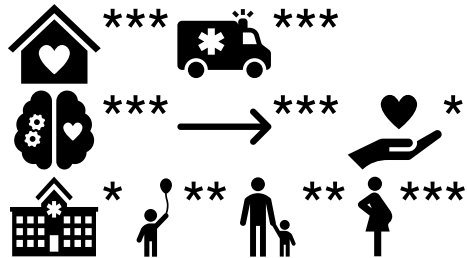
請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。在線上瀏覽 blueshieldca.com/promise/medi-cal。此服務提供者目錄中的資訊可能會更改。

## K. 其他服務提供者（社區支援、增強護理管理）

### LA MAESTRA COMMUNITY HEALTH CENTERS

 4074 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 510-4641  
 After Hours Phone: (619)  
510-4641  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

ECM Population of Focus:



Community Supports Services:  
N/A

Street Medicine Provider: N  
Email for New Referrals and Existing Patients: ECM.CS@LAMA  
ESTRA.ORG

Phone for New Referrals and Existing Patients: (619)

510-4641

Mailing Address: 4060 FAIRMO  
UNT AVE; SAN DIEGO; CA; 92105

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



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)

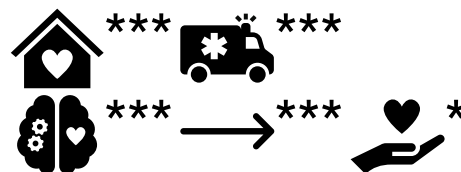
510-4641

Mailing Address: 4060 FAIRMO  
UNT AVE; SAN DIEGO; CA; 92105

### 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:



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

Community Supports Services:  
N/A

### LA MAESTRA COMMUNITY HEALTH CENTERS

 4157 FAIRMOUNT AVE

\*成人 \*\*兒童 \*\*\*成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

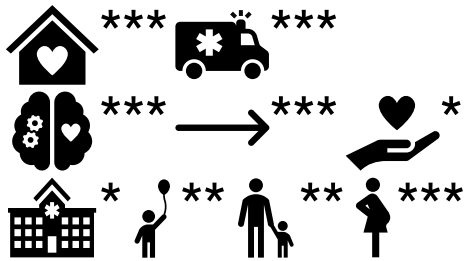
街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。在線上瀏覽 blueshieldca.com/promise/medical。此服務提供者目錄中的資訊可能會更改。

## K. 其他服務提供者（社區支援、增強護理管理）

**SAN DIEGO, CA 92105**  
 **Phone: (619) 510-4641**  
 **After Hours Phone: (619) 510-4641**  
 **Accessibility: CONTACT PROVIDER**  
 **Website: N/A**

**ECM Population of Focus:**



**Community Supports Services:**  
 N/A

**Street Medicine Provider:** N  
**Email for New Referrals and Existing Patients:** ECM.CS@LAMA  
 ESTRA.ORG

**Phone for New Referrals and Existing Patients:** (619) 510-4641

**Mailing Address:** 4060 FAIRMO  
 UNT AVE; SAN DIEGO; CA; 92105

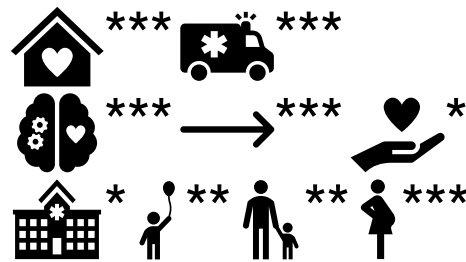
**JI ECM Provider Billing-** Direct  
 Contract with Correctional

**Facilities; JI ECM Provider**  
**Billing-** FFS (PAVE Enrollment)  
**JI ECM Provider**  
**Services-** Pre-Release Services  
 and Participating in Warm  
 Handoffs

### LA MAESTRA COMMUNITY HEALTH CENTERS

 **4157 FAIRMOUNT AVE**  
**SAN DIEGO, CA 92105**  
 **Phone: (619) 510-4641**  
 **After Hours Phone: (619) 510-4641**  
 **Accessibility: CONTACT PROVIDER**  
 **Website: N/A**

**ECM Population of Focus:**



**Community Supports Services:**  
 N/A

**Street Medicine Provider:** N  
**Email for New Referrals and Existing Patients:** ECM.CS@LAMA  
 ESTRA.ORG  
**Phone for New Referrals and Existing Patients:** (619) 510-4641

**Mailing Address:** 4060 FAIRMO  
 UNT AVE; SAN DIEGO; CA; 92105

**JI ECM Provider Billing-** Direct  
 Contract with Correctional  
 Facilities; JI ECM Provider  
**Billing-** FFS (PAVE Enrollment)  
**JI ECM Provider**  
**Services-** Pre-Release Services  
 and Participating in Warm  
 Handoffs

### LA MAESTRA COMMUNITY HEALTH CENTERS

 **4167 FAIRMOUNT AVE**  
**SAN DIEGO, CA 92105**  
 **Phone: (619) 510-4641**  
 **After Hours Phone: (619) 510-4641**  
 **Accessibility: CONTACT PROVIDER**

\*成人 \*\*兒童 \*\*\*成人和兒童

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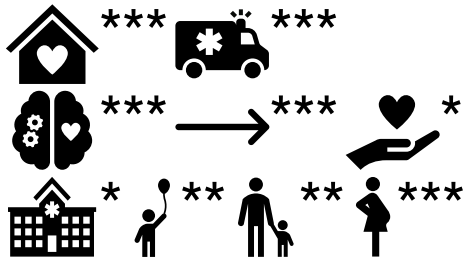
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## K. 其他服務提供者（社區支援、增強護理管理）

 Website: N/A

ECM Population of Focus:



Community Supports Services:  
N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients: ECM.CS@LAMA  
ESTRA.ORG

Phone for New Referrals and Existing Patients: (619)  
510-4641


Mailing Address: 4060 FAIRMO  
UNT AVE; SAN DIEGO; CA; 92105


Jl ECM Provider Billing- Direct  
Contract with Correctional  
Facilities; Jl ECM Provider  
Billing- FFS (PAVE Enrollment)  
Jl ECM Provider  
Services-Pre-Release Services  
and Participating in Warm

Handoffs


### LA MAESTRA COMMUNITY HEALTH CENTERS

 4167 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

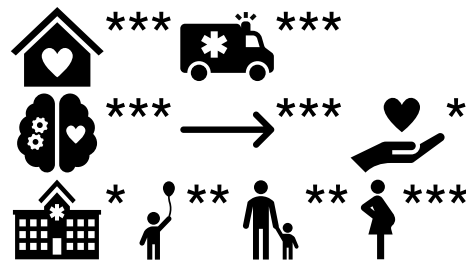
 Phone: (619) 510-4641

 After Hours Phone: (619)  
510-4641

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

ECM Population of Focus:



Community Supports Services:  
N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients: ECM.CS@LAMA  
ESTRA.ORG

Phone for New Referrals and

Existing Patients: (619)  
510-4641


Mailing Address: 4060 FAIRMO  
UNT AVE; SAN DIEGO; CA; 92105


Jl ECM Provider Billing- Direct  
Contract with Correctional  
Facilities; Jl ECM Provider  
Billing- FFS (PAVE Enrollment)  
Jl ECM Provider

Services-Pre-Release Services  
and Participating in Warm  
Handoffs

### LA MAESTRA COMMUNITY HEALTH CENTERS

 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:



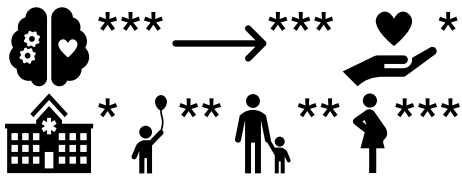
\*成人 \*\*兒童 \*\*\*成人和兒童

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## K. 其他服務提供者（社區支援、增強護理管理）



Community Supports Services:  
N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients: [ECM.CS@LAMAESTRA.ORG](mailto:ECM.CS@LAMAESTRA.ORG)

Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105

JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

### LA MAESTRA COMMUNITY HEALTH

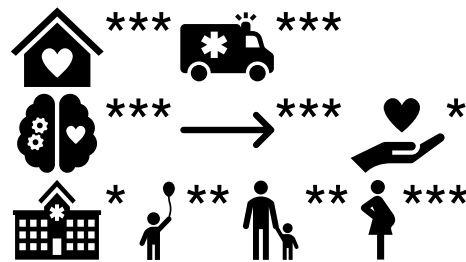
### CENTERS

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Phone: (619) 510-4641  
After Hours Phone: (619) 510-4641

Accessibility: CONTACT PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services:  
N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients: [ECM.CS@LAMAESTRA.ORG](mailto:ECM.CS@LAMAESTRA.ORG)

Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105

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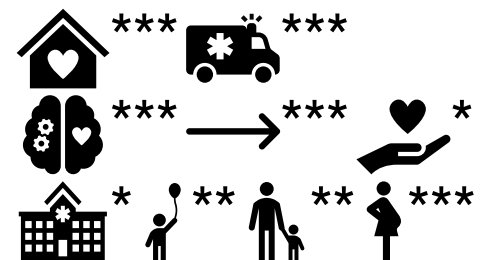
### LA MAESTRA COMMUNITY HEALTH CENTERS

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:



\*成人 \*\*兒童 \*\*\*成人和兒童

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## K. 其他服務提供者（社區支援、增強護理管理）

Community Supports Services: N/A

Street Medicine Provider: N  
Email for New Referrals and Existing Patients: ECM.CS@LAMA.OSTRA.ORG

Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105

JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider

Services-Pre-Release Services and Participating in Warm Handoffs

### LA MAESTRA COMMUNITY HEALTH CENTERS

4187 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

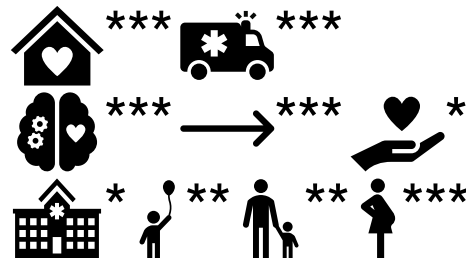
Phone: (619) 510-4641

After Hours Phone: (619) 510-4641

Accessibility: CONTACT PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services: N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients: ECM.CS@LAMA.OSTRA.ORG

Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105

JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider

Billing- FFS (PAVE Enrollment) JI ECM Provider

Services-Pre-Release Services

and Participating in Warm Handoffs

### 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

\*成人 \*\*兒童 \*\*\*成人和兒童

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## K. 其他服務提供者（社區支援、增強護理管理）

 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:



Community Supports Services:  
N/A

Street Medicine Provider: N  
Phone for New Referrals and  
Existing Patients: (858)  
810-8700

### MAMAS KITCHEN

 3960 HOME AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 233-6262  
 After Hours Phone: (619)  
233-6262  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

Community Supports Services:  
Medically-Supportive  
Food/Meals/Medically  
Tailored Meals  
Street Medicine Provider: N  
Phone for New Referrals and  
Existing Patients: (619)  
233-6262

### MCALISTER INSTITUTE

 2506 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (916) 442-0277

\*成人 \*\*兒童 \*\*\*成人和兒童

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## K. 其他服務提供者（社區支援、增強護理管理）

 *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*

### **JEWISH FAMILY SERVICE OF SAN DIEGO**

 8804 BALBOA AVE  
SAN DIEGO, CA 92123

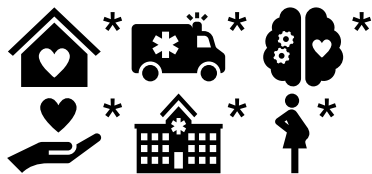
 *Phone: (858) 637-3221*

 *After Hours Phone: (858) 637-3221*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*ECM Population of Focus:*



*Community Supports Services:*

*Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation*


*Services, Medically-Supportive Food/Meals/Medically Tailored Meals*


*Street Medicine Provider: N Email for New Referrals and Existing Patients: calaim@jfssd.org*

*Phone for New Referrals and Existing Patients: (858) 637-3221*

### **JEWISH FAMILY SERVICE OF SAN DIEGO**

 8804 BALBOA AVE  
SAN DIEGO, CA 92123

 *Phone: (858) 637-3221*

 *After Hours Phone: (858) 637-3221*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*ECM Population of Focus:*



*Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation*

*Services, Medically-Supportive Food/Meals/Medically Tailored Meals*


*Street Medicine Provider: N Email for New Referrals and Existing Patients: calaim@jfssd.org*

*Phone for New Referrals and Existing Patients: (858) 637-3221*

### **VOLUNTEERS OF AMERICA SOUTHWEST CALIFORNIA INCORPORATION**

 3530 CAMINO DEL RIO N  
STE 300

SAN DIEGO, CA 92108

 *Phone: (619) 398-4585*

\*成人 \*\*兒童 \*\*\*成人和兒童


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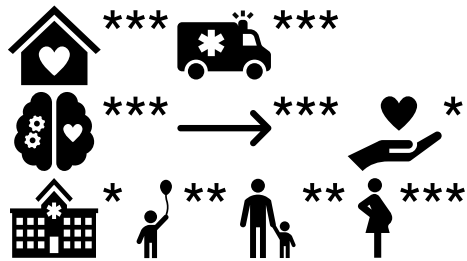
## K. 其他服務提供者（社區支援、增強護理管理）

 *After Hours Phone: (619) 398-4585*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*ECM Population of Focus:*



*Community Supports Services: N/A*

*Street Medicine Provider: N*

*Email for New Referrals and Existing Patients: ecm@voasw.org*

*Phone for New Referrals and Existing Patients: (619) 398-4585*


*Mailing Address: 3530 CAMINO DEL RIO N STE 300; San Diego; CA; 92108*


*JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider*

*Services-Pre-Release Services and Participating in Warm Handoffs*

### SERENE HEALTH

 3625 RUFFIN RD STE 206 SAN DIEGO, CA 92123

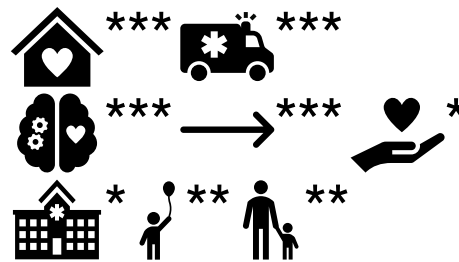
 *Phone: (619) 354-1409*

 *After Hours Phone: (619) 354-1409*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*ECM Population of Focus:*



*Community Supports Services: N/A*

*Street Medicine Provider: N*

*Email for New Referrals and Existing Patients: andrea@serenehealth.com*

*Phone for New Referrals and*

*Existing Patients: (619) 354-1409*

*Mailing Address: 4849 RONSO N CT STE 207; SAN DIEGO; CA; 92111*


*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

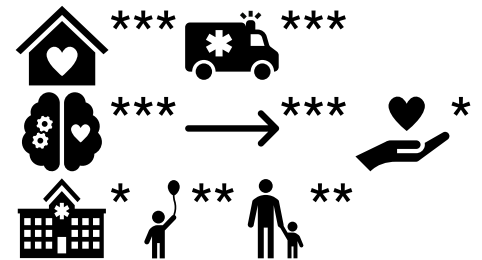
 *Phone: (619) 354-1409*

 *After Hours Phone: (619) 354-1409*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*ECM Population of Focus:*



*Community Supports Services:*

\*成人 \*\*兒童 \*\*\*成人和兒童

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## K. 其他服務提供者（社區支援、增強護理管理）

N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients: andrea@serenehealth.com

Phone for New Referrals and Existing Patients: (619) 354-1409

Mailing Address: 4849 RONSON CT STE 207; SAN DIEGO; CA; 92111

JI ECM Provider Billing- FFS (PAVE Enrollment)

JI ECM Provider

Services-Warm Handoffs Only

Website: www.LIGHTBRIDGEHOSPICE.com

ECM Population of Focus:



Community Supports Services: N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients: JILL@LIGHTBRIDGEHOSPICE.COM

Phone for New Referrals and Existing Patients: (858) 458-2992

Community Supports Services: Housing Tenancy and Sustaining Services, Housing Transition Navigation Services, Personal Care and Homemaker Services, Respite Services

Street Medicine Provider: N

Email for New Referrals and Existing Patients: ecm@picf.org

Phone for New Referrals and Existing Patients: (747) 500-4609

### 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

### 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:

#### 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

\*成人 \*\*兒童 \*\*\*成人和兒童

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街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。在線上瀏覽 blueshieldca.com/promise/medical。此服務提供者目錄中的資訊可能會更改。

## K. 其他服務提供者（社區支援、增強護理管理）

 Website: N/A

ECM Population of Focus:






Community Supports Services:  
Housing Tenancy and  
Sustaining Services, Housing  
Transition Navigation  
Services, Personal Care and  
Homemaker Services, Respite  
Services

Street Medicine Provider: N  
Email for New Referrals and Existing Patients: [ecm@picf.org](mailto:ecm@picf.org)  
Phone for New Referrals and Existing Patients: (747) 500-4609


### SAN MARCOS

#### MERAKEY ALLOS

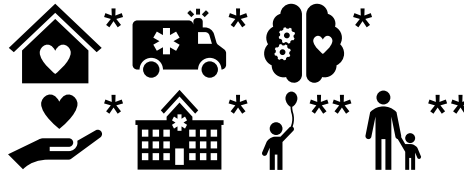
 334 VIA VERA CRUZ STE 204  
SAN MARCOS, CA 92078  
 Phone: (916) 832-4868  
 After Hours Phone: (916)

832-4868

 Accessibility: CONTACT PROVIDER

 Website: N/A

ECM Population of Focus:




Community Supports Services:  
N/A



Street Medicine Provider: N  
Email for New Referrals and Existing Patients: [deborah.bowyer@merakey.org](mailto:deborah.bowyer@merakey.org)  
Phone for New Referrals and Existing Patients: (916) 832-4868


### AMERICARE ADULT DAY HEALTH CARE CENTER

License Number: 060000832

 340 RANCHEROS DR STE 196  
SAN MARCOS, CA 92069  
 Phone: (760) 682-2424  
 After Hours Phone: (760)

682-2424

 Site English Spoken: Y  
 Accessibility: CONTACT PROVIDER

 Website: [www.americareadhc.com](http://www.americareadhc.com)

Cultural Competency: N  
Accepting New Patients: No  
ECM Population of Focus:



Community Supports Services:  
N/A  
Street Medicine Provider: N  
Email for New Referrals and Existing Patients: [inashtut@americareadhc.com](mailto:inashtut@americareadhc.com)  
Phone for New Referrals and Existing Patients: (760) 682-2424

### VAN NUYS

#### LIBERTANA HOME HEALTH OF SHERMAN OAKS

 5805 SEPULVEDA BLVD

\*成人 \*\*兒童 \*\*\*成人和兒童

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## K. 其他服務提供者（社區支援、增強護理管理）

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

### CLINIC

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

 After Hours Phone: (760) 631-5000

 Accessibility: CONTACT PROVIDER

 Website: N/A

ECM Population of Focus:



Community Supports Services:  
N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients: [ecmteam@vcc.org](mailto:ecmteam@vcc.org)

Phone for New Referrals and Existing Patients: (760)

631-5000

**VISTA**

**VISTA COMMUNITY**

\*成人 \*\*兒童 \*\*\*成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

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# L. Blue Shield Promise 緊急護理設施

## CHULA VISTA

### AFC URGENT CARE OF BONITA

NPI: 1316225147

760 OTAY LAKES RD  
CHULA VISTA, CA 91910

(619) 821-2300

(619) 821-2300

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

SA 8AM-6PM

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

### AFC URGENT CARE OF SAN DIEGO

NPI: 1396058137

8590 RIO SAN DIEGO DR  
STE 111

SAN DIEGO, CA 92108

(619) 736-4600

(619) 736-4600

Spanish

SU 8AM-6PM  
M-F 8AM-8PM  
SA 8AM-6PM

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

### AFC URGENT CARE OF SAN DIEGO

NPI: 1396058137

1740 ROSECRANS ST  
SAN DIEGO, CA 92106

(619) 790-7800

(619) 790-7800

Spanish

SU 8AM-6PM  
M-F 8AM-8PM  
SA 8AM-6PM

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

### AFC URGENT CARE OF SAN DIEGO

NPI: 1396058137

8260 MIRA MESA BLVD  
STE A

SAN DIEGO, CA 92126

(858) 900-3550

(858) 900-3550

Spanish

SU 8AM-6PM  
M-F 8AM-8PM  
SA 8AM-6PM

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

### AFC URGENT CARE OF SAN

## SAN DIEGO

### AFC URGENT CARE OF SAN DIEGO

NPI: 1396058137

5671 BALBOA AVE  
SAN DIEGO, CA 92111

(858) 800-2880

(858) 800-2880

Spanish

SU 8AM-6PM  
M-F 8AM-8PM


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# L. Blue Shield Promise 緊急護理設施


## **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

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


## **AFC URGENT CARE OF SAN DIEGO**

*NPI:* 1558788620

 8260 MIRA MESA BLVD  
STE A

SAN DIEGO, CA 92126

 (858) 900-3550

 (858) 900-3550

 SU-SA 8AM-8PM

 *Accessibility:* CONTACT PROVIDER

 <https://www.afcurgentcare.com/san-diego/>


Accepting New Patients: No


## **AFC URGENT CARE OF SAN DIEGO**

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 8260 MIRA MESA BLVD  
STE A

SAN DIEGO, CA 92126

 (858) 900-3550

 (858) 900-3550

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Accepting New Patients: No

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# L. Blue Shield Promise 緊急護理設施

 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

## **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. Blue Shield Promise 緊急護理設施


 N/A  
Accepting New Patients: No


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 *Accessibility: CONTACT  
PROVIDER*


 N/A  
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 *Accessibility: CONTACT  
PROVIDER*


 N/A  
Accepting New Patients: No


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# L. Blue Shield Promise 緊急護理設施

 (858) 966-1720  
 SU 1PM-10PM  
M-F 4PM-10PM  
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Accepting New Patients: No







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 N/A  
Accepting New Patients: No

**RADY CHILDRENS**

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# L. Blue Shield Promise 緊急護理設施


## **SPECIALISTS SAN DIEGO MED**

### **FNDTN**

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 *Accessibility:* CONTACT PROVIDER

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Accepting New Patients: No


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M-F 4PM-10PM

SA 1PM-10PM

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# L. Blue Shield Promise 緊急護理設施

 *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  
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M-F 4PM-10PM  
SA 1PM-10PM

 *Accessibility:* CONTACT PROVIDER




 N/A

Accepting New Patients: No

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FN D TN**

*NPI:* 1669617197

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 (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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 (858) 966-1720  
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 *Accessibility:* CONTACT PROVIDER




 N/A

Accepting New Patients: No

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FN D TN**

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 386 E H ST STE 202  
CHULA VISTA, CA 91910

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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  
FN D TN**

*NPI:* 1669617197







 386 E H ST STE 202

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# L. Blue Shield Promise 緊急護理設施

CHULA VISTA, CA 91910  
 (858) 966-1720  
 (858) 966-1720  
 SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No







## **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 (858) 966-1720  
 (858) 966-1720  
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M-F 4PM-10PM  
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 N/A  
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## **ESCONDIDO**

## **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197  
 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029  
 (760) 755-7600  
 (760) 755-7600  
 M-F 8AM-5PM  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

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# L. Blue Shield Promise 緊急護理設施

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M-F 8AM-5PM

Accessibility: CONTACT  
PROVIDER

N/A

Accepting New Patients: No

## LA MESA

## RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDTN

NPI: 1669617197

5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

(619) 713-5375

(619) 713-5375

Accessibility: CONTACT  
PROVIDER

N/A

Accepting New Patients: No

## RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDTN

NPI: 1669617197

5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

(619) 713-5375

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Accessibility: CONTACT  
PROVIDER

N/A

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# L. Blue Shield Promise 緊急護理設施


## **RADY CHILDRENS**

### **SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT  
PROVIDER


 N/A


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## OCEANSIDE

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*NPI:* 1669617197  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 (760) 547-1020  
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### **SPECIALISTS SAN DIEGO MED FN D TN**

NPI: 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020

 *Accessibility:* CONTACT PROVIDER

 N/A


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# L. Blue Shield Promise 緊急護理設施

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDDN**

*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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**RADY CHILDRENS  
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*NPI:* 1669617197

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 (619) 280-2905  
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*NPI:* 1669617197

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No


**RADY CHILDRENS**


**SPECIALISTS SAN DIEGO MED  
FNFTN**


*NPI:* 1669617197

 4305 UNIVERSITY AVE STE  
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SAN DIEGO, CA 92105

 (619) 280-2905

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 *Accessibility:* CONTACT PROVIDER

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Accepting New Patients: No


**RCH MID CITY URGENT CARE**

*NPI:* 1710065933

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105


 (619) 280-2905

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M-F 4PM-10PM

SA 1PM-10PM

 *Accessibility:* CONTACT PROVIDER

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## L. Blue Shield Promise 緊急護理設施


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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

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M-F 9AM-8PM

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 *Accessibility:* CONTACT  
PROVIDER

 [https://www.southbayurgen  
tcare.com/](https://www.southbayurgentcare.com/)

Accepting New Patients: No

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## M. 初級保健指數

<b>2</b>	AL ANI, NAJWAN.....	313	AMBER HOME.....	1471
2-1-1 SAN DIEGO.....	AL KHIAMI, BELAL.....	835, 956	AMBO, STANLEY.....	631
24HR HOMECARE LLC.....	AL-MSHHDANI, AYSER.....	508	AMBROSE, CHRISTOPHER..	639, 1448
<b>A</b>	AL-NOURI, OMAR.923, 924, 1377, 1385		AMERICARE ADULT DAY HEALTH	
ABDALLAH, ALI.....	AL-TAMEEMI, AHMED.....	319	CARE CENTER.....	1477, 1717
ABDULRAHIM, AHMED.....	ALAGIRI, MADHU.....	1294	AMIRNOVIN, RAMBOD.....	1257
ABELHAD, NADIA.....	ALANI, ANAS.....	1052	AMOS, MARIA.....	1060
ABELL, GEOFFREY.....	ALANIZ, MATEO.....	274	AMREEN HOME.....	1471
ABERCROMBIE, SHERI.1323, 1324, 1514	ALASSIL, SALLY.....	492	ANAND, GOBIND.....	813, 1132
ABRAMSON, RACHEL.....	ALAYARI, AMETHYST.....	967, 1257	ANDAYA, MIKHAEL.....	380
ABSI, CHRISTIAN.....	ALBINO, NICHOLAS.....	525	ANDER, AZIZ.....	1414
ABU-DOULEH, NADIA.....	ALBO, MICHAEL.....	1405	ANDERSON, ELAINE.647, 689, 732, 940, 1137, 1138	
ACCESS TO INDEPENDENCE.....	ALBORZIAN, SHERVIN.....	330	ANDERSON, MANDY.....	606
ACEVEDO, SUSANA.....	ALBRIGHT, KELSEY.....	885, 1307	ANDREE, GREGOR.....	526, 1294, 1295
ACKROYD, ARCHIE.....	ALDANA, NANCY.....	352	ANDREWS, BRAD.....	1008
ACOSTA, ANGELICA.....	ALDOUS, JEANNETTE.492, 600, 1143, 1423		ANDREWS, JOHN.....	493
ADAMI, REBECCA.....	ALEXANDER, BRENTON.....	769, 1042	ANDRU HOME.....	1465
ADAMS, LAURA.....	ALFIDI, MARY.....	1338	ANDRY, JAMES.....	683, 684, 931, 1389
ADAMS, MONA.....	ALFONSO, ALVIN.....	795, 1097	ANWAR, YASMIN.....	977, 1427
ADAMS, STEPHEN.....	ALGHAMDI, ASMA.....	313, 380, 585	ANZA HOUSE.....	1471
ADJAN, ROULA.....	ALGHURAIBI, OHOUD.....	755	AOTO, KIM.634, 692, 717, 743, 860, 945, 990, 1224, 1225, 1563, 1577, 1585, 1618, 1638, 1654	
ADLOUNI, LOUBABA.....	ALGRA, JEFFREY.....	975, 1304	APPENZELLER, ERICA.....	1055
AFC URGENT CARE OF BONITA ..1719	ALKATIB, RHONDA.....	1248	APPLEGET, JOSEPH.....	1097
AFC URGENT CARE OF SAN DIEGO.....	ALLEN, ELIZABETH.....	881, 1244	APRIL, MONIQUE.....	998, 1430
.....1719, 1720, 1721	ALLEN, KATHERINE.....	371	AQUINO, FELINO.....	376, 377, 423
AFSHAR, KAMYAR.....	ALLERS, JENNA.....	886	ARAFAH, DEEMA.....	1278
AGHILI, ROXANA.. 666, 748, 1021, 1256	ALOTAIBI, MONA.....	831	ARAIZA, ERNESTINA.....	694, 1483
AGING & INDEPENDENCE	ALSHEIKH, HUDA.....	366, 367	ARBOR HILLS NURSING CENTER.....	1462
SERVICES.....	ALSTEEN, STEPHANIE.....	1060	ARCE GOMEZ, LAURA.....	274
AGNIHOTRI, PARAG.....	ALTAMIRANO, LEON.....	1418, 1550	ARCHAMBAULT, CHRISTIAN.....	526
AGUERO, AMETHYST.....	ALVA, WENDY.....	685	ARCHIBALD, JOHN.....	1603, 1654
AGUERO, PETER.....	ALVARADO, EDMUND.....	545	ARELLANO, JACQUELINE.703, 778, 779, 1055, 1056	
AGUEY, OMAR.....	ALVAREZ-ESTRADA, MIGUEL.456, 585, 586, 1123, 1420		ARENAS, CECILY.....	1061
AGUILA, YESENIA.....	ALWAHAB, AREEJ.....	332	ARIELLA, LYNDA.....	1419, 1551
AGUILAR, EDITA.....	ALWASH, MUSTAFA.....	320	ARLATA, TAMANTHA.....	621
AGYEMANG, ALBERTA.....	ALYAS, ALISIA.....	336	ARLINGHAUS, RENE.....	1486
AHMAD, AAKIF.....	AMANAT, SOROOSH.....	274	ARMANI, AVA.....	726, 924, 1377, 1448
AINSWORTH, DELISSA.....	AMANN, CHRISTOPHER.700, 800, 1110		ARMEEN, GARY.....	886, 1307
AISAGBONHI, OMONIGHO.....	AMARAL, MARGARET.....	856	ARMENTA, JORGE.....	336, 393, 545
AKASHI, MARC.....	AMAYA SPRINGS HEALTH CARE		ARMSTON, LINDSEY.....	642, 685
AKONG, KATHRYN.....	CENTER.....	1470		
AKRAMI, KEVAN.....	AMAYA, RICARDO.....	303		
AKUTHOTA, PRAVEEN.....				

## M. 初級保健指數

AROCHO-SALGADO, MIRELIS.682, 757, 1371, 1372	BAKER, TANYA.....1061	BAYAT, HAMED..... 733, 734, 1034
ARONLEE, TRACY..... 1515	BALBOA NEPHROLOGY MED GRP INC, .....654, 1184	BAYLIS, CHRISTOPHER..... 796, 1098
ARRIETA, IRIS..... 1442	BALBOA NURSING AND REHAB CTR. ..... 1467	BAYLON, ALDO.....672, 1480
ARRIETA, NOEMI..... 343, 586, 1420	BALDONADO, ANALICIA..... 301	BEAUCHAMP-WALTERS, JULIA..1295
ARROYO VISTA NURSING CTR. ... 1467	BALDWIN, ANDREA..... 998	BEAUDRY, AMANDA..... 1592, 1655
ARTS, SERENA..... 423	BALDWIN, DONNA.....421	BEAUMONT, THOMAS.....928
ARUTYUNOV, BORIS.....1146	BALIKIAN, PHILIP.....1038, 1039	BECERRA SONGOLO, TOSHA.770, 1042
ARVIZU, MARGARITA.....423, 1061	BALL, SHELDON.....1147	BECERRA, GABRIEL.....1486
ASHAK, DANI..... 713, 849, 1202, 1203	BALL, STEPHEN.....916, 1365	BECKMAN, KARI..... 1487
ASIMAKOPOULOS, FOTIOS..... 818	BALLARD, BROOKE.....949, 1390	BEGOVIC, ADNAN. 701, 954, 1158, 1159
ASIS, STEPHANIE..... 1577, 1591, 1618	BALLAS, JERASIMOS..... 709, 838	BELANGER, TANYA..... 565, 1411
ASLIAN, AZITA..... 389	BALLOUT, REEM..... 729	BELEN, NEZER..... 305, 424
ASSADIAN, MEHRAK.....448	BALTRUS, JUSTINE ANN..... 1553	BELL, JENNIFER..... 1506, 1557, 1558
ASSELIN, LYNETTE..... 631	BALUCH, NARGES.....1041	BELL, TRACY.....1124
ATIENZA, PAMELA.....292	BAMFORD, LAURA..... 1143	BELLA VISTA HEALTH CENTER..1464
ATIGA, SCHUBERT..... 659, 1423	BANDAK, DIANA..... 1591	BELLINGHAUSEN, AMY. 802, 1112, 1113
ATMAR, AKMAL.....991	BANGS, SASHA.....393	BELLO, OSAGIE.....491
AUSTIN, ANDREA.....801, 1111	BANKS, SARAH.....1324, 1515, 1516	BELVERUD, SHAWN..... 1387
AUSTIN-PAGE, LUKAS..... 1257	BANSAL, PREETI.715, 740, 960, 1014, 1217, 1585, 1591, 1654	BEN-HAIM, SHARONA.639, 928, 1027, 1387
AVALLONE, THOMAS..... 1618	BAQIR, HUMA..... 1516	BENARD, ROBERT.....1061
AVIARA HEALTHCARE CENTER. 1460	BARBA, ARNEL..... 1097	BENCH, SHAWN..... 1378
AVILA, MICHAEL.....343	BARBA, DAVID..... 702, 927, 1386	BENDER STERN, JULIA.....752
AVOCADO POST ACUTE..... 1458	BARBADILLO, FERDINAND.292, 611, 612	BENITEZ, MARTHA.....493
AWDISHO, ALAN.....320	BARBADILLO, TERESITA..... 390	BERGEN, SOPHEA..... 1307
AWDYKOVYCH, MARTA.....527	BARLEBEN, ANDREW.....926, 1385	BERGERON, PATRICK..... 916, 1366
AWWAD, REEM..... 905, 1339	BARMAN, PRANAB..... 821, 1140	BERGGREN, ERICA..... 606
AYELE, MAHOGANY..... 1431	BARNARD, LUKE..... 944, 989	BERGMARK, JAMIE..... 1592, 1655
AYON MARTINEZ, CARLOS..... 627	BARNES, LAURA.....832, 1158	BERMAN, ZACHARY..... 905, 1339
AYSON, NICOLE.....527	BARNES, RYAN.....1377, 1378	BERNADETT, ALEX..... 1124
AZIMI, AYSUN.....527	BARRIOLA RUBARTH, RODRIGO.824, 1147	BERNARDO, RACHELLE..... 576
<b>B</b>	BARRY, JEFFREY..... 802, 1111, 1112	BERNETICH, MEGHAN.....1431, 1432
BACHARACH, REBECCA..... 456, 622	BARTZ, BRYAN.....1365, 1366	BERUMEN, JENNIFER..... 1379
BAEK, KILHYO.....394	BARUCH, VANIA..... 1505, 1506, 1557	BESTERFELDT, LYDIA..... 424
BAEZ, BEATRICE.....380	BASS, GURGIANA..... 1325, 1517	BHAGAN, SHANNA..... 545
BAGBY, JESSICA..... 698, 801, 1111	BAUM, PETER.....264, 586, 635	BHATIA, SHAGUN.716, 741, 960, 1014, 1218, 1585, 1592, 1656
BAGHOUMIAN, MARINEH.....1618	BAUMAN, LAURA..... 1132	BHATTACHARJEE, RAKESH.1289, 1290
BAHRAMZI, MARIA..... 456, 457	BAUMANN, DANIELA.1563, 1577, 1585, 1592, 1606, 1619, 1639, 1655	BIALOSTOZKY, MARIO..... 1258
BAI-TONG, SHIYU..... 711, 840, 1176	BAUTISTA, LUIS.....260, 457	BICKLER, STEPHEN..... 1395
BAILEY, JACOB..... 903, 1333, 1334	BAXTER, SALLY..... 858, 1217, 1218	BIFFL, SUSAN.....976, 1305
BAILONY, AHMAD..... 390		BILLINGTON, KATHERINE..... 1098
BAILONY, MOHAMMED.....390		BILOTTA, NATALIE.....1062
BAIN, NATALIE..... 457		
BAIOU, MOHAMED..... 620		
BAISLEY, SHAWN.....262, 356		

## M. 初級保健指數

BINDER, NICHOLAS.1563, 1578, 1593, 1619, 1639, 1656	BREEDLOVE, AMANDA.....1517	BUSH, KELLY.....1283
BINETTE, DONYA.....395, 998	BRIED, JAMES.....1039	BUTLER, KELLEY.....1420, 1421
BIRCH PATRICK CONV CTR.....1457	BRIGGS, BENJAMIN.....1283	BUTLER, KIM.....1578
BISHOP, MELISSA.....457	BRIGHTON PLACE SAN DIEGO...1467	
BISSET, LOGAN.....905, 1340	BRIGHTON PLACE SPRING VALLEY. .....1470	<b>C</b>
BLACK, NICHOLAS.....802	BRION, SONJA.....340	CABADING, DOREEN.....305
BLAKE, GARY.....508, 1204	BRIONES-COLMAN, FELICIA.....493	CABALLERO, JAMES.....448, 765
BLANCHARD, DANIEL.....708, 835	BRODERICK, RYAN.....1379	CABALLERO, NOE.....1517, 1518
BLAND, JACELIS.....1030, 1409	BRODSKY, MARK.....459	CABANISS, SCOTT.....770, 1042
BLASKIEWICZ, DONALD.....640, 928	BROOME, HELEN.....881, 1244	CABARLO, JEHRIB.....528, 612
BLISS, MORGAN.718, 744, 962, 1019, 1228	BROUDY, ABRAHAM.....293	CABRAL, ALEJANDRA.....1409
BLOCKER, NIRIT.....558	BROWN, BRANDON.....313, 459	CABREJOS, CLAUDIO.....1551
BOCK, MATTHEW.....1251	BROWN, DARCIE.....1517	CAGE, DORI.....1386
BODIFORD, SAMANTHA.....458	BROWN, REGINA.....1009, 1412	CAINE, SAMUEL.671, 947, 948, 991, 992
BOECK, CARL.....1657	BROWN, TERESA.....906, 1341, 1342	CALAME, ANTOANELLA.....1107
BOEHMER, ALEXANDRA.....917, 1366	BROWN, VICTORIA.....1062	CALANDRA, JOAN.....951
BOEING, KRISTINA.....1098	BROWNLOW, ROY.697, 728, 996, 1030, 1031	CALDERON, JORGE.....599
BOLER, AMBER.....997, 1408	BRUBAKER, ALEAH.....1380	CALHOUN, CHANELLE.....412
BOND, KIMBERLEE.....1216	BRUECKNER, TAMMIE.....886, 1308	CALIFANO, JOSEPH.863, 864, 1228, 1229
BONE, SAMUEL.....906, 1340	BRUHN, JOSHUA.....314	CALLAGHAN, KATHRYN.....1518
BONSU, BEMA.....391, 527	BRUNO, KELLY.....770, 1042	CALLAWAY, MALLORY.....1363
BOOTH, CHRISTOPHER.897, 898, 1492, 1493	BRYL, AMY.....1258	CAMACHO, BENJAMIN.....985, 986
BORDIN-WOSK, TALYA.....824, 1147	BUCKNER, JOSEPH.....616	CAMERON, MELISSA.....752, 1295
BOROK, ZEA.....832, 1159, 1160	BUECHNER, CHARLENE.287, 326, 373, 508, 509, 510, 623	CAMP, ANDREW.....1218
BORQUEZ, ALEJANDRO.....965, 1251	BUENROSTRO, CHRISTINA..782, 1063	CAMPA, PATRICIA.....695
BORREGO MEDICAL CLINIC.....21, 22	BUI, ANH.....1063	CAMPBELL, BRIANNA..381, 460, 1125
BORREGO MEDICAL CLINIC, .....263	BUI, CHRISTOPHER.....1390	CAMPBELL, PATRICK.....753
BORSAN, COSMIN.....586	BUI, JACK.....881, 1245	CAMPBELL, SARA.....1258
BORTNER, ADAM.....458	BUI, JONATHAN.....712, 1186, 1187	CAMPOS, MELISSA.....274, 587
BOSTON, LAURA.....272, 447	BUI, MAI.....1105	CANLAS, AVELINO.....381
BOULDER CREEK POST ACUTE..1466	BUI, QUAN.....835, 1164	CANO, SARAH.....1043
BOUTELLE, AMY.....781	BUI, TINA.....1620	CANTU, ALICIA.....1295, 1296
BOUTELLE, KERRI.....898, 899, 1493	BUKATA, SUSAN.....931, 1390	CANTU-REYNA, GUILLERMO.389, 506
BOYD, LISA.....886, 1307	BULLOCH, EDGAR.....326, 366	CAO, STEPHANIE.....1657
BOYS, JOSHUA.....935	BULLUM, ANTHONY.....763, 951	CAPETANAKIS, ELENI.....293
BRADY HOME.....1465	BULOW, KWI.....1423	CAPOZZI, JENNIFER.....782, 1063
BRADY, KATELYN.....781	BUNOSKY, ABIGAIL.....917, 1366, 1367	CARDINELL, ANNA.....704, 1432
BRADY, PATRICIA.....458	BURGAMY, ELIZABETH.....267	CARDONES, ARTHUR.....622
BRANCH, CODY.....906, 1341	BURNS, DELLA.....424	CARETHERS, JOHN.....814, 1132
BRAVERMAN, IRA.....388	BURROWS, TERENCE.....796, 1098	CARLO HOUSE.....1470
BRAYTENBAH, MELANIE.....642	BURROWS, WILLIAM.....452	CARLSON, BLAKE.....906, 1342
BRAZIER, SETH.....671, 1036	BURTON, LUCAS.....459	CARMEL MOUNTAIN REHAB AND HEALTHCARE CTR. ....1467

## M. 初級保健指數

CARMONA, RUBEN..... 674, 948, 1336	CERNELC-KOHAN, MATEJKA.722, 1290	CHENG, BRANDON.674, 675, 766, 993
CARNEY, AMY.....342	CEVALLOS, JAMES.....382, 588	CHENG, GEORGE.....825, 1148
CARR, MIANDA.....607	CHA, DANIEL.....1568	CHENG, KAREN.....907, 1343, 1344
CARRERA, JORGE.....350	CHAIN, PEI CHI.....661, 1658	CHENG, YU-TSUN.....979, 1391
CARRIEDO-CENICEROS, MARIA.381, 460, 587	CHAIT LLAMAS, LWBBA.....612	CHERRY, REENA.....887
CARRILLO, MARITZA.....273, 645	CHAKRABARTI, PRIYA.288, 326, 374, 512, 513, 624	CHERY, FARAH.....275
CARRION GELABERT, ANA...643, 685	CHALMERS, VIRGINIA.....1507	CHESHER, NICHOLAS.899, 1325, 1493, 1519
CARROLL, JEANNE.....1176	CHAMBERS, KATRINA.....704	CHEW, WESLEY.....1620
CARSON, LATISA.....607	CHAMPAGNE, ALLISON.....1105	CHEWNING, RUSH.....1344
CARSON, STEPHEN.....528	CHAN, ANDY.....494	CHIARAPPA, FRANK.....932, 1391
CARSWELL, AIMEE.....907, 1342, 1343	CHAN, CHI-BEW.....771, 1043, 1044	CHIEN, PEI.....917, 918
CARTER, CAITLIN.....1288	CHAN, KWOK FUNG.....1570, 1578	CHILAKA, SAMUEL.395, 396, 999, 1000, 1432
CARTER, KHALIL.287, 326, 374, 510, 511, 512, 623	CHANDRADAS, SAJIV.....494	CHILDERS, DIANA.....822, 1141
CARTER, NATASHA.....453	CHANG, AMY.....453	CHISHOLM, KAREN.....1570
CARVALHO, DANIELA.962, 1229, 1230	CHANG, EDWARD.....637, 664, 1230	CHISWICK, GARY.....576, 577
CASA PACIFICA ADHCC.....1477	CHANG, JOHANNA.....723, 1293	CHITKARA, PUJA.....681
CASAS, TAMARA.....954, 1113	CHANG, TOM.....1586, 1593, 1620	CHOATE, BERNADETTE.....1064, 1065
CASEY, SHANNON.....694, 695, 1483	CHANTALA, ELIZABETH.....1064	CHOI, JIHOON.....932, 1391
CASILLAS BERUMEN, SERGIO.682, 758, 1380, 1381	CHARP, KENNETH.....338	CHOI, KENNY.....513
CASTANER, ZALYA.....344, 627	CHASE AVENUE FAMILY HEALTH CTRS INC.....59, 60, 61	CHOI, MIN.....1503, 1519
CASTELLANO, TIFFANY.802, 1113, 1114	CHASE AVENUE FAMILY HEALTH CTRS INC.....318	CHOI, NATHALIE.....799, 1101, 1102
CASTELLANOS, JOEL.....777, 1050	CHASE, AVA.....425	CHONG, AMY.....1296
CASTELLANOS, LUIS.....1052, 1053	CHAU, PETER.....1251	CHOO, SUN.....1021, 1258, 1259, 1283
CASTELNOVI, CLAUDIA.....528	CHAU, VIVIAN.....1593	CHOU, BILL.....460
CASTILLEJOS, DAVID.....1570	CHAUSSE CASTRO, EKATERINA...582	CHOU, SUSANNA.....1421
CASTILLEJOS, MARIA.....1570	CHAVEZ, ALEXANDRIA.....1064	CHOW, BYRON.....352
CASTILLO, PATRICIA.....546, 1308	CHAVEZ, LUIS.....646, 688, 1133	CHOW, MAN HUNG.....601
CASTILLO, STEPHANIE.....587	CHAVEZSANTOS, MARIA.....636	CHRISTENSEN, PATTI.....1487
CASTLE MANOR NURSING AND REHABILITATION CTR.....1464	CHEATHAM, BRITTANY.....1064	CHRISTIE, PATRICIA.....763
CASTLEBERRY, DANI.....1479, 1480	CHEN, ALESSANDRA.....1107	CHRISTY, TYLER.....396
CASTRO, LIZA.....1487	CHEN, ALICE.....803, 812, 1114, 1125	CHU, CHRISTOPHER.721, 751, 972, 1025, 1280
CATES, DANIEL.....1230	CHEN, ANDREW.....733, 1033	CHULA VISTA FAMILY HLTH CTR.38, 39, 40, 41, 42, 43, 44, 45, 46, 47
CEBALLOS, JACQUELINE.....1518, 1519	CHEN, EILEEN.....529	CHULA VISTA FAMILY HLTH CTR, .
CELAYA, PATRICIA.....673, 1480	CHEN, JAMES.....494	.....283
CELESTIN-RAMSEY, AKANKE.....424	CHEN, JENNIFER.....529	CHULA VISTA PEDIATRICS.....25, 26
CELIZ, ADRIANA.....582	CHEN, KATIE.....999	CHUN, HYUN.....461
CENTRO MEDICO EL CAJON.63, 64, 65, 66	CHEN, LESLIE.....1658	CHUNG, SUEMIN.....1065
CENTRO MEDICO EL CAJON, .....318	CHEN, MARGARET.....351	CHWA, JEFFREY.....681
CENTRO MEDICO ESCONDIDO, ..349	CHEN, TONY.....1405	CIDAMBI, EMILY.....1028, 1391, 1392
	CHEN, TSUH-YIN.....285, 600	CIOBANU, COSMINA.....1519, 1520
	CHEN, YU-WEI.....818, 1138	CISZEK, ALEXANDRA.....1000



## M. 初級保健指數

DELRE, ANGELO.....1260	DON, MICHELLE.....881, 882	<b>E</b>
DELROSARIO, GELEN.....988, 989	DONALDSON, CHADWICK.....638	
DELROSARIO, PAMELA.....841, 1176	DONG, TAMMY.....294	
DEMASCO, MICHAEL.....888	DONOFRIO-ODMANN, JOY.....1261	
DEMESSIE, RAHEL.....425	DORINGO, ELAINIE.....294	
DEMLINGER, GLENN.....1692	DORN, TIA.....372	
DEMOOR, PATRICIA.....888	DORUELO, ASHLEY.288, 327, 374, 514, 515, 624	
DENTICO-OLIN, MARC.....1228	DOSHI, AMI.....1297	
DEPAOLO, AMANDA.....1554	DOSHI, NEELIMA.....353	
DERISSI, DANA.....1308	DOSS, KATIE.....1522, 1523	
DEUTSCH, KAREN.....1068	DOUGHERTY, CHRISTINE.1508, 1559, 1560	
DEVERA, GEMMIE.....666, 967, 1260	DOVE, KATHERINE.....1188	
DEWOLF, SEAN.....832, 1160	DOWNEY, NANCY.....686	
DHARKAR-SURBER, SAPNA..377, 425	DOWNTOWN FAMILY CTR AT CONNECTIONS.....176, 177, 179	
DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC.157, 158, 159, 170, 171, 172, 173, 174, 175, 176, 195, 196, 197	DOWNTOWN FAMILY CTR AT CONNECTIONS, .....482	
DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC, .....482	DRAME, SALWA.....547	
DIAZ, JAENAI.....1521, 1522	DRIEBE, AMY.....714, 850, 1205, 1206	
DICKERSON, ANDREW.721, 751, 973, 1280	DRISCOLL, KARRIE.....785, 1069	
DIEP, KEVIN.....495	DRISCOLL, SUSAN.....305	
DILLON, BENEDICT.....601	DROKER, BRIAN.....637	
DILLON, MAYRA.....382	DSOUZA, NICOLE.....1523	
DIMAIRA, FRANCESCA.....784	DU, SARAH.....1308, 1309	
DING, HILDA.....1284	DUARTE, KRISTEN.....899, 900, 1494	
DINH, MY.....608, 609, 1424	DUARTE, ZULMA.....1040	
DIOKNO, RHODA.....1325, 1522	DUBE, AMANDA.....940, 1142	
DISTEFANO, KIMBERLY.703, 779, 1056, 1057	DUBE, BIANCA.....260	
DIXON, SARAH.....530	DUENAS RUIZ, KAREN.....589	
DJEKIC, KRISTINA.....825, 1148	DUFFIELD, GARY.....997, 1429	
DO, HULBERT.....1412, 1413, 1428	DUMMER, KIRSTEN.....965, 1252	
DO, STEPHANIE.....967, 1261	DUNN-PIRIO, ANASTASIE..1188, 1523	
DOAN STEPHENS, CRYSTAL.491, 1296	DUONG, CHERYL.....1604, 1660	
DOAN, ANGELA.....1069	DUONG, KIM.....1593, 1660	
DOAN, CHINH.....421	DUONG, MAI.....320	
DODGE, JOHN.....495	DURAN, EDWARD.....703	
DOKICH, SRETENKA.....362	DURNAN, CASSANDRA.682, 758, 1372, 1373	
DOLLAND, STEVEN.....796, 1099	DUSTIN, ADAM.....725	
DOLNAK, DOUGLAS.....1522	DWYER, ERIN.....704, 1069	
DOMINGUEZ, DENNIS.....314	DY, DIANE.....275	
DOMINGUEZ, FERNANDO.....496	DYER, SHARON.1564, 1579, 1586, 1607, 1621, 1622, 1640, 1660	
		<b>F</b>
		FABELLA, GABRIEL.....496
		FADARE, OLUWOLE.....878, 1243
		FAIRBANKS, TIMOTHY.726, 978, 1029, 1381
		FALLBROOK FAMILY HLTH CTR....85
		FALLBROOK SKILLED NURSING.1461



## M. 初級保健指數

FAMBRO, CYNTHIA.....	463	FARRIS, AMANDA.....	796, 1099	FOX, KENNETH.....	1402
FAMILY HEALTH CENTERS OF SAN DIEGO.....	1706	FARSHLER, ANTHONY.....	762	FRANK, ETHAN.718, 744, 963, 1019, 1232	
FAMILY HEALTH CTR IBARRA.180, 181, 182, 193		FATHER JOES VILLAGES.....	1706	FRANK, GUIDO.....	1525
FAMILY HEALTH CTR IBARRA, .....	483	FATLAND, SARAH.....	404, 405	FREDERICK, ALIYA.....	1189
FAMILY HEALTH CTR OF SD- ELM ST, .....	483	FAZELI, SOUDABEH.....	907, 1344	FREEMAN, WANDA.....	562
FAMILY HEALTH CTR OF SDELM ST. ....	194	FEJLEH, ASHLEY.....	771, 1044	FRENETTE, CATHERINE.....	496
FAMILY HEALTH CTR SAN DIEGO-OAK PARK.....	194, 195	FEJLEH, MOHAMMAD.....	815	FRESNO, BLANCA.....	295, 392
FAMILY HEALTH CTR SAN DIEGO-OAK PARK, .....	483	FELD, KEREN.....	1071	FRIEDMAN, JAIME.....	531
FAMILY HEALTH CTR SD NATIONAL CITY.....	98, 100, 101	FERMIL MITCHELL, YVONNE.....	1071	FRIENDSHIP MANOR NURSING AND REHABILITATION CTR.....	1464
FAMILY HEALTH CTR SD NATIONAL CITY, .....	386	FERNANDEZ LEYVA, JUAN CARLOS. ....	269	FRIESEN, TZYYNONG.719, 745, 963, 1020, 1232	
FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL.....	184, 185, 186	FERRAILOLO, NATALIE.....	344, 370	FRUGONI, GINA.....	1207
FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL, .....	484	FERRANDO, CECILE.....	850, 851, 1206	FRY, LIANE.....	1525
FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE, .....	484	FERRITER, STACY.....	797, 1099	FU, KATHERINE.....	1487
FAMILY HLTH CTR SAN DIEGO-BEACH AREA.186, 187, 188, 189, 190, 191, 192		FIELDING, JOSEPH.....	558	FUJII, CINDY.....	612, 1425
FAMILY HLTH CTR SAN DIEGO-BEACH AREA, .....	484	FIGUEROA RODRIGUEZ, BRENDA. ....	332	FULL CIRCLE HEALTH NETWORK. ....	1703
FAMILY HLTH CTR SAN DIEGO-EL CAJON.48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59		FIGUEROA, CHRISTOPHER.....	950	FUNARI, CHRISTOPHER.....	754
FAMILY HLTH CTR SAN DIEGO-EL CAJON, .....	318	FINCH, CHRISTINA.....	1291, 1371	FUNDINGSLAND, BRENT.....	772, 1045
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC.....	47, 48	FINK, PATRICK.....	547		
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC, .....	284	FINN, DAPHNA.....	1496	<b>G</b>	
FAMILY HLTH CTR SAN DIEGOCITY COLLEGE.....	198, 199	FIREIZEN, YARON.....	1291	GADDIPATI, KISHORE.....	489
FAMILY HLTH CTR SD HILLCREST. 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210		FIRESTEIN, CATHERINE.....	822, 1142	GAFFEY, ANN.....	926
FAMILY HLTH CTR SD HILLCREST, .....	484	FIRESTONE, MICHELLE.....	1326, 1524	GAINOR, GRETCHEN.....	363
		FISHER, JAY.....	1262	GALLARES, DANIEL.....	373
		FISHER, JENNIFER.....	1363, 1364	GALLEGOS, CYNTHIA.....	426
		FISHER, SLOANE.....	1071	GALLO, LINDA.....	673, 1480
		FISHMAN, ELENA.....	530	GALUST, HENRIK.....	803
		FITZGERALD, MICHAEL.....	1525	GANDHI, SHEETAL.....	363
		FLANIGAN, MARILYN.....	1503, 1525	GANESAN, ANUSHA.....	1284
		FLEMING, DAVID.....	376	GANTA, SRUJAN.....	1403
		FLEMING, JOHN.....	1638, 1689	GARA, NAVEEN.....	732
		FLEMING, SARAH.....	652, 1176	GARCIA CABRERA, ANA.....	1381
		FLEMING, TARA.....	333	GARCIA, CALVIN.....	797, 1100
		FLETCHER, EMILY.....	294	GARCIA, CARLOS.....	295
		FLINN, SCOTT.....	1033	GARCIA, CATALINA.....	686
		FLORES, ERNEST.....	295	GARCIA, DEANA.....	547
		FLORES, JOE.....	463	GARCIA, JENNI.....	1167, 1526
		FLYNN, DANIELLE.....	1419, 1551	GARCIA, JOHNNY.....	306, 426
		FODDA, RAMI.....	561, 562, 1409	GARCIA, KARLA.....	276
		FONTANA, LOUIS.....	1554	GARCIA, RAFAEL.....	295, 392
		FORCIER, NANCY.....	907, 1345	GARCIA, REGINA.....	1409
		FORTUNE, ERIN.....	530	GARCIA, RICHARD.....	1526
		FORZANI, CHRISTINA.....	1326, 1525	GARCIA, ROSEMARIE.....	1485
		FOWLER, KATHRYN.....	908, 1345, 1346		



## M. 初級保健指數

HAN, PAUL.....	497	HENDRIX, JEFFERSON.....	465, 590	HOGAN, ROSELYNN JOY.....	429
HAN, SULKI.....	1579, 1623	HENLEY, MEARA.....	563	HOGARTH, MICHAEL.....	825, 1149
HANLEY, LAUREN.288, 327, 375, 515, 516, 624		HENNEIN, LAUREN.716, 741, 961, 1015, 1219		HOGUE, BRENNNA.....	804, 1115
HANNA, LINDSAY.....	787	HEPOKOSKI, MARK.....	833, 1160	HOLLANDSWORTH, HANNAH.924, 1381	
HANNAWI, ANDREW.....	1190	HERMAN, ANDREA.....	613	HOLLICK, NATALIE.....	296
HANNSUN, GEMMY.....	909, 1348	HERMANSON, KATHLEEN.....	638	HOLMER, ARIELA.....	815
HANONO, ABRAHAM.....	1606	HERMES, MARY.....	559	HOM, DAVID.....	869, 870, 1234, 1235
HANONO, HELFON.....	1605	HERNANDEZ, JESSICA.1001, 1002, 1433, 1434		HOM, GREGORY.....	1662
HANSCH, ERNST.....	909, 1348	HERNANDEZ, MIRIAM.....	1417	HOM-TEDLA, MARIANNE....	851, 1208
HANSEN, LAWRENCE.....	879, 1243	HERNANDEZ, RALPH.....	590	HOMESLEY, SUSAN.....	1653
HARKNESS, RUMIKO.....	787, 1074	HERNANDEZ, SILVIA.....	1527	HONG, DANA.....	1126
HARMIS, NATASHA.....	616	HERSKOVITZ, SCOTT.....	1262	HONG, KIMBERLY.....	769, 1040
HARPEL, SHERYL.....	306	HEYMAN, BENJAMIN.....	819	HONOLD, JOSE.....	1177, 1178
HARRINGTON, BARBARA LORRAINE.....	427	HIBBS, NICOLE.....	532	HOO, PAMELA.....	861, 1607, 1608, 1662
HARRIS, JEFFREY.....	868, 869, 1234	HIETALATI, SAMANTHA.....	841, 1177	HOOPER, BONNIE.....	636, 705, 1076
HARRIS, LAURA.....	1488	HIGGINS, JOSHUA.....	723, 889, 1310	HOOPES, DAVID.....	1337
HARRIS, PAMELA.....	401	HIGGINSON, MICHELLE.....	498	HOREISH, ADAM.....	654, 655
HART, BECKY.....	427, 1074	HILDRETH, AMBER.....	1134	HORGAN, SANTIAGO.....	925, 1382
HARTFORD, NICOLE.....	631	HILL, CARLA.....	619	HORIZON CBAS.....	1476
HARTMANN, PHILLIPP.....	1281	HILL, GENIELYN.....	428, 1075	HORIZON RECUPERATIVE CARE.....	1704
HARVEY, SCOTT.....	851, 1207, 1208	HILL, LINDA.....	556, 1126	HORKY, LAURA.....	910, 1349
HASAN, AWS.....	815, 1133	HILLCREST HEIGHTS HEALTHCARE CENTER.....	1468	HORMOZDYARAN, SANAYA.....	533
HASEGAWA, CHRIS.....	889, 1310	HILLDALE HABILITATION CENTER.....	1463	HORNBEAK, KIRSTEN...	699, 805, 1115
HASHEM, SHIVA.....	272	HILLIARD, THESALONICA....	428, 1075	HORNEY, KRISTAN.....	429
HASSANI, FARZANEH.....	411, 412	HINCHCLIFF, KATHARINE.935, 1398, 1399		HORTON, LUCY.....	1144
HASTANAN, CAROL.....	315	HINSHAW, PAUL.....	739, 1416	HOSALKAR, HETAL.....	772
HASTIE, ELIZABETH.....	1149	HIRSCH, JENNIFER.....	800, 1103, 1104	HOSEIN, NADEEN.....	453
HATEFI, DUSTIN...758, 928, 1028, 1387		HIXSON, THOMAS.....	1623	HOSSEIN ZADEH MALEKI, ANA.657, 691, 1415	
HATTANGADI-GLUTH, JONA.....	1337	HO, AMIEE.....	660, 1607, 1661	HOURIHAN, KEITH..311, 380, 449, 950	
HAWKINS, MELISSA.....	1442	HO, HOANG.....	1661	HOUSELY, ALEXIS.....	918
HAYDEN HOME.....	1472	HO, LYSA.....	421	HOWE, STEVEN.....	927, 979, 980, 1427
HAZELBAKER, PAUL.....	497	HO, MYLIEN.....	327	HOWELL, AMANDA.....	401, 402
HEAD, KRISTIN.705, 729, 952, 1000, 1075		HO, TRAM.....	1569	HOXMEIER, KRISTA.....	547, 548
HEADLEY, ALISON.....	1191	HOANG, CHI.....	428	HSU, CHRISTOPHER..1579, 1594, 1623	
HEALTHY CONNECT SAN DIEGO.....	1703, 1704	HOANG, KENNY.....	1638, 1689	HU, JINGJING.....	882, 883
HEFNER, ANNA.....	428, 1075	HOANG, KEVIN.....	1662	HUANG, GRACE.1564, 1580, 1594, 1608, 1624, 1641, 1663	
HEINRICI, ALEKA.....	465, 590	HOANG, VY.....	333, 532	HUANG, MARIA.....	1298
HEKMAT, RAZI.....	388	HODGKIN, EDWARD.....	315	HUANG, PETER.....	1571
HELMY, MARWAH.....	910, 1349	HOFFMAN, MICHAEL.....	740	HUBLEY, PAUL.....	276
HENDERSON, PHILIP.....	498	HOFFMAN, STEVEN.....	1662	HUDSON, HENRY.944, 945, 1586, 1594, 1608, 1624, 1641, 1663	
HENDERSON, TREVOR.....	532				

## M. 初級保健指數

HUERTA, STEVEN.1002, 1003, 1434, 1435	IYENGAR, RADHA.....268	JOHNSON, KENNETH..... 647
HULL, ANDREW. ....709, 838	IYER, VICTORIA.....787	JOHNSON, SHAWNA AKIKO..... 430
HUNTER, JACOB... 889, 890, 1310, 1311	<b>J</b>	JOLICOEUR, MEGAN.....813, 1127, 1128
HUNTER, WENDY.....363, 1263	JABBOUR, MOUSSA.....826, 1149	JOMOC, CAITLIN.861, 1225, 1609, 1665
HUPFELD, CHRISTOPHER..... 707	JABRI, ZAIN. ....321	JONES, CHRISTA. .... 788, 1077
HURST, MICHAEL..... 601	JACKSON, DANA..... 333, 376	JONES, SETAREH.....334
HURVITZ, ANDREW.....933, 1393	JACKSON, GAVIN..... 498	JORDAN, JAMIE. ....533
HUSSEMAN, JACOB. ....870, 1235	JACKSON, MADELEINE.....1393	JOSHI, YASH.....1527
HUSTANA, LARA..... 1608, 1609, 1663	JACOB HEALTH CARE CENTER LLC. ....1468	JOSHUA, JISHA. .... 903, 1334
HUTCHISON, HEIDI..... 699	JACOBS-KLEISLI, MILAGROS. .... 297	JOYCE, ROBERT. ....1691
HUYNH, CHI.....1664	JACOBSEN, BRADLEY. ....1015, 1220	JU, NATHANIEL. .... 629, 1009, 1440
HUYNH, LOAN.....1664	JACOBSEN, GARTH.726, 925, 1382, 1383	JUANG, PATRICIA..... 811, 1121
HUYNH, PAUL.....1219, 1220, 1664, 1665	JACQUES, KAYLA.....846, 1192	JUAREZ, AMERICA. ....1481
HYLTON, DIANA.696, 772, 951, 1045, 1449	JAFFRAY, JULIE.....1285	JUAREZ, LETICIA..... 338, 554
<b>I</b>	JAFFRAY, PAUL..... 910, 1350	JUAREZ, PATRICIA. ....533
IBANEZ, BERENICE..... 1426, 1554	JAIN, ALEXANDRA. .... 675	JULIAN, FIDES. .... 704, 780, 1057, 1058
IBANEZ, SIR CEDRIC.....266	JAINCHILL, AMANDA. .... 465	JUSTINO, HENRI. .... 1253
IBARRA, MARTHA.269, 583, 644, 1076, 1077	JAMES, CHRISTINE. .... 1041, 1555	<b>K</b>
IBRAHIM, ISLAM.....833, 1161	JAMISON, KAREN..... 498	KADER, ANDREW. ....1405
IBRAHIM, MAGED..... 354	JANNESARI, ROYA.....730	KAFRI, HASSAN. .... 325
IGNACIO, ROMEO..... 1382	JARDON, JAVIER. .... 330	KAHL, NICHOLAS.....259, 342
IKE, ERICA..... 621, 1426	JAZAYERI, AMIR..... 973, 1281	KAHLY, BROOKE.....1488
ILCHENA, ALESANDRA. .... 450	JEFFERIES, KATHLEEN. ....1216	KAKAIYA, ROSHNI.....286
IMAM, SYED.....1419, 1552	JENKINS, ENCHANTA..... 610	KALBAKJI, NATALY.1564, 1587, 1595, 1609, 1625, 1642, 1665, 1666
IMPERIAL BEACH HEALTH CENTER. ....86, 1698, 1705	JENNINGS, AMY..... 1555	KALRA, ANKUR..... 1571, 1642, 1690
IMPERIAL BEACH HEALTH CENTER, . ....361	JENSEN, BRIAN..... 1027, 1509	KAMDAR, BIREN.....833, 1161
IMUS, PAUL. .... 368	JEWISH FAMILY SERVICE OF SAN DIEGO.....1714	KAMOTO, LYNN.....616
INDA, PRISCILLA. .... 302, 669, 693	JI, AMANDA.....626	KANNAN, SWATI. ....1107
INDRA, SEAN..... 968, 1263	JIANG, WEN.....745, 963, 1236	KANSAL, LEENA. .... 847, 1192, 1193
INGULLI, ELIZABETH.....1288	JIMENEZ, ANDREA.675, 676, 766, 993	KANTAS, PARIS.....583
INOCELDA, ANDREW. .... 638	JIMENEZ, CLARIBEL.....1039, 1411	KARANDE, PRACHI. .... 676, 766, 994
INSTONE, SUSAN..... 430	JIMENEZ, KRYSTAL. .... 277	KARAPETIAN, ELENA. ....1595
INTERFAITH COMMUNITY SERVICES. ....1698	JIMENEZ, NANCY..... 1555	KARCHES, KELLI..... 499
IRAGUIMADOZ, VICENTE.846, 1191, 1192	JIMENEZBACARDI, ADRIA.....1299	KARI, ELINA.870, 871, 872, 963, 964, 1236, 1237
ISAIAS, AGNELA.....296	JINDAL, ANUJA.712, 737, 958, 1013, 1299	KARMAKAR, KANKA..... 534, 1299
ISHIMINE, PAUL.....1263	JOHN, MIRA..... 833, 1161	KASAI, SARAH.....1652
ISLAM, JULIE. ....312, 454	JOHN, TANNER. ....1127	KASAWA, JOHN. ....315
IVANOV, MARGARET. ....825	JOHNSON, CHRISTINE.....1031	KATIBIAN, DAVID. ....1281
	JOHNSON, CHRISTOPHER.1638, 1689	KATZ, YISRAEL.....826, 1149
	JOHNSON, DANIEL.....361	KATZMAN, BARRY.1565, 1580, 1625, 1643, 1666
	JOHNSON, KENNADY.....1368	KATZMAN, LEE.....1576, 1625
		KAUFER, DAVID. .... 602

## M. 初級保健指數

KAUFHOLD, ANNE. 260, 264, 466, 591	KIM, JIUN.....286	KRIJGER, LISA ..... 499
KAUFMAN, JENNIFER..... 466	KIM, JOHN.....1215	KRISHNAMURTHY, MEENAKSHI.674, 993
KAUNITZ, GENEVIEVE.....1108	KIM, MICHAEL.....1017, 1018, 1444, 1445	KRUCKENBERG, KATHERINE.1529, 1530
KAUR, JATINDER..... 345, 418	KIM, MICHELLE.....1036	KU, JUSTINE.....1530
KAZEM, AHMAD..... 450	KIM, PHILIP.861, 1226, 1596, 1610, 1611, 1668	KUGEL, SAMUEL.....1504
KAZEM, HARON.....272	KIM, YUHEE..... 373	KUIOKA, TROY..... 340
KEARNS, MARK..... 935, 936	KIMMCMANUS, OLIVIA.713, 738, 960, 1193	KULASA, KRISTEN..... 811, 1121
KEDDINGTON, JOAN. 1571, 1643, 1690	KINDRED HOSPITAL SAN DIEGO..... 1452	KULISCHAK, JOHN.....1611, 1669
KEEN, WILLIAM..... 777	KING CHAVEZ HEALTH CENTER.122, 123, 124	KUMAR, AVNEE.....978, 1450
KEFLEZIGHI, BAHGHI..... 466	KING CHAVEZ HEALTH CENTER, 484	KUMAR, SOMA..... 1134
KELCHNER, MATTHEW.....260, 619	KING, MARY..... 1572, 1644, 1690	KUO, DENNIS..... 1285
KELLEHER, BRIDGET.357, 358, 402, 629, 761, 1004, 1435, 1436	KINGDON, JOANNA. .. 968, 1022, 1264	KUPELIAN, CHLOE.....940, 1142
KELLER, BENJAMIN.....1396	KIRKLAND, STEPHANIE..... 358	KUROSAKA, MOMO..... 1128
KELLOGG, KRISTEN..... 306	KLAREN, AMANDA.....1596, 1669	KURZ, TROY.....1481
KELLY, KATHERINE.....1008	KLEIN, DAVID..... 852, 1208	KUSNEZOV, NICHOLAS.683, 933, 1394
KELNER, MICHAEL..... 885, 1247, 1248	KLINE, LANNING..... 1220	KUTZ, CRAIG..... 805, 806, 1116
KEMP, KATHRINE..... 430, 1077	KLING, KAREN.727, 760, 979, 1030, 1396, 1397	KVIATKOVSKY, MILLA...826, 827, 1150
KESANAPALLI, DEEPTHI..... 534	KLUEMPER, NICOLE...1327, 1528, 1529	KWAK, ANGELA.....1596
KESHAVARZI, SARA.....730	KNUTSON, THOMAS..... 759	<b>L</b>
KETCHEL, CLINT.....405, 406, 630	KOBAYASHI, KAREN..... 1424	LA COSTA HOUSE.....1457
KEUM, SARAH.....644	KODSI, ALICIA.....334	LA FUENTE POST ACUTE.....1472
KHAFAJA, MOHAMAD.....1496, 1528	KOHATSU, KAREN.....1209	LA JOLLA NURSING AND REHAB CTR.....1462
KHALEEL, AMMAR..... 1479	KOHOUT, KATHRYN.....1410	LA MAESTRA CHC EL CAJON BROADWAY..... 61, 62, 63
KHALIGHI, PAYMAN..... 1667	KOLAR, MATTHEW.....1108	LA MAESTRA CHC EL CAJON BROADWAY, .....318
KHALIL, VADY.1565, 1580, 1587, 1595, 1610, 1626, 1643, 1667	KOLB, FREDERIC..... 1399, 1400	LA MAESTRA CHC-REA AVE, .....318
KHAMISA, SORAIYA..... 1528	KONDILI, DHIMITER..... 911, 1351	LA MAESTRA COMMUNITY HEALTH CENTERS.1696, 1699, 1701, 1702, 1707, 1708, 1709, 1710, 1711, 1712
KHAMISHON, BORIS..... 1193	KOO, ANITA.661, 692, 743, 744, 990, 991	LA MAESTRA FAMILY CLINIC INC.63, 64, 96, 97, 101, 168, 169, 170, 177, 178, 179
KHAN, ALIYA.....328	KORMANIK, PATRICIA..705, 788, 1436	LA MAESTRA FAMILY CLINIC INC, .....319, 386, 485
KHAN, FAHAD..... 1667	KORSAND, SID..... 297	LA MESA HEALTHCARE CENTER.....1463
KHAN, MATTHEW.....431	KOSEL, MATTHEW..... 577	LA MESA PEDIATRICS.....86, 87, 88
KHAN, SHAHFAR.....1264	KOTHA, PURUSHOTHAM..... 938	LA MESA PEDIATRICS, .....365
KHANNA, ARJUN.....929	KOTHA, ROSHAN..... 948	LA PALOMA HEALTHCARE CENTER.....1465
KHANNA, POORNIMA..... 499	KOUSARI, JHALEH..... 563, 564	
KHARE, MANASWITHA..... 1300	KRAK, MICHAEL..... 632, 1264	
KHATIB, NORA.....1220	KRAMER, MELISSA..... 414	
KHIEU, TINA.1565, 1580, 1587, 1596, 1610, 1626, 1627, 1644, 1668	KRAPES, MICHAEL..... 1027, 1509	
KHINDA, SUNEHA.....1604, 1668	KRAUSE, MARTIN.697, 776, 952, 1050, 1449	
KHURANA, AMAN.....911, 1350, 1351	KRESHAK, ALLYSON..... 805	
KI, TRISH..... 431, 1077, 1078		
KIDANE, ZINNIA.....1078		
KIDDER, BRENDAN..... 466		
KIM, JENNY.....1572		

## M. 初級保健指數

LACH, REBECCA.....277, 467	LEBENSOHN CHIALVO, FLORENCIA.....1328, 1530	LIEBER, CAROL.....263, 432
LACHARITE-ROBERGE, ANNE-SOPHIE.....836	LEDBETTER, ALEX.....1496, 1531	LIFE CARE CENTER OF ESCONDIDO.....1461
LAD, NIKISHA.....1504	LEE, AUSTIN.....1644	LIFE CARE CENTER OF VISTA.....1472
LAFORTEZA, JOZELLE.....1078	LEE, BEGEM.....1300	LIGHTBRIDGE HOSPICE LLC.....1716
LAGO HERNANDEZ, CARLOS.827, 1150	LEE, DAVID.....847, 1194, 1497, 1531	LIM, IMELDA.....377, 432, 982
LAI, AMARA.....345	LEE, HAEWON.....723	LIM, ROSEMARIE.....993
LAILAW, JOHN.....1530	LEE, JASON.....1588, 1597, 1671	LIM, STEVE.....1488
LALITHAKUMARI, ARYA.....499, 500	LEE, JENNIFER.....891, 1312	LIN, CHRISTINE.....834, 1162
LAM, ANNE.....1611, 1669	LEE, JIHYUNG.....780, 1059	LIN, HENRY.....1671
LAM, DAVINA.....1311	LEE, JOSEPH.....591	LIN, JOYCE.....891
LAM, KHANH.....641, 1058	LEE, KAREN.....1139	LIN, SHINKO.687, 688, 983, 1032, 1108
LAM, MICHAEL.....827, 1150, 1151	LEE, SALLY.....1627, 1645	LIN, TOM.....1282
LAMALE-SMITH, LEAH.714, 740, 852, 1209	LEE, SANDRINE.....467, 468	LINARES, YENDI.....361
LAMANTIA, MICHELE.388, 389, 500, 602	LEHNERTSCHUCHARDT, ELEANOR.....1253	LINDA VISTA HEALTH CARE CTR.157, 165, 166, 167
LAMBERT, GAGE.....1311	LEIBEL, SYDNEY.....1250	LINDA VISTA HEALTH CARE CTR, . .....485
LANDEOGUTIERREZ, JEREMY.....1291	LEMON GROVE CARE AND REHAB CTR.....1464	LINDBACK, SARAH.....419
LANE, BRIAN.....1178	LEMON GROVE FAMILY HEALTH CENTER...89, 90, 91, 92, 93, 94, 95, 96	LINDEMAN, KURTIS.....468
LANE, KIMBERLY.644, 683, 705, 788, 939, 1079	LEMON GROVE FAMILY HEALTH CENTER, .....373	LINDEMANN, CHRISTINA.....1312
LANG, LESLIE.....1005	LENHART-PENDERGRASS, PATRICIA.....723, 974, 1025, 1292	LIOTTA, BENJAMIN.....806, 1116
LANTRIP, KEATON.....797, 1100	LENNON, RYAN.....432	LIU, ANGELA.....1286
LANUZA, MARK J.....382	LEONARD, BEVERLY.....269, 307, 621	LIU, YUJIE.....1109
LAPINA, LORI.....548	LEONARD, LISA.....1443	LIPARI, RACHEL.....857
LARA, LESLEY.....591	LEPEZ, DAVID.....592	LIPPI, MATTHEW.....807, 1116
LARSEN, JULIE.....1216	LEUIN, SHELBY.....719, 745, 1020, 1237	LIPSCHITZ, LISA.289, 328, 375, 517, 518, 625
LASSWELL, EVE.....901, 1496	LEUTE, ERIC.....383, 592	LIU, ANDREW.....1012, 1013
LAU, JANICE.....1669	LEVERONE, NICHOLAS.....1151	LIU, SHANGLEI.....922, 1374
LAU, KUEN CHINE.....1670	LEVINE, MATTHEW.....454	LIU, TIMOTHY.....1532
LAURENT, LOUISE.....709, 839, 1169	LEVY, AVIYA.....752, 1293	LIU, YUNXIANG.....1221
LAVERTY, CHAMINDRA.....1194	LEVY, MICHAEL.....1387	LIU-BARBARO, DOROTHY.....370
LAW, KAREN.....277, 382	LEVY, PHILLIP.....1627	LLANES, BENJAMIN.....1672
LAWRIE, ALISA.....534	LEWIS, MICHAEL.....1403	LLOYD, MATTHEW.....549
LAZAR, DAVID.....1397	LEWIS, PRIYA.....1400	LOEFFLER, ALLISON.....1014, 1416
LE ROUX, MICHELLE.....823	LI, ALEXANDRIA.....1221	LOGAN HEIGHTS FAMILY HEALTH CENTER.125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143
LE, CRYSTAL.....736, 1178	LI, HOJUN.....1285	LOGAN HEIGHTS FAMILY HEALTH CENTER, .....485
LE, DIANA.....339, 554	LI, JINGHONG.....806, 954, 1335, 1449	LONGARDNER, KATHERINE.1195, 1532
LE, HUAN.....1335	LI, KINCHEON.....1285	LOPER, KAREN.....535
LE, NGUYEN.....534	LI, XIA.....1497, 1531	
LE, TAM.....1597	LIBERTANA HOME HEALTH OF SHERMAN OAKS.....1718	
LE, TAYLOR.....694		

## M. 初級保健指數

LOPEZ, JOANNA.....	1486	MALONEY, NOLAN.....	1109	MASCH, JESSICA.....	1376
LOPEZ, MARIBEL.....	1555	MAMAS KITCHEN.....	1713	MASSENBURG, BENJAMIN.....	1400, 1401
LOPEZ, MARIO.....	549, 626	MANCHEL, BRUCE.....	303, 555, 618	MATIAS, JULIE.....	572
LOPEZ, NICOLE.....	922, 1374, 1375	MANDEVILLE, ROSS.....	658, 691, 1415	MATICH, BRANKO.....	470
LOPEZ, XIMENA.....	974, 1300	MANDOYAN, AUSTIN.....	315, 469	MATOBA, NANA.....	653, 841, 1179, 1180
LORENZO, PATRICIA.....	454	MANGENE, CYNTHIA.....	307	MATSHE, ZENZIWE.....	345, 732
LOSTETTER, ADRIENNE.....	419	MANGINE, REGINA.....	621	MATSUOKA, AKIHIRO.....	873, 874, 1238, 1239
LOUGH, MICHELLE.....	468	MANI, NASRIN.....	330	MATTHESS, JANETTE.....	789
LOVERN, JENNIFER.....	450	MANI, PARVIN.....	1210	MAXWELL, BENJAMIN.....	1497
LOVING CARE ADHC.....	1477	MANNEN, JOSEPH.....	1576, 1627	MAXWELL-JUNGE, MELISSA.....	1484
LOZIER, JEFFREY.....	1036	MANNINO, ELIZABETH.....	371	MAY, LOUIS.....	321, 602, 689
LU, JULIE.....	468	MANNINOAVILA, ELIZABETH.....	1300	MC ELROY, CARTER.....	1368
LU, TAMMY.....	307, 432	MANRIQUEZ, LISETTE.....	687, 1080	MCADAMS, JOSEPH.....	893, 1312
LUCEY, MEGHAN.....	1484	MANRIQUEZ-CASTILLO, ERENDIRA.....	536	MICALISTER INSTITUTE.....	1714
LUHAR, RIYA.....	507	.....	536	MCAULEY, ROBERT.....	1492
LUI, ASONA.....	904	MANSOUR, SABAH.....	1422	MCCALLION, PATRICK.....	665
LUJAN, ARLEEN.....	535	MANSY, TAMARA.....	321	MCCALLUM, JAMES.....	455
LUKACZ, EMILY.....	813, 1131	MANUEL, FRANCESCA.....	1484	MCCAMMACK, BRADLEY.....	415, 416
LUM HO, RACHEL.....	1416, 1417	MANZO, CORINA.....	433, 1080	MCCANDLESS, RACHEL.....	966, 1254
LUM, YUIN-WAH.....	378	MARANO, RACHEL.....	1301	MCCLEAN, ESMERALDA.....	862, 1612, 1673
LUONG, TRAN.....	892	MAREK, MAKSYM.....	658, 692, 1415	MCCULLEY, DAVID.....	1180
LUSBY, FRANKLIN.....	1612	MARISCAL, MIGUEL.....	669	MCCULLOUGH, DEIRDRE.....	651, 941, 1169, 1170
LUSCHWITZ, BRIAN.....	632	MARKS, ROBERT.....	911, 1352	MCCULLOUGH, LYAN.....	982
LUU, DANIEL.....	1106	MARLAY, GREG.....	1645	MCCULLUM, TIFFANY.....	1328, 1534
LWIN, THUTHIRI.....	1426	MAROLLA, ALICE.....	918	MCDANIEL, MICHELE.....	807, 1117, 1264
<b>M</b>					
MA, JANET.....	836, 1165	MARR, RYAN.....	1628, 1672	MCEVOY, ANNE.....	1265
MA, XIAOJUAN.....	788	MARSHALL HOUSE.....	1472	MCFARLAND, NATHAN.....	371
MAC, VICTOR.....	415	MARSHALL, LAWRENCE.....	929, 1388	MC GEE, JACQUELINE.....	639, 757
MACIAS, ALISSA.....	564	MARSTON, JACQUELINE.....	469	MCGHEE, JULEA.....	1489
MACINTYRE, ELIZABETH.....	415	MARTIN, FREDERIC.....	507	MC GRAW, JOSEPH.....	1566, 1588, 1597, 1628, 1629, 1646, 1674
MACKAY, GILLIAN.....	715, 852, 853, 1210	MARTIN, HALEY.....	892, 893, 1312	MCGUIRE, WILLIAM.....	904, 1335
MADANY, GEORGE.....	535	MARTIN, RIA.....	433	MCHENRY, KATHRYN.....	346
MAGEE, ANNA.....	1491	MARTIN, THOMAS.....	1144	MCINTYRE, RYAN.....	265
MAGIT, ANTHONY.....	872, 873, 1237, 1238	MARTINEZ, ARMANDO.....	828, 1151	MCKENNETT, MARIANNE.....	277
MAGNOLIA ADULT DAY HEALTH CARE.....	1475	MARTINEZ, BRIANNA.....	1128	MCKINNEY, SARA.....	715, 853, 1210, 1211
MAGNOLIA POST ACUTE CARE.....	1459	MARTINEZ, CAROLYN.....	433, 1080	MCKNIGHT, TRISTAN.....	1245
MAHENDRAN, SRIVIDYA.....	536	MARTINEZ, NORAYMA.....	1488	MCLAUGHLIN, ERIK.....	470, 1129
MAJITHIA, AMIT.....	828, 1151	MARTINEZ, STEPHANIE.....	1482, 1497, 1533, 1534	MCMAHON, SHARON.....	298
MALAK, LAWRENCE.....	1481, 1532, 1533	MARTINEZ-ANDREE, INGRID.....	536	MCMURREN, BRITTANY.....	1581
MALEK, MIKHAIL.....	733	MARTINEZ-MURGUIA, IRENE.....	393, 549	MCNEALY HOUSE.....	1465
MALEKSHAMRAN, KEYVAN.....	354	MARTINEZ-MURGUIA, IRENE.....	393, 549	MEADOWS, AUDRA.....	853, 854, 1212
MALHOTRA, ARATI.....	571, 572	MARYOUNG, ALLISON.....	1566, 1581, 1597, 1612, 1628, 1645, 1646, 1673		
MALINAK, JAMES.....	321	MASCARENO, EFRAIN.....	662, 1572		







## M. 初級保健指數

OLSEN, MARTIN.....	450	PALOMAR HEALTH.....	1452	PATEL, CHARMI.....	879
OLVERA, LUISA.....	308	PALOMAR HEIGHTS CARE CTR....	1461	PATEL, DEVIN.....	1406
OPEN ARMS ADHC.....	1475	PALOMAR MEDICAL CENTER.....	1452	PATEL, GITANE.1567, 1581, 1599, 1631,	
OPERATION SAMAHAN - MIRA		PALOMAR VISTA HEALTHCARE CTR.		1647, 1679	
MESA.....	179, 182, 183	.....	1461	PATEL, HEMANSHU.....	365
OPERATION SAMAHAN - MIRA		PALOMINO, MARY.....	279	PATEL, JANKI.....	707
MESA,.....	487	PANDHI, JAY.....	986	PATEL, JITENBHAI.....	346
OPERATION SAMAHAN - NATIONAL		PANDIT, IVY.....	605	PATEL, KELLY.....	438
C.....	97, 98, 99	PANDYA, BHUMIKA.....	1581, 1630	PATEL, MITESH.....	1510, 1511, 1560, 1561
OPERATION SAMAHAN - NATIONAL		PANEK, JOHN.....	555	PATEL, SAGAR.....	955, 1450
C,.....	386	PANICKER, CIBU.....	408	PATEL, SARJAN.1566, 1582, 1599, 1631,	
OPERATION SAMAHAN GRANGER		PANNARAJ, PIA.....	1145	1648, 1678	
SCHOOL BASED.....	99	PANSARA, MEGHA.....	1599	PATEL, SHREYA.....	337
OPERATION SAMAHAN GRANGER		PAPA, RHETT.....	329, 366	PATEL, VIJAY.719, 746, 964, 1020, 1239	
SCHOOL BASED,.....	387	PAPASTERGIU, GEORGIOS. .291, 331		PATHWAY HOME SOLUTIONS INC.	
OPERATION SAMAHAN RANCHO		PAPPALARDO, ASHLEY.....	1086	.....	1702
PENASQUITOS.....	185, 186, 192, 193	PARADISE VALLEY HEALTH CARE		PATIAG, DANIEL. 438, 439, 1086, 1087	
OPERATION SAMAHAN RANCHO		CENTER.....	1464	PATTERSON, MARY.....	975, 1278
PENASQUITOS,.....	452, 487	PARADISE VALLEY HOSPITAL.....	1453	PATTON, MICHAEL.....	1539
ORDINANZA, MYLENE.....	584	PARAST, MANA.....	879, 1243	PAUL, MEGAN.....	1139
OREJEL, EDITH.....	1085	PARIKH, MILIND.....	322, 501, 568, 569	PAUL, ROBERT.....	1314
ORFF, HENRY.....	1330, 1539	PARK, BRIAN.....	969, 1268	PAULSON, KERRY.....	792
ORIENTE HOUSE.....	1473	PARK, DANIEL.....	603	PAVLOVICH, WENDY.....	537
ORPILLA, IMELDA.....	437	PARK, JAY.....	807, 808, 1117	PAYAMI, MADDIHA.....	473
ORR, JEREMY.....	1163	PARK, RONALD.....	417, 1022, 1268	PEARCE, ALEX.....	904, 1336
ORTEGA, LUIS.....	593, 1422	PARK, SOO.....	819	PEDROTTY, JOHN.....	279
ORTIZ, BEVERLY.....	1510	PARK, TARI.....	537	PELHAM, WILLIAM.....	901, 1499
ORTIZ, KENNETH.....	265, 473, 594	PARKER, LESLIE.....	857	PELIO, DARREN.....	724, 894, 1314, 1315
ORTIZ, MARIA.....	1330, 1539	PARKER, SHERINE.537, 749, 1023,		PENT, MICHELLE.....	1489
OSORIO, JOSEPH.....	930, 1388	1268, 1269		PEOPLE ASSISTING THE HOMELESS.	
OSSAREH, DIBA.....	1573	PARKS, MONICA.....	1442	.....	1712, 1713
OSWALD, JESSICA.....	774, 1047	PARKSIDE HEALTH AND WELLNESS		PERENS, ELLIOT.....	1289
OTAY FAMILY HEALTH CLINIC.....	26	CENTER.....	1459	PERESS, LILIA.....	1129
OU, JOCELYN.....	1576, 1630	PARKWAY HILLS NURSING &		PEREZ, PERLITA.....	280, 473
OWEN, MICHAEL.....	270, 437, 438	REHAB.....	1463	PERKINS, RACHEL.....	417
OZCAN, ALI.....	969, 1267	PARRY, LISA.....	725, 922, 1375	PERLMAN, TAMARA.....	1008
		PARSONS, GENEVIEVE.....	364	PERREAULT, MARK.....	894, 895, 1315
		PARSONS, MEKRAE.....	1411	PERRY, ARTHUR.....	1614
		PARTNERS IN CARE FOUNDATION.		PERRY, KATHERINE.....	439
		.....	1716, 1717	PERTL, URSULA.....	633
		PASCUA, RYAN.....	765, 1153	PETERSEN, KATE.....	1556
		PASSIAK, BRITTANY.....	1013, 1195	PETITT, JOHN.....	323
		PASTORES, GLEN.....	1539	PETTIS, BETH.....	1087
		PATEL, AARTI.....	1302	PETTUS, JEREMY.....	812
		PATEL, AMAR.....	655	PHAM, BETTY.....	842, 1182

### P

PACE, RACHELLE.....	1085, 1086
PADE, KATHRYN.....	1267
PADILLA, MICHELE.....	438
PAGE, BIANCA.....	370, 451
PAGE, BRADY.....	701
PAI, SARAH.....	1086
PAKENHAM, KATE.....	706
PALLIA, CHRISTOPHER.....	684, 934

## M. 初級保健指數

PHAM, JENNIFER.....	655	POWAY HEALTHCARE CENTER..	1466	RADY CHILDRENS SPECIALISTS SAN	
PHAM, LILY.....	645, 731, 1009, 1118	POWELL, STEPHANIE.....	538	DIEGO MED FNDRN..	1721, 1722, 1723,
PHAM, MARTIN... ..	640, 930, 1028, 1388	PRABHU, SUJATA..	1567, 1600, 1631,	1724, 1725, 1726, 1727, 1728, 1729, 1730,	1731, 1732, 1733, 1734, 1735, 1736, 1737,
PHAM, NINA.....	1573	1648, 1680		1738, 1739, 1740, 1741, 1742, 1743, 1744,	1745, 1746, 1747, 1748, 1749, 1750, 1751,
PHAM, QUYNH.....	284	PRASAD, AMITHA.....	1489	1752, 1753	
PHAM, TONY.....	1679	PRATT, STEVEN.....	1614	RAGUVEER, VISHAKA.....	474
PHAN, TIFFANI.....	518	PRESKILL, CATALINA.....	538	RAHIMI, NASSRIN.....	1447
PHILIS-TSIMIKAS, ATHENA.....	455	PRESTERA, TORY.....	1688	RAJAEI, NILOUFAR.....	1087
PHILLIPS, KATHERINE.....	634	PRIEST, VIVIAN.....	1316	RAJAGOPAL, AMUTHA.....	1145
PHREANER, NICHOLAS.....	778, 1053	PRINCE, RENEE.....	1330, 1540	RAJAIPOUR, NEGIN.....	594
PHUNG, AIVI.....	550, 551, 1315, 1316	PRITZKER, JOELY.....	1006, 1437	RAJARATNAM, AKASH.....	574
PHUNG, RICHARD N V.....	1679	PROHASKA, THOMAS.....	1053	RALEIGH, DEBORAH.....	792
PIANSAY, MARIA CORAZON.....	299, 614	PROMER, KATHERINE.....	600	RALL, EMILY.....	551
PICKETT, CHARLOTTE... ..	854, 1213, 1214	PROPST, TOBE.....	474	RAMAMOORTHY, SONIA.....	922, 1375
PIERCE, HEATHER.....	1302	PRUSS, ERIKA.....	1029, 1394	RAMERS, CHRISTIAN.....	501
PIEROS, JANELLE.....	280	PUIG LLANO, MANUEL.....	859, 1223	RAMGREN, AILEEN.....	420
PINA, RAQUEL.....	280	PUTRUS, RAMIZ.....	316	RAMIREZ SANCHEZ, CLAUDIA..	603,
PINTO, ANITA.....	335	PYLE, ALEXANDRA.....	1316	823, 1145, 1423	
PIRTLE, KEYSHONE.....	687			RAMIREZ, ALFREDO.....	936
PISINGER, PATRICIA.....	280	<b>Q</b>		RAMIREZ, NICOLE.....	798, 1101
PITTMAN, LILIANA.....	584, 698	QAYOUMI, WALI.....	847, 1196, 1500, 1540	RAMNATH, VENKTESH.....	701
PLANTE, CHARLES.....	272	QIAN, ZHEN.....	719, 746, 964, 1239	RAMOLIA, ANIKA.....	1569
PLASCENCIA, CINDY.....	1556	QUACH, PHUC.....	1632	RAMOS, ELENA.....	1026
PLUCINIK, STANLEY.....	1574	QUAN, MICHELE.....	756	RAMOS, JACQUELYN.....	694
POAST, JENNIFER.....	603	QUEVEDO, JUAN.....	1185	RAMSIS, MATTHEUS.....	703, 1053
POGGI, SARA.....	1316	QUICK, ELISABETH.....	302, 551	RANA, DEBORAH.....	392
POLICH, MICHELLE.....	1303	QUIJANO, GLENN.....	1317	RANADIVE, SAYALI..	721, 751, 972, 1024,
POLK, DAVID.....	1135	QUILALANG, SUSAN.....	270	1279	
POLLACK, LARRY.....	1384	QUINTANA, PAULINA.....	1246	RANASURIYA, DUNISHA.....	970, 1269
POLLEMA, TRAVIS.....	936, 981	QUINTERO, CAROLYN.....	574, 1417	RANDLE, CARRIE.....	1088
POLLEY, SHANNON.....	551, 1418	QUINTO, CINDY.....	440	RAO, APARNA.....	974, 1292
PONCE, SONIA.....	581	QUIROZ, ELISA.....	285	RAO, SOUMYA.....	1037
PONIACHIK, SAMUEL.....	569	QURESHI, SOFIA.....	1422	RAO, USHA.....	347
PONS, MAURICIO.....	291, 331			RASCHKE, ROBIN..	722, 973, 1025, 1289
POOLE, DAVID.....	1303	<b>R</b>		RASHCOVSKY SCHIFF, KARIN.....	347
PORTO MADURSKI, KRISTINE.....	617	RACKHAM, KELLY.....	359	RASMUSSEN, DALE.....	551
POSADA, SEAN.....	473	RADOJEVIC, NATASHA..	1330, 1331,	RASUL, LAILA.....	665
POSADAS, EMERITO.....	573, 574, 1417	1540		RAYMOND, ALAIN.....	947
POTENZA, BRUCE.....	923, 1376	RADY CHILDRENS CONVALESCENT		RAYTA, NICOLE.....	1006
POTOK, OLIVIA.....	829	HOSPITAL.....	1468	RCH MID CITY URGENT CARE.....	1753
POUNTNEY, MARLENE.....	570, 571	RADY CHILDRENS HOSPITAL SAN		READ, TRENTON.....	672, 755, 756, 1037
POUSTI, BOBAK.....	1032	DIEGO.....	1453	REAL, MARIA.....	309, 379
POUSTI, SHEIVA.....	1680			RECALDE, FRANCISCO.....	491
POWAY ADULT DAY HEALTH CARE					
CENTER.....	1476				

## M. 初級保健指數

REDDY, ARJUN.....	323	RISSEY, JOSEPH.....	557, 1129	ROSS, CRYSTAL.....	270, 1088, 1089
REDDY, DANA.....	305, 560	RITCHIE, DAVID.....	912, 1353	ROSSI, CATHERINE.....	793, 1089
REDDY, NAVYA.....	731	RITTER, STEVEN.....	474, 594	ROUEL, LINDA.....	324
REDDY, REDDIWANDLA.....	938	RIVADENEYRA, KELLY.....	1552	ROUEL, WADI.....	323, 324, 389, 502
REDDY, SAMATHHA.....	604	RIVAS, RENEE.....	855, 1214	ROUGH, STEVEN.....	649, 987
REDDY, SMITHA.....	1038	RIVERA, KEVIN.....	1541, 1542	ROWHANI, NAGHMEH.....	299, 668
REED, KRISTIE.....	902, 1500	RIVERA, MELISSA.....	1490	ROZELL, JOSEPH.....	912, 1353
REEG, JESSICA.....	1552	RIVERA, TANIA.....	502	ROZO, JOSE.....	1089
REEVES, JAMES.....	1384	ROBERTS, AUDREY.....	895, 1317	RUBENSTEIN, STUART.....	539
REGEV, SHANEE.....	309	ROBERTS, CALE.....	1269	RUBENSIK, TAMARA.....	708, 822, 1141, 1440
REID, CHRISTOPHER.....	727, 935, 1402	ROBERTS, KENDALL.....	364	RUBIO, HALEY.....	1418
REID, EMILY.....	309, 379, 440	ROBERTS, POMAI.....	385, 984	RUDD, CHRISTOPHER.....	918, 919, 1369
REIFENBERGER, JODY.....	422	ROBINSON, COLE.....	729	RUDOLF, FRANCES.....	699, 808, 1118
REIMERS, REBECCA.....	651, 735, 942, 957, 1011, 1136, 1172	ROBINSON, DAISY.....	361, 763	RUELAS, ROBERTO.....	614
RENDLER, NATHAN.....	420	ROBINSON, DEAN.....	343	RUIZ, MONICA.....	1270
REO VISTA HEALTHCARE CTR.....	1468	ROCHE, CHELSEA.....	792	RUNGVIVATJARUS, TIRANUN.....	1304
RESNIKOFF, PAMELA.....	502	RODARTE, GABRIEL.....	347	RUSSELL, SAMUEL.....	1023, 1270
RESTELLI, LYNDSLEY.....	939	RODENMEYER, EVE.....	1088	RUSSO, KRISTA.....	578, 579
REVELES, DIANA.....	302	RODRIGUES, ANNETTE.....	724, 754, 977, 1026, 1317	RYAN, DANA.....	362
REYNAGA, JOSUE.....	599	RODRIGUEZ, ALDO.....	335, 538, 614, 1425	RYAN, KYLE.....	753, 976, 1026, 1305
REYNOSO, ALFONSO.....	273	RODRIGUEZ, CASSANDRA.....	304	RYAN, RHIANNON.....	1130
RHEE, KYUNG.....	1303	RODRIGUEZ, JAVIER.....	538	RYU, JULIE.....	1293
RIBEIRO CALDAS DOMINGUES, ISABEL.....	1541	RODRIGUEZ, LOUIE.....	317, 475	<b>S</b>	
RICE, ELIZABETH.....	636	RODRIGUEZ, SEAN.....	475	SABHA, MAHMOUD.....	808, 1118
RICHARD, MARLA.....	1500, 1501, 1541	RODRIGUEZ-MINETTE, JESSICA.....	697, 1449	SABIN, NANCY.....	441, 1090
RICHARDSON, ALVIE.....	652, 710, 943, 1011, 1172, 1173	ROGERS, MATTHEW.....	265, 635	SACHS, MELISSA.....	1504, 1542
RICHARDSON, ANGELIQUE.....	820	ROGERS, TANYA.....	440	SACKS, BRENT.....	798, 1101
RICHARDSON, DANIELLE.....	384	ROJAS, RICHARD.....	451	SADAT, SAYED.....	912, 1354
RICHARDSON, HENRY.....	668, 752, 1026, 1305	ROJAS, SARAH.....	595	SADDA, REEM.....	1485
RICHARDSON, JULIA.....	663	ROJAS, STEVEN.....	595	SAHAGIAN, MICHELLE.....	713, 738, 959, 1014, 1202
RICKERTS, MATTHEW.....	1369	ROMA, ANDRES.....	883, 1246	SAHMS, TIMOTHY.....	614, 615
RICKMAN, CHRISTOPHER.....	911, 1352, 1353	ROMERO, CAMILA.....	557, 558, 1322, 1323	SAID, MENA.....	946
RIDGE, NEAL.....	474	ROMO, JORGE.....	895	SAIDRO, LUZVIMINDA.....	266
RIEDL, MARC.....	1041	RONAN, KEVIN.....	417, 418, 633	SAIKHON, TALIA.....	895
RIEGO, SUZANNE.....	1088	RONQUILLO, RINA.....	369	SAJTI, ENIKO.....	842, 1182
RIES, DAVID.....	1303	ROSA, ADAM.....	1653	SALAMANCA, OMAR.....	1009
RIFKIN, DENA.....	843, 844, 1185	ROSADO, IVAN.....	475, 1130	SALAS, JESSICA.....	1039
RIGGINS, NINA.....	1196, 1197	ROSE, PATRICIA.....	623	SALAZAR, JUANITA.....	300
RING, ROBERT.....	1018	ROSENBAUM, HERBERT.....	476, 595	SALEH, FAREED.....	1270
RIOS, SIERRA.....	1489	ROSENBLATT, EUGENE.....	281	SALEM, RAMSEY.....	317, 595
		ROSENBLATT, SHERILYN.....	337	SALERNO, MARIANA.....	604
		ROSS, COLLIN.....	617	SALES, JAN ERIC.....	559
				SALO, STEPHANIE.....	1331, 1542

## M. 初級保健指數

SAMI, REMAN.....	285	SAN YSIDRO HEALTH JULIAN		SANDHU, BASANT.....	347
SAMPATH, SRIVIDYA.....	539	FAMILY MEDICINE, .....	362, 363	SANDLER, BRYAN.....	1384, 1385
SAMPSON, ANDRIECE.....	441	SAN YSIDRO HEALTH MATERNAL		SANDOC, EMILY.....	1681
SAMUEL, MICHAEL....	1589, 1600, 1632	AND CHILD HEALTH CTR.238, 239,		SANTANGELO, JOANNE.....	442, 1091
SAN DIEGO AMERICAN INDIAN		240, 241, 242, 243, 244		SANTIAGO, AMANDA.....	1007
HEALTH CENTER.....	156, 157	SAN YSIDRO HEALTH MATERNAL		SANTIAGO, ROXANE.....	300
SAN DIEGO AMERICAN INDIAN		AND CHILD HEALTH CTR, .....	598	SANTIAGO-LASTRA, YAHIR.....	1407
HEALTH CENTER, .....	488	SAN YSIDRO HEALTH MOUNTAIN		SANTORELLI, JARRETT.....	925, 1385
SAN DIEGO FAMILY CARE.160, 161,		HEALTH FAMILY MEDICINE.....	22, 23	SANTOS CAVAIOLA, TRICIA. .	812, 1122
162, 163, 1713		SAN YSIDRO HEALTH MOUNTAIN		SANTOS MONTENEGRO, MARIA..	1197
SAN DIEGO FAMILY CARE, .....	488	HEALTH FAMILY MEDICINE, .....	266	SAPRA, SONIA. 289, 329, 375, 519, 625	
SAN DIEGO FAMILY CIRCLE ADULT		SAN YSIDRO HEALTH NATIONAL		SASSIC, JESSICA.....	502
DAY HEALTH CARE.....	1477	CITY.....	102, 103, 104	SATTERFIELD, KELLIE.....	859, 1223
SAN DIEGO HEALTHCARE QUALITY		SAN YSIDRO HEALTH NATIONAL		SATTERWHITE, MAURINE.442, 443,	
COLLABORATIVE.....	1697	CITY, .....	387	1091	
SAN DIEGO POST ACUTE CENTER.		SAN YSIDRO HEALTH PARADISE		SAUER, CHARLES.712, 736, 843, 1034,	
.....	1459	HILLS.....	104, 105, 106	1183	
SAN YSIDRO HEALTH 25TH ST		SAN YSIDRO HEALTH PARADISE		SAUNDERS, DENISE.....	271
FAMILY MEDICINE.....	116	HILLS, .....	387	SAVA HOME.....	1473
SAN YSIDRO HEALTH 25TH ST		SAN YSIDRO HEALTH PRECISION		SAVILLE, EDITH.....	443
FAMILY MEDICINE, .....	488	PARK, .....	489	SAWHNEY, NAVINDER.....	734
SAN YSIDRO HEALTH ALPINE		SAN YSIDRO HEALTH SAN YSIDRO		SAWYER, CAROLYN.....	1543
FAMILY MEDICINE.....	19, 20, 21	HEALTH CENTER.223, 224, 225, 226,		SHELLIE, SCOTT. ....	552
SAN YSIDRO HEALTH ALPINE		227, 228, 229, 230, 231, 232, 233, 234,		SHELLINGER, KRISTON.1331, 1332,	
FAMILY MEDICINE, .....	261	235, 236, 237, 238		1543, 1544	
SAN YSIDRO HEALTH CHC - OCEAN		SAN YSIDRO HEALTH SAN YSIDRO		SCHIEDERMAYER, BENJAMIN.921,	
VIEW.....	154, 155, 156	HEALTH CENTER, .....	598	1373	
SAN YSIDRO HEALTH CHC - OCEAN		SAN YSIDRO HEALTH SANTEE		SCHLOSSER, TARA.....	1544
VIEW, .....	488	FAMILY MEDICINE, .....	620	SCHMIDT, BRYAN.....	559
SAN YSIDRO HEALTH CHULA VISTA.		SAN YSIDRO HEALTH SOUTH BAY.		SCHMITT, EVA.....	1318
27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37,		.....	101, 102	SCHNEEBERGER, ANDRES.1501, 1544	
38		SAN YSIDRO HEALTH SOUTH BAY		SCHNEIDER, SARAH.....	303, 555
SAN YSIDRO HEALTH CHULA VISTA, .		PEDIATRICS, .....	284	SCHNEIDER-MUNOZ, MARGARITA.	
.....	284	SAN YSIDRO HEALTH SOUTH BAY, .		.....	604
SAN YSIDRO HEALTH COMMUNITY		.....	387	SCHNICKEL, GABRIEL.....	1404
HEIGHTS FAMILY MED.....	117	SAN YSIDRO HLTH SAN DIEGO PACE		SCHONBACH, ETIENNE.....	860
SAN YSIDRO HEALTH COMMUNITY		SENIOR HLTH SVS.218, 219, 220, 221,		SCHORR, EMILY.....	712, 1198
HEIGHTS FAMILY MED, .....	489	222		SCHROEDER, JENNIFER.....	1318
SAN YSIDRO HEALTH EL CAJON.67,		SAN YSIDRO HLTH SAN DIEGO PACE		SCHROTER, STEPHANIE.....	970, 1271
68, 69, 70, 71		SENIOR HLTH SVS, .....	599	SCHULTE, JESSICA.....	848
SAN YSIDRO HEALTH EL CAJON, .319		SANACORA, RACHEL.....	1007, 1090	SCHULTZ, HEATHER....	912, 1354, 1355
SAN YSIDRO HEALTH ESCONDIDO		SANCHEZ, AMBER.....	844	SCHULTZ, JAMES.....	348, 627
FAMILY MEDICINE.....	73, 74	SANCHEZ, MICHAEL.....	896	SCHULZ, STEFAN.....	1318
SAN YSIDRO HEALTH ESCONDIDO		SANCHEZ, MYRNA.....	584	SCHUMAKER, EDWARD..317, 385, 476	
FAMILY MEDICINE, .....	350	SANDERS, JESSICA.....	259	SCHWAB, GARY.....	1226

## M. 初級保健指數

---

SCHWARTZEL, KEVIN.....	896	SHARMA, ANITA.....	973, 1282	SIEVERING, DENISE.....	916, 1364
SCHWARZ, KATHLEEN.....	1282	SHARP CHULA VISTA MED CTR. .	1454	SILVASEPULVEDA, JOSE.634, 721,	
SCHWENDEMANN, WADE.943, 1011,		SHARP CORONADO HOSP AND		748, 966, 1254	
1173		HEALTHCARE CTR.....	1455	SILVEY, CHRISTOPHER.....	1504, 1545
SCOTT, JEFFREY.....	1582, 1632, 1648	SHARP MARY BIRCH HOSP FOR		SIMEONE, DIANE.....	925
SCOTT, KELLY.....	443	WOMEN AND NEWBORNS.....	1455	SIMMONS, ROBERT.....	1505
SCOTT, LAGINA.....	1130	SHARP MEMORIAL HOSPITAL....	1455	SINGH, PRABHLEEN.....	845, 1185
SCOTT, RYLEE.....	476	SHARP, LORRA.....	759, 760	SINGH, PUJA.....	972, 1279
SCOTT-WYARD, PHOEBE.....	977, 1306	SHARPE, NORMA.262, 266, 356, 552,		SIRIPHAND, CHRISTOPHER. 829, 1153	
SCOVILL, ALEXANDRA.....	664, 1574	617		SKAF, AYHAM.....	292, 331, 611
SCRIPPS GREEN HOSPITAL.....	1453	SHAUF, JOANN.....	618, 1426	SKALSKY, ANDREW.....	977, 1306
SCRIPPS MEMORIAL HOSPITAL. 1453		SHAW, BLAKE.....	523	SKAY, RICHARD.....	1688
SCRIPPS MEMORIAL HOSPITAL		SHAW, SUSANNA.....	774, 1047	SKINNER, NICOLE.....	919, 1369
ENCINITAS.....	1453	SHEETS, ROBERT.....	1294	SLATER, JERRY.....	913, 1355, 1356
SCRIPPS MERCY HOSPITAL.....	1454	SHEIKH MOHAMED, AMIRA.....	604	SLOAN, CRISTINA. 1511, 1512, 1561, 1562	
SCRIPPS MERCY HOSPITAL CHULA		SHEIKH, ZARA.....	476, 477	SLOANE, CHRISTIAN.....	1119
VISTA.....	1454	SHEIKH-MOHAMED, HALA.....	324	SMILDE, RENEE.....	503
SEARLEMAN, ADAM.....	913, 1355	SHEN, JIA.....	1054	SMITH, CASEY.....	809
SEARS-WILEY, ELIZABETH.....	1092	SHENOY, ASHVIN.....	540	SMITH, CHELSEY.....	830, 1154
SEBASKY, MEGHAN.....	829, 1153	SHERER, KIMBERLY.667, 750, 1023,		SMITH, DOUGLAS.....	617
SEBIANE, MARIA.....	575	1271		SMITH, EMILY.....	857
SEBRING, JAN.....	444	SHEREV, DIMITRI.649, 690, 939, 1054,		SMITH, KELLI.....	764, 951
SEBSO, JODI.....	539	1166		SMITH, LINDA.....	763
SEFA-BOAKYE, KOFI.....	290, 610	SHERMAN HEIGHTS FAMILY HLTH		SMITH, SHARON.....	309, 310, 371, 372
SEILNACHT-BERNARD, KAREN.707,		CTRS INC.....	159, 160, 198	SMITH, SONYA.....	1512, 1513, 1562
731, 798		SHERMAN HEIGHTS FAMILY HLTH		SMOOT, CHARLES.....	477
SEITZ, GRETCHEN.....	1059	CTRS INC,.....	489	SNOOK, BRIAN.....	385
SELBY, BLAKE.....	1092	SHETH, HASMUKH.....	300, 540	SNYDER, CHRISTOPHER.....	478, 596
SELECT SPECIALTY HOSPITAL SAN		SHETH, SARIKA.....	970, 1271	SNYDER, MICHELLE.....	953
DIEGO.....	1454	SHI, RUJING.....	503	SOCHA, TRACI.....	575
SELTZER, JUSTIN.....	809	SHI, VERONICA.....	1109	SOLIS, KEVIN.....	1574, 1691
SERENE HEALTH.1699, 1700, 1715, 1716		SHIAU, NANCY.....	540	SOMERSET SUBACUTE AND CARE.	
SERIO, TAYLOR.....	1544, 1545	SHIELDS, SEBASTIAN.....	1482	.....	1459
SERPAS, SHAILA.....	281	SHIH, JERRY.....	848, 1198, 1199	SONG, CAROL.....	1430
SHABAİK, AHMED.....	883, 1246	SHIMIZU, KELSIE.....	638	SONG, DELU.....	860, 1016, 1223
SHAH, MITA.....	1185	SHIRAKI, JEAN.....	477	SONG, JOYCE.....	354
SHAH, SHAILJA.....	816, 1135	SHMARIAHU, SHELLY.....	1364	SONG, WEI.....	1246
SHAHIDYAZDANI, TINA.....	615	SHORT, ABIADE.....	290, 611	SOPHY, ELIZABETH.....	478
SHAHTAJI, ALAN.....	281, 596	SHORT, RICHARD.....	370	SORIA JIMENEZ, CESAR.....	837
SHAMSINEJAD BABAKI, ARASH.503,		SHU, I WEI.....	1545	SORIA LOPEZ, JOSE.....	659, 692, 1416
1153		SHULKIN, MITCHELL.....	1681	SORIA, CLAIRE.....	774, 1048
SHANNON, KELLI.....	1174	SHUMILAK, KAILI.....	477	SOROKIN, LISA.....	858
SHAPIRO, HILARY.....	778	SHUMWAY, CALEB.....	660	SOSA, DAVID.....	312, 451
SHAPIRO, RACHEL.....	1319	SICKLES, MAGGIE.....	271	SOUDER, CHRISTOPHER.....	970, 1272
SHARIF TABRIZI, AHMAD. ....	849, 1202	SIETSMA, ALEXANDRA.....	1092, 1323	SOUTH BAY POST ACUTE CARE. .1457	

---

## M. 初級保健指數

SOUTHBAY URGENT CARE INC. 1754	SUDHAKAR, DEEPTHI.650, 690, 735,	TAM, EMILY. ....950, 1019, 1446
SOZANSKI, JESSE..... 1333	1166, 1167, 1413, 1414	TAM, MAY. ....1681, 1682
SPAK, DARYL..... 645	SUGGS, SARAH..... 680, 768, 995	TAMAS, VANESSA..... 1272
SPARKS, TODD..... 678, 679, 768, 995	SULEIMAN-QAFITI, KHAWLA..... 542	TAMAYO, MAITHE..... 542
SPENCE, JAMIE..... 579	SULLIVAN, ELISSA..... 615	TAN, CARMELA..... 896, 1319
SPENGLER, NATHAN..... 913, 1356	SULLIVAN, THOMAS.....934, 1394	TAN, LO FU..... 597
SPEZIALE, MARK..... 654, 1183	SUMMERS-DAY, COURTNEY.478,	TANAKA, HIDEAKI..... 699, 1119
SPITZER, MARSHA..... 540, 541	765, 1130	TANAKA, MARY..... 269
SREJIC, UNA..... 1048	SUN, ALEX..... 914, 1357, 1358	TANG, ANDREW..... 971, 1272
SRIDHAR, SUNITA..... 1286	SUNA-SITTO, MOHEEN..... 617	TANG, MICHAEL..... 824
SRILASAK, MICHELE.....706, 793, 1438	SUPAT, BENJAMIN..... 809	TANGELO..... 1695
ST PAULS HEALTH CARE CENTER.	SURI, RAJAT..... 978, 1451	TANTISIRA, KELAN..... 1293
.....1469	SUSAN PARHAM HOUSING	TANTISIRA, LALITA.....1122, 1154
ST VINCENT DE PAUL VILLAGE	CORPORATION.....1473	TANTOD, KULIN.....348
FAMILY HEALTH CENTER.117, 118, 119,	SUTHERLAND, ANNA..... 1110	TAPIA, ASHLEY..... 1556
120	SUTHERLAND, PAIGE.....1501, 1546	TARLE, STEPHANIE.902, 1332, 1501,
ST VINCENT DE PAUL VILLAGE	SUTTON, BRIAN..... 724	1546
FAMILY HEALTH CENTER, ..... 489	SUYAMA, JULIE..... 856, 1214	TARVER, LESLIE..... 1502
STABEN, REBECCA.290, 329, 375,	SUYDAM, STEVEN..... 775, 1048	TAUB, PAM..... 837
520, 625	SWAN, MELANIE..... 310	TAYLOR, CHRISTOPHER.403, 762,
STABENAU, KALEIGH..... 874	SWARTZ, ERIN..... 1093	1007, 1008, 1438
STAHL, KEVIN..... 679, 680	SWARTZ, JOHN..... 281, 479	TAYLOR, DAVID..... 830, 1154
STALEY, MICHAELA..... 596	SWEAT, MARIE..... 1199	TAYLOR, KAYLA..... 444, 445
STALLINGS, ANDREA..... 1319	SWEENEY, DANIEL..... 700	TAYLOR, TASHA..... 615, 1425
STANFORD COURT SKILLED	SWEENEY, NATHALY..... 737, 1184	TCHAKMAKJIAN, LEVON..... 324
NURSING AND REHAB CENTER. 1470	SWEET, JASON..... 1358	TECOMA, EVELYN..... 848, 1199, 1200
STEINBERG, LEONARD..... 1254	SWEET, PATRICK..... 596	TEE, ALEXANDRA..... 282
STENSMAN, LARS..... 261, 262	SWEIGERT, JAMIE..... 1546	TEETER-WITT, ALYSSA..... 756, 1490
STEPENOSKY, JAMES. . 913, 1356, 1357	SWORDS, KELLY..... 1407	TEJEDA, FRANCISCO..... 599
STEPHENS, LAURA..... 1247	SY, RAMON..... 605	TELLECHEA-SANCHEZ, SELMIRA.355
STEPHENSON, SAMUEL..... 927, 1386	SYED-UDDIN, SUMIYAH..... 953	TERRAMANI, THOMAS..... 949
STERN, MARLEIGH..... 1110		TERRY, AMANDA..... 341
STEVENSON, REHEIA..... 793, 953	<b>T</b>	TEW, JOHN..... 1605
STEWART, TYLER..... 820	TA, MINI..... 1688	THACH, QUEEN..... 664, 693, 991
STIPHO, SALLY..... 490	TA, TRANG..... 1681	THACH, TERILYN..... 1600
STOJANOVSKA, JOVANA..... 762	TABAREZ, NORMA..... 698	THACKABERRY, JESSICA..... 1547
STONE, CALVIN..... 1490	TADDONIO, MICHAEL..914, 1358, 1359	THAI, AMANDA..... 1688
STONES, RACHEL..... 385	TADROS, ANTHONY..... 915, 1359, 1360	THAI, JUSTIN..... 479
STOVER, LAURIE..... 1304	TAFRESHI, GILDA..... 507	THAN, CINDY..... 1569
STRAKA, CHRISTOPHER..... 1357	TAGHIZADEH, BEHZAD..... 940	THANGARAJAH, HARIHARAN.635,
STRAZICICH, KARLA..... 354	TAGHIZADEH, MAJID..... 452	980, 1397, 1398
STUMP, CHARI..... 541	TAHRIRI, BAHAREH..... 580	THAPER, MOHINDERPAL..... 1034
SUAREZ, ROBERTO..... 1545	TAI, KUANGKAI..... 421	THAYER, KARISA..... 985
SUBRAMANIAN, RAMA..... 542	TAING, JENNIFER..... 1093	THE COVE AT LA JOLLA..... 1462
	TALAVERA, GREGORY..... 282, 597	
	TALBOT, ADRIANNE..... 1093	

## M. 初級保健指數

THE DORTHY AND JOSEPH GOLDBERG HEALTHCARE CENTER. .....1460	TRAN, ALEXANDER..... 1601, 1684	TZENG, ERIC.....776, 1050
THE PAVILION AT OCEAN POINT. .....1469	TRAN, HENRY..... 1634	<b>U</b>
THE SPRINGS AT PACIFIC REGENT. .....1469	TRAN, KELLY..... 445	U, HOI..... 931, 1389
THE VILLAS AT POWAY.....1466	TRAN, KIM..... 984, 985	UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER.1455, 1456
THIRUNAGARI, HARRSHA.....355	TRAN, LINH..702, 834, 955, 1164, 1450	UCSD LA JOLLA JOHN SALLY THORNTON.....1456
THOMAS, KELSEY..... 902, 903, 1502	TRAN, MICHAEL.....1689	UCSD MEDICAL CTR.....1456
THOMAS, ROBERT..... 1155	TRAN, THAO.....1693	UCSD MEDICAL GROUP, ..... 506
THOMAS, ZACHARY..... 479	TRAN, THERESA..... 971, 1273	UDOH, EKAETE..... 553
THOMPSON, CHERYL.....348	TRAN, TONNIA..... 480	ULRICH, STACEY.....1274
THOMPSON, COURTNEY.....1094	TRAN, TU-UYEN.....626	UNG, HOAMENG..... 848, 1200
THOMPSON, KYLE.727, 760, 980, 1030, 1398	TRAN, UYEN-THAO..... 480	UNGER, LINDSEY..... 921, 1373
THOMSON, SAMANTHA..... 856, 1215	TRANG, CHAU.....1684	UNIVERSITY CARE CENTER.....1469
THYGERSEN, ALAYSA..... 764	TRAUT, JOEL.....1273	UNSDORFER, KYLE..... 915, 1360
TILLMAN, SYLVIA.....1633, 1682	TREJO, ANA..... 794, 1094	UNTERBERG, STEPHEN.....1407, 1408
TILTON, PETER.....1547	TREJO, RAUL..... 282, 597	UPASANI, VIDYADHAR.979, 1029, 1395
TITANIUM HEALTHCARE..... 1697, 1698	TRESSLAR, PERI.....644	URIBE-BRUCE, LILIANA..... 503
TO, BRITTANY.1567, 1582, 1600, 1614, 1633, 1648, 1649, 1683	TREUNER, JULIE..... 553	UTZ, JACK..... 597
TO, TUAN..... 1332, 1333, 1547	TRI CITY MEDICAL CTR..... 1455	UWEDJOJEVWE, LETICIA.....286
TODD, MIKAYLA..... 259, 342, 445, 619	TRIMM, CASSIDY..... 919	UY, ASHLEY..... 312
TODD, SARAH.....750, 1024, 1273	TRINGALE, KATHRYN.....1338	UY, CARMELITA.....392
TOLBA, KAMEI..... 341	TRINH, RACHELLE..... 1575	<b>V</b>
TOLEDO-NADER, CAROLL.....282	TRIVEDI, SURAJ..... 775, 1049	VAHABZADEH-HAGH, ANDREW.874, 875, 1240
TOLENTINO, ARTURO..... 1412	TROYER, EMILY.....1482, 1548	VAHDAT, NOUSHIN..... 915, 1360, 1361
TOLMIE, SIMONE..... 448	TRUECARE.23, 24, 25, 71, 72, 73, 107, 108, 109, 111, 112, 210, 211, 212, 213, 214, 215, 216, 217, 218	VAIDYA, KAMALA. 667, 750, 1024, 1274
TOMASZEWSKI, DEBRA..... 552	TRUECARE, ..... 267, 409, 421, 566, 567	VAISMAN, SAMANTHA.....680, 768
TOMLIN, JEFFREY.....1389	TRUJILLO, DALE.....795	VAKILIAN, SIAVOSH..... 757, 1361
TON-NU, MY LINH.1567, 1582, 1589, 1601, 1615, 1633, 1634, 1649, 1683	TRUJILLO, JENNIFER..... 290, 521	VALDEZ, KRYSTAL ANGELI...504, 1123
TONG, ALEXANDER..... 823, 1143	TRUJILLO, MIGUEL..... 618	VALENCIA, MARILES.....301, 393
TONG, GARRICK..... 1553	TRUONG, NHA..... 480	VALENZUELA, TRICIA.....481
TONNU, ANH.....1583, 1615, 1634, 1684	TRUONG, VENNES..... 452	VALLE VISTA POST ACUTE.....1461
TOPILOW, NICOLE..... 860	TSAI, MATTHEW..... 816, 817, 1135	VAN DYKE, JASON..... 560
TOPPEN, LAURA.....793, 794, 1094	TSUCHIYA, KIMIKO..... 480	VAN HOLLEBEKE, RACHEL.. 261, 598
TORRES, HECTOR..... 1420, 1553	TSUDA, PAIGE..... 775, 1049	VAN HOOSE, MARC.....1685
TORRES, RANDALL..... 634, 1479	TSUI, NANCY.....1634	VAN PRATT LEVIN, BENJAMIN.... 1131
TOTH, JESSICA..... 372	TU, BEVERLY.....1635	VANDEWIELE, EMILY.....1370
TOUBIA, ELIAS..... 1575, 1650, 1691	TU, MONIQUE.....1049	VANE, JACKSON.....1275
TOVAR, NICOLE..... 560	TUCKER, LANIKA.....795, 1094	VANETSKY, GARY..... 724
TOVARPADUA, LEIDY.....1146	TUEROS, VICTORIA.....445	VANWOY, LAUREN.....1275
	TULLY, JEFFREY..... 775, 1049	VARGAS, CHRISTOPHER.....669, 670
	TUNG, VIVIAN.....364	
	TURNER, ERIC..... 337, 627	
	TURNER, SHEREENA..... 338, 553	
	TWAMLEY, ELIZABETH.....1333, 1548	



## M. 初級保健指數

VARGAS, JACLYN.946, 1024, 1275, 1276	VINCENT, BERLIN. ....1101	WANG, HUAN YOU.....821, 1140
VARGAS, ROBERT.....553	VINCENT, LAUREN.....273	WANG, MICHELLE.....776
VARGASTRUJILLO, MARCELA.975, 1279	VINH, JOHN.1583, 1589, 1615, 1635, 1650	WANG, REGINA.....481
VASQUEZ, BENJAMIN. ....920, 1370	VISTA COMMUNITY CLINIC.86, 112, 113, 252, 253, 254, 255, 256, 257, 258, 1718	WANG, VINCENT.....1277
VAUGHN, GABRIELLE.....1255	VISTA COMMUNITY CLINIC GRAPEVINE.....250, 251, 252	WANG, YVETTE.....1277
VAVINSKAYA, VERA.....883, 1247	VISTA COMMUNITY CLINIC GRAPEVINE, .....630	WARD, KATHERINE.....364, 365
VAYNGORTIN, TATYANA.....1276	VISTA COMMUNITY CLINIC HORNE STREET.....110	WARDI, GABRIEL.....702
VAZQUEZ-ERLBECK, MARTHA.....584	VISTA COMMUNITY CLINIC HORNE STREET, .....410	WASSON, MINA.....543
VCC DURIAN.....250	VISTA COMMUNITY CLINIC PIER VIEW WAY.....113, 114	WASTILA, LISA.....504, 1155
VCC DURIAN, .....630	VISTA COMMUNITY CLINIC PIER VIEW WAY, .....411	WATERS, ELIZABETH.....543
VEGA, CAROLINA.....971, 1276	VISTA COMMUNITY CLINIC, .359, 360, 409, 410	WATSON, DEBORAH.875, 876, 1240, 1241
VEGA, TERESA.....271, 446	VISTA HEALTHCARE CENTER.....1473	WATTANAMANO, PORNTHEP.....505
VELASQUEZ, SHARON.283, 386, 598, 646	VISTA HOUSE.....1473	WATTS, ELI.....505
VELAZQUEZ CAMARENA, MARIA.287, 605	VISTA KNOLL SPECIALIZED CARE FACILITY.....1474	WEATHERLY, JACOB.....543
VENNAM, VAMSIKRISHNA.....1491	VIVIRITO, MARY.1568, 1590, 1602, 1615, 1636, 1650, 1651, 1685	WEAVER, AMANDA.....1485
VENTRO, GEORGE.....923, 1376	VO, ANDREW.....862, 1226, 1227	WEAVER, APRIL.....633
VERCHER, ROSHON.....1491	VO, ANDREW MINH.....1616, 1685	WEBB, SHANNON.....1320
VERDUZCO GONZALEZ, AURORA.....310, 379	VO, PHU LUONG.....1131	WEBSTER, LUKE.....1156
VERISSIMO, TAYLOR.....680, 681, 769	VOLUNTEERS OF AMERICA SOUTHWEST CALIFORNIA INCORPORATION.....1715	WEICKERT, MARIA.....446
VERRET, ERIC.....1601	VOSSLER, JOHN.....1404	WEIR, JACQUELINE.....897, 1321
VETTICADEN, SANTOSH.....351	VU, PETER.....820, 1139	WEISSBROD, PHILIP.876, 877, 1241, 1242
VIA RIO HOUSE.....1462		WEISSMAN, CORY.....1549
VIBAL-POASTER, MARIA.....1095	<b>W</b>	WELLS, TODD.....1040
VICTORIA POST ACUTE CARE.....1459	WAGONER, KENYADA.....1492	WEN, AKI YEN CHANG.....287, 605
VIDAL, MONICA.....409	WAHLIN, TAMARA.....897, 1320	WERNER, R AARON.....1583
VIDAURRAZAGA, MONICA.....504	WALDRUP, LARHONDA.....731, 1095	WERNER, REX.....1583
VIDEEN, JOHN.....656	WALKER, JULIE.....1370	WEST, JULIE.....958, 1035, 1184
VILLA CORONADO CONVALESCENT.....1457	WALLACE, STEPHANIE.....1447	WESTERMANN, MELISSA.652, 1012, 1174, 1175
VILLA LAS PALMAS HEALTHCARE CTR.....1460	WALSH, JOHN.....755	WESTERN ADHC.....1476
VILLA RANCHO BERNARDO CARE CENTER.....1469	WANG, ANGELA.....830, 1155	WETTERSTEN, NICHOLAS....838, 956
VILLA, ANGELICA.....1575	WANG, DEHUA.....1247	WHEELER, KIM.....695, 1485
VILLA, MARIA.....481		WHITE, KATHERINE.....481
VILLALOBOS, REBECA.....446		WHITE, KERI.....1033
VILLANUEVA DE GUTIE, BERENICE.....310, 379		WHITE, KYLE.....947
VILLANUEVA, GIOVANNI.681, 769, 996		WHITEHURST, UNIQUE.....1095, 1096

## M. 初級保健指數

WILLIAMS, BREAHA..... 311, 380, 447	YAO, CATHERINE..... 301	ZELAC, DANIEL.....263
WILLIAMS, JESSICA.....561	YAPHOCKUN, KARENKIM.....1278	ZHANG, HAIYAN.....884, 885
WILLIAMS, JINA..... 629	YCASAS, EMILY..... 1411, 1439	ZHANG, SHERRY..... 831, 1157
WILLIAMS, MATTHEW..... 967, 1255	YEANG, CALVIN.....1054	ZHAO, TAILUN.1584, 1590, 1602, 1617, 1687
WILLIAMS, STACY..... 920, 1370, 1371	YELLEN, LAURENCE.....941	ZHONG, YAN.....1186
WILLIAMS, TAKISHA.271, 311, 372, 446, 622	YEO, ALEXANDRIA.....706, 795	ZHOU, JENNY.....1140
WILSON, CARLENE..... 1513, 1514, 1562	YIDI, DIANA.....1549	ZIEG, ALAN.291, 329, 376, 521, 522, 626
WINDSOR GARDENS CONV AND REHAB OF GOLDEN HILL..... 1470	YOO, RAPHAEL..... 1361, 1362	ZIMBRIC, MICHAEL..... 738, 1201
WINDSOR GARDENS CONV CTR OF SAN DIEGO.....1465	YOON, RYAN.....283	ZIMMERMAN, JENNIFER.....1550
WINESBURG, JENNIFER..... 989	YOON, TAE HYUN..... 325	ZINK, IRENE.....482
WINKLER, GARRET.....809	YORK, VINCENT.....915, 1362	ZLATAR, ZVINKA.....903, 1503
WISHNEK, HANNAH.....1502	YOU, ALAN.....810, 1119	ZUBAIR, RAHEEL.....636, 1110
WITCZAK, IZABELA.....567, 568	YOUNAN, LAWRENCE.....776, 1050	ZVANUT, DONALD.1584, 1590, 1602, 1617, 1637, 1652
WOELKERS, DOUGLAS.....710, 840	YOUNG, ALLA.....1577, 1636	
WOLF, CELIA.....447	YOUNG, JENNIFER.....267	
WOLF, RICHARD.....711, 840, 1175	YOUNG, JOCELYN.....722, 1283	
WOLFE, AMANDA.....1031	YOUNG-PEN, TONI.....554	
WONG, GORDON.....1686	YOUNOSZAI, ADEL.....1255	
WONG, IAN.....543	YOUSEF, ANDREW.....524	
WONG, MAYBELLE.....1096	YOUSSEF, FADY.....817, 1136	
WONG, RICHARD.....880, 1244	YU, AUDRINE.....920	
WONG, SHARON.....1636	YU, CAROL.862, 863, 1227, 1616, 1617, 1686	
WONG, VANESSA.....1277	YU, ELAINE.....810, 1119	
WONG, VICTOR.....1286	YU, HELENA.....1287	
WONG, YOLANDA.....544	YU, JENNIFER.....1287	
WOO, ANDY.....1096, 1097	YUAN, HENRY.....657	
WRIGHT, DEREK.670, 755, 1027, 1321, 1322	YUNG, DORIS.....422	
WRIGHT, KIMBERLY.....1032	YUNG, STEVEN.....505	
WU, EVA.....1651		
WU, JENNIFER.....482	<b>Z</b>	
WU, MICHELLE.....1549	ZABLIT, KARIM.....524	
WYLIE, BLAKE.....261, 362	ZAGE, PETER.....1287	
<b>Y</b>	ZAHEER, AARON.....544, 545	
YADLAPATI, RENA.....830, 831	ZAHLER, MARVIN.....482	
YAGUDAYEVA, RAISA.....1549	ZAIDI, NOORINA.718, 744, 1568, 1584, 1602, 1617, 1637, 1651, 1686	
YAMADA, KENTARO.....1224	ZAMBRANA, GEORGE.....338	
YAMANE, MAYA.717, 743, 962, 1016, 1224	ZAND, FARIBA.....355	
YAN, CAROL.....877, 878, 1242	ZANDER, ASHLEY.....936, 937	
YANG, JENNIFER.....1200	ZANGEN, ROCHELLE.....422	
YANG, JENNY.....831, 1156	ZAPALA, MATTHEW.....915, 1362, 1363	
	ZARE, SOMAYE.....884	
	ZARGAR, SHABNAM.....301	
	ZAYAS, MARIO.....1550	
	ZECHA, RONALD.....343	

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DIR50528-SD-TC 02/2025



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