فهرست راهنمای ارائه‌دهندگان



Medi-Cal

San Diego شهرستان | July 2026

blue california

Promise Health Plan

Medi_24_325_SD_012425

blue CALIFORNIA | PROMISE

Notice of Availability of Language Services and Auxiliary Aids and Services

English
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.

العربية (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 بريل والخط الكبير. اتصل بـ 1-855-699-5557 (TTY:711). هذه الخدمات مجانية.

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

ខ្មែរ (Cambodian)
ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-855-699-5557 (TTY:711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-855-699-5557 (TTY:711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

中文 (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，例如盲文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。

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 نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-855-699-5557 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी (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।

Hmoob (Hmong)
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 (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。

한국어 (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.

ພາສາລາວ (Laotian)
ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-855-699-5557 (TTY: 711). ຍັງມີຄູ່ມືຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-855-699-5557 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien
ONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx 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 (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-855-699-5557 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ 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 (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.

Español (Spanish)
ATENCIÓN: si necesita ayuda en su idioma, llame al 1-855-699-5557 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-855-699-5557 (TTY: 711). Estos servicios son gratuitos.

Tagalog (Filipino)
ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-855-699-5557 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-855-699-5557 (TTY: 711). Libre ang mga serbisyong ito.

ภาษาไทย (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

Українська (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.

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

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A. مقدمه

بابت انتخاب Blue Shield of California Promise Health Plan از شما سپاسگزاریم. در این «فهرست راهنمای ارائه‌دهندگان»، فهرست مواردی چون درمانگاه‌ها، پزشکان، بیمارستان‌ها و سایر انواع ارائه‌دهندگانی که بخشی از Blue Shield Promise هستند ارائه می‌شود.

زمانی اقیانوس آرام با 711 برای TTY تماس بگیرید.

نحوه استفاده از این فهرست راهنما

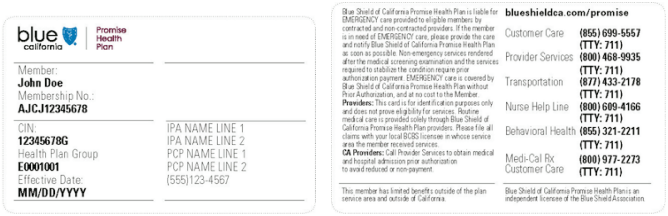
شما می‌توانید از این «فهرست راهنمای ارائه‌دهندگان» برای انتخاب یک PCP که با Blue Shield Promise قرارداد دارد استفاده کنید. فهرست PCPها و همچنین ارائه‌دهندگان متخصص، بیمارستان‌ها و سایر ارائه‌دهندگان خدمات حمایتی، به‌ترتیب حروف هنگامی که به Blue Shield of California Promise می‌پیوندید، بسیار مهم است که ارائه‌دهنده مراقبت‌های اولیه (PCP) را برای هر عضو انتخاب کنید. چنانچه ارائه‌دهنده مراقبت‌های اولیه خود را انتخاب نکنید، Blue Shield Promise این کار را برایتان انجام خواهد داد. PCP شما، پزشکی است که برای برخورداری از مراقبت‌های پیشگیرانه و هنگامی‌که بیمار می‌شوید به او مراجعه خواهید کرد. PCP در صورت نیاز، شما را به پزشک متخصص یا سایر ارائه‌دهندگان متخصص ارجاع می‌دهد. PCP برای رسیدگی به نیازهای مراقبت‌های سلامت شما حضور دارد و برای حفظ سلامتی اعضا با آنها همکاری می‌کند.

تغییر PCP

می‌توانید PCP خود را در هر زمانی تغییر دهید، برای این کار، از دوشنبه تا جمعه، از 8:00 صبح تا 6:00 عصر به وقت منطقه زمانی اقیانوس آرام با مرکز خدمات مشتری Blue Shield Promise از طریق (855) 699-5557 [TTY: 711] تماس بگیرید. تا اول ماه بعد، تغییرات اعمال نخواهد شد. همچنین، می‌توانید به وب‌سایت ما به blueshieldca.com/promise : مراجعه کنید.

به‌عنوان عضو Blue Shield of California Promise، کارت شناسایی عضویتی را مانند کارتی که در این صفحه

و همچنین دریافت سایر خدمات مراقبت‌های سلامت که تحت پوشش Blue Shield of California Promise نیستند استفاده کنید



کارت شناسایی Blue Shield (BIC)

خدمات داروخانه از طریق Medi-Cal Rx

Department of Health Care Services (DHCS)، اداره خدمات مراقبت‌های بهداشتی) خدمات داروخانه را برای اعضای Medi-Cal مدیریت می‌کند. برای خدمات داروخانه، می‌توانید بیست و چهار ساعت شبانه‌روز و هفت روز هفته با خط مرکز تماس Medi-Cal Rx به شماره 1-800-977-2273 یا 711 برای TTY، از دوشنبه تا جمعه، 8 صبح تا 5 بعد از ظهر به وقت منطقه زمانی اقیانوس آرام تماس بگیرید.

بیشتر داروخانه‌ها Medi-Cal Rx را می‌پذیرند. برای اطلاع از اینکه آیا داروخانهٔ شما Medi-Cal Rx را می‌پذیرد یا خیر، می‌توانید روزهای دوشنبه تا جمعه از 8:00 صبح تا 5:00 عصر به وقت منطقه زمانی اقیانوس آرام با خط پشتیبانی اعضای Medi-Cal به شمارهٔ (1 800-541-5555، 1 800 430-7077 TTY) تماس بگیرید. اگر در یافتن داروخانه نیاز به کمک دارید، از داروخانه‌یاب آنلاین Medi-Cal Rx در نشانی: Medi CalRx.dhcs.ca.gov استفاده کنید یا بیست و چهار ساعت شبانه‌روز، هفت روز هفته با خط مرکز تماس Medi-Cal Rx به شمارهٔ 1 800 977 2273 یا روزهای دوشنبه تا جمعه از 8 صبح تا 5 عصر به وقت منطقه

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر به وقت منطقه زمانی اقیانوس آرام، با خدمات مشتری Promise Blue Shield به شماره [TTY: 711] 1-855-699-5557 تماس بگیرید. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

سایر اطلاعات مهم و موارد شفاف‌سازی

برخی از ارائه‌دهندگان و بیمارستان‌ها یک یا چند مورد از خدمات مورد نیاز شما از جمله تنظیم خانواده؛ کنترل بارداری شامل کنترل بارداری اضطراری؛ عقیم‌سازی شامل بستن لوله‌های رحمی در زمان زایمان یا وضع حمل؛ درمان ناباروری؛ یا سقط جنین را که ممکن است توسط طرح سلامت شما پوشش داده شود، ارائه نمی‌دهند.

برای اطمینان یافتن از اینکه می‌توانید خدمات مراقبت‌های سلامت مورد نیاز خود را دریافت کنید، روزهای دوشنبه تا جمعه از 8:00 صبح تا 6:00 عصر به وقت منطقه زمانی اقیانوس آرام از طریق شماره تلفن 5557 699 (855) [TTY: 711] با مرکز خدمات مشتری Blue Shield Promise تماس بگیرید.

برای کسب اطلاعات بیشتر درباره مواردی چون سطح تحصیلات و تجربه ارائه‌دهندگان ما، (مانند دانشکده پزشکی محل تحصیلشان، دوره‌های آموزشی آنها به‌عنوان دستیار پزشک و وضعیت گواهینامه بُرد تخصصی آنها)، با مرکز خدمات مشتری Blue Shield Promise تماس بگیرید یا از ابزار جستجوی ارائه‌دهنده در وب‌سایت ما به نشانی blueshieldca.com/promise استفاده کنید.

ممکن است برای دسترسی به برخی از ارائه‌دهندگان، به مجوز یا ارجاع نیاز داشته باشید. Blue Shield Promise امکان دسترسی کامل و برابر به خدمات تحت پوشش را برای همه، از جمله ثبت‌نام‌شدگانی که دارای معلولیت هستند، فراهم می‌کند. آموزش در زمینه شایستگی فرهنگی به همه ارائه‌دهندگان ارائه می‌شود و آنها باید این آموزش‌ها را به‌طور کامل بگذرانند.

خدمات مترجم

Blue Shield Promise برای تسهیل کار شما، خدمات زیر را ارائه می‌دهد:

- **کارکنانی مسلط به دو زبان** که به شما به زبان خودتان کمک می‌کنند.
- **خدمات ترجمه**، از جمله زبان اشاره آمریکایی، بدون هیچ هزینه‌ای برای تمام نیازهای مراقبت‌های سلامت

نشان داده شده است دریافت خواهید کرد. هر بار که به پزشک خود مراجعه می‌کنید، به بخش اورژانس یا چشم پزشک خود مراجعه می‌کنید، باید کارت شناسایی خود را نشان دهید. همیشه این کارت را همراه داشته باشید.

هنگامی‌که کارت شناسایی خود را دریافت می‌کنید، لطفاً از صحت اطلاعات آن مطمئن شوید. در صورت درست نبودن اطلاعات آن، از دوشنبه تا جمعه، از 8:00 صبح تا 6:00 عصر به وقت منطقه زمانی اقیانوس آرام از طریق شماره [TTY: 711] 5557-699 (855) با مرکز خدمات مشتری Blue Shield of California Promiseتماس بگیرید.

کارت Medi-Cal (BIC) خود را دور نیندازید. شما باید از کارت Medi-Cal (BIC) خود برای مراجعه به دندانپزشک Medi-Cal الفبا و براساس شهرشان ارائه می‌شود. در بخش «شبکه ارائه‌دهندگان Blue Shield Promise»، اطلاعات مربوط به نحوه خواندن بخش‌های فهرست ارائه‌دهندگان و نحوه یافتن اطلاعات مهمی که باید در مورد هر ارائه‌دهنده بدانید ارائه شده است.

اطلاعات مهم درباره فهرست‌های کتابچه راهنما

این «فهرست راهنمای ارائه‌دهندگان» مطابق با تاریخ ذکرشده در جلد رو به‌روزرسانی شده است. برخی از PCPها ممکن است پس از چاپ این کتابچه راهنما، به فهرست اضافه یا از آن حذف شده باشند. ما تضمین نمی‌کنیم که هر PCP همچنان بتواند اعضای جدید را بپذیرد. برای کسب جدیدترین اطلاعات درباره PCPهایی که در منطقه محل زندگی شما مشغول به کار هستند، می‌توانید به وب‌سایت blueshieldca.com/promise مراجعه کنید یا روزهای دوشنبه تا جمعه از 8:00 صبح تا 6:00 عصر به وقت منطقه زمانی اقیانوس آرام با مرکز خدمات مشتری Blue Shield Promise از طریق شماره [TTY: 711] 5557 699 (855) تماس بگیرید. یا از دوشنبه تا جمعه از ساعت 8 صبح تا 6 بعد از ظهر به دفتر ما مراجعه کنید. مراجعه‌کنندگان بدون نوبت قبلی نیز پذیرفته می‌شوند. ما کارکنانی داریم که می‌توانند به زبان شما صحبت کنند. همچنین، می‌توانید به وب‌سایت ما به نشانی blueshieldca.com/promise مراجعه کنید.

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر به وقت منطقه زمانی اقیانوس آرام، با خدمات مشتری Promise Blue Shield به شماره [TTY: 711] 5557-699-855-1 تماس بگیرید. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

شما در اختیارتان قرار می‌گیرد. نیازی نیست از دوستان یا اعضای خانواده‌تان بخواهید به‌عنوان مترجم به شما کمک کنند. شما می‌توانید در 24 ساعت شبانه‌روز و هفت روز هفته برای موارد زیر از خدمات مترجم برخوردار شوید:

- ✓ **خدمات پزشکی**: مراجعه‌های پزشکی، خدمات در ساعت‌های غیر کاری، خدمات مراقبت‌های فوری و کلاس‌های آموزش سلامت.
- ✓ **خدمات غیر پزشکی**: خدمات مشتری، شکایت‌های اعضا و جلسه‌های معارفه اعضا.
- ✓ **مطالب ارائه‌شده در قالب‌های دیگر** مانند بریل، فایل صوتی یا چاپ درشت.

فقط کافی است با گروه پزشکی خود یا مرکز خدمات مشتری Blue Shield Promise تماس بگیرید. در خصوص ملاقات‌های تعیین‌شده، مطمئن شوید که حداقل 10 روز کاری قبل از زمان ملاقات خود برای ارائه خدمات مترجم درخواست دهید.

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر به وقت منطقه زمانی اقیانوس آرام، با خدمات مشتری Promise Blue Shield به شماره [TTY: 711] 1-855-699-5557 تماس بگیرید. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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اعلامیه عدم تبعیض

تبعیض بر خلاف قانون است Blue Shield of California Promise Health Plan از قوانین حقوق مدنی ایالتی و فدرال تبعیت می کند. Blue Shield of California Promise Health Plan به طور غیرقانونی براساس جنسیت، نژاد، رنگ پوست، مذهب، تبار، اصلیت ملی، هویت گروهی بومی، سن، معلولیت ذهنی، معلولیت جسمانی، عارضه پزشکی، اطلاعات ژنتیک، وضعیت تأهل، جندر، هویت جندری، سوگیری جنسی تبعیض قائل نشده، اشخاص را محروم نکرده یا به صورت متفاوت با آنها رفتار نمی کند.

خدمات ارائه شده توسط Blue Shield of California Promise Health Plan:

- امداد و خدمات رایگان را به موقع در اختیار اشخاص معلول قرار می دهد تا بهتر ارتباط بر قرار کنند، از جمله:
  - ✓ مترجمین واجد شرایط برای زبان اشاره
  - ✓ اطلاعات کتبی به سایر فرمت ها (چاپ درشت، صوتی، فرمت های الکترونیک قابل دسترسی، فرمت های دیگر)
- ارائه به موقع خدمات رایگان زبانی به اشخاصی که زبان مادری آنها انگلیسی نیست، از جمله:
  - ✓ مترجمین شفاهی واجد شرایط
  - ✓ اطلاعات کتبی به زبان های دیگر

در صورت نیاز به این خدمات، بین ساعات 8 صبح و 6 بعدازظهر از دوشنبه تا جمعه با Blue Shield of California Promise Health Plan تماس بگیرید. با بخش مراقبت از مشتریان در ناحیه خود تماس بگیرید:

(800) 605-2556 (Los Angeles)
(855) 699-5557 (San Diego)

اگر مشکلات گویایی یا شنوایی دارید، لطفاً با **TTY:711** تماس بگیرید. این نوشتار بنابر درخواست به صورت بریل، چاپ درشت، کاست صوتی و الکترونیک موجود می باشد. برای دستیابی به یک نسخه از این فرمت های متفاوت، لطفاً با ما تماس بگیرید یا مکاتبه نمایید:

Blue Shield of California Promise Health Plan
Customer Care
3840 Kilroy Airport Way, Long Beach, CA 90806
(800) 605-2556 (Los Angeles)
(855) 699-5557 (San Diego)
TTY:711

روش تسلیم نارضایتی

اگر عقیده دارید که Blue Shield of California Promise Health Plan در ارائه این خدمات کوتاهی کرده است یا به طور غیرقانونی به هر صورتی براساس جنسیت، نژاد، رنگ پوست، مذهب، تبار، اصلیت ملی، هویت گروهی بومی، سن، معلولیت ذهنی، معلولیت جسمانی، عارضه پزشکی، اطلاعات ژنتیک، وضعیت تأهل، جندر، هویت جندر یا سوگیری جنسی تبعیض قائل شده است، می توانید یک نارضایتی را تسلیم کنید. هماهنگ کننده حقوق مدنی Blue Shield of California Promise Health Plan می توانید نارضایتی را از طریق تلفن، مکاتبه، به طور حضوری یا الکترونیک تسلیم کنید:

- توسط تلفن: با هماهنگ کننده حقوق مدنی Blue Shield of California Promise Health Plan بین ساعات 8 صبح و 6 بعدازظهر از دوشنبه تا جمعه به شماره 2233-883 (844) تماس بگیرید. یا اگر مشکلات گویایی یا شنوایی دارید، لطفاً با 711 TTY/ TDD تماس بگیرید.
- از طریق مکاتبه: فرم شکایت را پر کرده یا نامه ای را نوشته و به نشانی زیر ارسال کنید:

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

- به طور حضوری: به مطب پزشک خود یا Blue Shield of California Promise Health Plan مراجعه کرده و بگویید که می خواهید یک نارضایتی را تسلیم نمایید.
- به صورت الکترونیک: از تارنمای Blue Shield of California Promise Health Plan به آدرس **www.blueshieldca.com/promise/medi-cal** بازدید کنید.

دفتر حقوق مدنی (OFFICE OF CIVIL RIGHTS) - اداره خدمات مراقبت درمانی کالیفرنیا
(CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES)

می توانید شکایت حقوق مدنی را به سازمان خدمات مراقبت درمانی کالیفرنیا، دفتر حقوق مدنی توسط تلفن، مکاتبه یا به صورت الکترونیک نیز تسلیم نمایید:

- توسط تلفن: با شماره **916-440-7370** تماس بگیرید. اگر مشکل گویایی یا شنوایی دارید، لطفاً با **711 (خدمات رله مخابراتی) تماس بگیرید.**
- از طریق مکاتبه: فرم شکایت را پر کنید یا نامه ای را به نشانی زیر ارسال دارید:

Deputy Director, Office of Civil Rights
Department of Health Care Services
P.O. Box 997413, MS 0009 Sacramento, CA 95899-7413

فرم های شکایت در **http://www.dhcs.ca.gov/Pages/Language_Access.aspx** موجود می باشند.

- به صورت الکترونیک: به این آدرس ایمیل بفرستید: CivilRights@dhcs.ca.gov.

دفتر حقوق مدنی - اداره بهداشت و خدمات انسانی آمریکا
(U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES)

اگر عقیده دارید که براساس جنسیت، نژاد، رنگ پوست، مذهب، تبار، اصلیت ملی، هویت بومی گروهی، سن، ناتوانی ذهنی، ناتوانی جسمانی، عارضه پزشکی، اطلاعات ژنتیک، وضعیت تأهل، جنس، هویت جنسی یا سوگیری جنسیتی برعلیه شما تبعیض قائل شده است، می توانید یک شکایت حقوق مدنی را به سازمان بهداشت و خدمات انسانی ایالات متحده، دفتر حقوق مدنی توسط تلفن، مکاتبه یا الکترونیک تسلیم نمایید:

- توسط تلفن: با شماره **1-800-368-1019** تماس بگیرید. اگر مشکلات شنوایی یا گویایی دارید، لطفاً با **TTY/TDD 1-800-537-7697 تماس بگیرید**.
- از طریق مکاتبه: فرم شکایت را پر کنید یا نامه ای را به نشانی زیر ارسال دارید:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

فرم های شکایت در **http://www.hhs.gov/ocr/office/file/index.htm** موجود می باشند.

- به صورت الکترونیک: از پورتال شکایات دفتر حقوق مدنی به آدرس **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf** بازدید کنید.

شبکه ارائه‌دهندگان Blue Shield Promise

راهنمای نشانه‌ها در «فهرست راهنمای ارائه‌دهندگان»

- نشانی ارائه‌دهنده
- شماره تلفن ارائه‌دهنده
- شماره تلفن ارائه‌دهنده در ساعت‌های غیر کاری
- زبانی که در مطب این ارائه‌دهنده صحبت می‌شود
- ساعت‌های حضور در مطب ارائه‌دهنده
- اطلاعات قابلیت دسترسی
- وب‌سایت ارائه‌دهنده

تعاریف و اطلاعات عمومی

درمانگاه محلی: درمانگاهی غیر انتفاعی که خدمات مراقبت‌های سلامت را به اعضای Blue Shield Promise ارائه می‌دهد.

پزشک عمومی و خانواده: پزشکانی که اطفال و زنان و مردان بزرگسال را درمان می‌کنند.

مرکز سلامت مورد تأیید دولت فدرال (FQHC): سازمان جامعه‌محوری که مراقبت‌های اولیه و پیشگیرانه را برای افراد در تمامی سنین و صرف نظر از وضعیت بیمه سلامت آن‌ها و توانایی آن‌ها برای پرداخت هزینه‌ها فراهم می‌کند.

بیمارستان: طرح Blue Shield Promise با بسیاری از بیمارستان‌ها قرارداد بسته است. وضعیت قرارداد بیمارستان با ارائه‌دهنده مراقبت‌های اولیه انتخابی را بررسی کنید.

پزشک داخلی: پزشکانی که زنان و مردان بالای 18 سال را درمان می‌کنند.

انجمن پزشکان مستقل (IPA): یکی از سیستم‌های مراقبت‌های بهداشتی که به‌منظور ارائه خدمات مراقبت‌های بهداشتی با گروهی از پزشکان قرارداد می‌بندد.

گروه پزشکی: گروهی از پزشکان که خدمات مراقبت‌های سلامت را برای اعضای طرح Blue Shield Promise فراهم می‌کنند.

پزشک زنان/زایمان: پزشکانی که در حوزه سلامت زنان و مراقبت‌های دوره بارداری تخصص دارند.

پزشک اطفال: پزشکانی که اطفال حداکثر تا سن 18 سال را درمان می‌کنند.

ارائه‌دهنده مراقبت‌های اولیه (PCP): شما به‌عنوان یکی از اعضای طرح Blue Shield Promise باید PCP را برای نیازهای عمومی مراقبت‌های سلامت خود انتخاب کنید. در صورت انتخاب نکردن PCP، خود ما پزشک مراقبت‌های

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اولیه‌ای را برای شما انتخاب می‌کنیم. تمام PCPها بر اساس شهر فهرست شده‌اند. می‌توانید هر نوع از پزشکان زیر را انتخاب کنید:

- پزشک عمومی و خانواده
- پزشک داخلی
- پزشک زنان/زایمان
- پزشک اطفال

را در CHIP اگر ارائه‌دهنده برنامه **:(برنامه بیمه سلامت کودکان** ،Children's Health Insurance Program (CHIP Medi-Cal به‌طور کامل از طریق برنامه Children's Health Insurance Program (CHIP) ،کالیفرنیا ارائه می‌دهد طرح مراقبت مدیریت‌شده ،Medi-Cal Managed Care Plan (MCP اجرا می‌شود. همه ارائه‌دهندگانی که با یک نیز خدمات می‌دهند. CHIP برای خدمات‌دهی به اعضای کودک قرارداد دارند، به کودکان تحت حمایت (Medi-Cal وجود ندارد؛ پوشش و مزایا، ساختار CHIP و Medi-Cal شبکه مجزا یا تمایزی در ارائه خدمات بین ثبت‌نام شدگان .تأمین هزینه و استاندارد دسترسی به ارائه‌دهندگان برای هر دوی این گروه‌ها یکسان است

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر به وقت منطقه زمانی اقیانوس آرام، با خدمات مشتری Promise Blue Shield به شماره [TTY: 711] 1-855-699-5557 تماس بگیرید. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

شاخص قابلیت دسترسی فیزیکی در فهرست راهنمای Promise

ددسترسی پایه: محل استانداردهای دسترسی را برای اعضای دارای معلولیت برآورده می‌کند

دسترسی محدود: دسترسی محل برای اعضای دارای معلولیت وجود ندارد یا در یک یا چند جنبه ناقص است

دسترسی تجهیزات پزشکی: محل استانداردهای دسترسی را برای تخت و ترازوی معاینه برآورده می‌کند (T)

توضیحات کد قابلیت دسترسی

کد	توضیح
E	اتاق معاینه - ورودی اتاق معاینه قابل دسترس است و مسیر آن به‌وضوح مشخص شده است. درب‌ها به اندازه کافی باز می‌شوند تا صندلی چرخدار یا اسکوتر بتواند از میان آن‌ها عبور کند و باز کردن درب‌ها نیز آسان است. اتاق معاینه فضای کافی را برای صندلی چرخدار یا اسکوتر دارد.
EB	خارج ساختمان - سطوح شیب‌دار حاشیه پیاده‌رو و سایر سطوح شیب‌دار منتهی به ساختمان برای عبور کاربران صندلی چرخدار و اسکوتر به اندازه کافی عریض هستند. در هر دو طرف سطح شیب‌دار، نرده تعبیه شده است. ساختمان دارای ورودی «قابل دسترس» است. درب‌ها به اندازه کافی باز می‌شوند تا کاربران صندلی چرخدار یا اسکوتر بتوانند وارد شوند و استفاده از دستگیره درب‌ها نیز آسان است.
IB	داخل ساختمان - درب‌ها به اندازه کافی باز می‌شوند تا کاربران صندلی چرخدار یا اسکوتر بتوانند وارد شوند و استفاده از دستگیره درب‌ها نیز آسان است. سطوح شیب‌دار داخلی به اندازه کافی عریض هستند و نرده دارند. پلکان‌ها، در صورت وجود، نرده دارند. آسانسور، در صورت وجود، برای استفاده عموم و بیماران، در کل زمان باز بودن ساختمان در دسترس است. صدای آسانسور به‌راحتی شنیده می‌شود و دکمه‌های بریل در دسترس هستند. آسانسور فضای کافی را برای چرخیدن کاربران صندلی چرخ‌دار یا اسکوتر دارد. در صورت وجود بالابر صندلی چرخدار، می‌توان بدون کمک گرفتن از آن استفاده کرد.

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر به وقت منطقه زمانی اقیانوس آرام، با خدمات مشتری Promise Blue Shield به شماره [TTY: 711] 1-855-699-5557 تماس بگیرید. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

P	پارکینگ - فضای پارکینگ، از جمله فضا(ها)ی قابل دسترس برای خودروهای دارای بالابر صندلی چرخدار، در دسترس است. مسیرها دارای سطوح شیب‌دار با لبه بین پارکینگ، مطب و مکان‌های پیاده‌شدن هستند.
PA	محوطه انتظار بیماران - در این فضا صندلی‌های قابل‌دسترس و مسیرهای باز و مناسب برای صندلی چرخ‌دار یا اسکوتر فراهم شده است. فضا برای حرکت ایمن وجود دارد و فرد می‌تواند بدون مانع به بخش پذیرش، سرویس‌های بهداشتی و اتاق‌های معاینه دسترسی پیدا کند.
PD	تشخیص، درمان و استفاده بیمار - درها به اندازه کافی باز می‌شوند تا صندلی چرخ‌دار یا اسکوتر بتواند وارد شود. فضای کنار تجهیزات برای قرارگیری صندلی چرخ‌دار یا اسکوتر مناسب است. کارکنان آموزش‌دیده می‌توانند به بیماران برای سوار و پیاده شدن از تجهیزات کمک کنند.
T	تخت/ترازوی معاینه - تخت معاینه قابلیت بالا و پایین رفتن دارد. ترازو دارای نرده‌هایی برای کمک به کاربران صندلی چرخدار و اسکوتر است. ترازو می‌تواند تا وزن 600 پوند با در نظر گرفتن صندلی چرخدار را تحمل کند.
R	سرویس بهداشتی - سرویس بهداشتی قابل دسترس است و درب‌های آن به‌راحتی باز می‌شوند. میزان باز شدن درب‌ها به اندازه کافی است تا صندلی چرخدار یا اسکوتر بتواند از میان آن‌ها عبور کند. سرویس بهداشتی فضای کافی را برای چرخیدن کاربران صندلی چرخدار یا اسکوتر و همچنین برای بستن درب دارد. دستگیره‌هایی وجود دارند که انتقال آسان از صندلی چرخدار/اسکوتر به دستشویی را ممکن می‌کنند. دسترسی به روشویی آسان است و دسترسی به شیر آب، صابون و دستمال توالت و استفاده از آنها نیز آسان است.

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر به وقت منطقه زمانی اقیانوس آرام، با خدمات مشتری Promise Blue Shield به شماره [TTY: 711] 1-855-699-5557 تماس بگیرید. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

نحوه خواندن فهرست ارائه‌دهندگان

اطلاعات زیر در انتخاب ارائه‌دهنده مراقبت‌های اولیه به شما کمک می‌کند.

1. تخصص پزشکی ارائه‌دهنده
2. نام ارائه‌دهنده، نوع پروانه طبابت
3. شماره شناسایی ارائه‌دهنده
4. جنسیت ارائه‌دهنده
5. شماره پروانه طبابت ارائه‌دهنده
6. شماره NPI (شناسه ملی) ارائه‌دهنده
7. زبان‌هایی که صحبت می‌شود
8. آموزش در زمینه شایستگی فرهنگی
9. قرارداد با بیمارستان
10. نوع تخصص در گواهینامه بُرد تخصصی:
11. نام گروه پزشکی/FQHC
12. نشانی ارائه‌دهنده
13. شماره تلفن ارائه‌دهنده
14. شماره نمابر ارائه‌دهنده
15. وب‌سایت ارائه‌دهنده
16. نشانی ایمیل ارائه‌دهنده
17. پنل آزاد Medi-Cal:
18. حداقل/حداکثر سن:
19. قابلیت دسترسی به ساختمان برای افراد معلول
20. ساعت‌های کاری ارائه‌دهنده
21. پذیرش بیمار جدید

نمونه:

1. پزشک اطفال
2. Doe, Jane, MD
3. شناسه ارائه‌دهنده: 1003903704
4. زن
5. شماره پروانه طبابت 00A123456
6. NPI: 0123456789
7. انگلیسی، اسپانیایی، ویتنامی، فارسی
8. بله
9. Good Samaritan Hospital
10. بله
11. Northeast County Community Clinic
12. 3840 Kilroy Airport Way Long Beach, CA 90806
13. (855) 699-5557
14. (855) 699-5557
15. www.northeastclinic.com
16. doctordoe@gmail.com
17. بله/خیر 18.
18. 0-18
19. محدود. P, EB, IB, E
20. از دوشنبه تا جمعه، 8 صبح تا 5 عصر
21. بله

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر به وقت منطقه زمانی اقیانوس آرام، با خدمات مشتری Promise Blue Shield به شماره [TTY: 711] 1-855-699-5557 تماس بگیرید. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

دسترسی به‌موقع به استانداردهای مراقبتی

نوع قرار ملاقات	قرار ملاقات باید پیش از این زمان تعیین شود:
قرار ملاقات‌های مراقبت‌های فوری که به تأیید پیشین (مجوز پیشین) نیاز ندارند	48 ساعت
قرار ملاقات‌های مراقبت‌های فوری که به تأیید پیشین (مجوز پیشین) نیاز دارند	96 ساعت
قرار ملاقات‌های مراقبت‌های اولیه غیر فوری	10 روز کاری
قرار ملاقات غیر فوری با متخصص	15 روز کاری
قرار ملاقات غیر فوری با ارائه‌دهنده خدمات سلامت روان (فرد غیر پزشک)	10 روز کاری
قرار ملاقات غیر فوری برای دریافت خدمات فرعی به‌منظور تشخیص یا درمان جراحت، بیماری، یا سایر مشکلات پزشکی	15 روز کاری
زمان انتظار پشت خط تلفن در طول ساعت‌های کاری عادی	10 دقیقه
تریاژ (رده‌بندی بیماران در شرایط اضطراری) – خدمات 24 ساعته در 7 روز هفته	خدمات 24 ساعته در 7 روز هفته – حداکثر 30 دقیقه

نمایه عملکرد

اطلاعات دقیق کیفیت بیمارستان‌ها را از این سازمان‌های شناخته شده مشاهده کنید.

Cal Hospital Compare[1]

برای مشاهده رتبه‌بندی تجربه بیمار، به این وب‌سایت رایگان و با کاربرد آسان مراجعه کنید. CalHospitalCompare.org

Leapfrog[2]

Leapfrog یک گروه ناظر غیرانتفاعی است که اطلاعات کیفیت، رضایت بیمار و ایمنی را در مورد ارائه‌دهندگان مراقبت‌های بهداشتی جمع‌آوری می‌کند. LeapfrogGroup.org

Blue Distinction[3]

این برنامه که توسط Blue Cross Blue Shield Association ارائه شده است، ارائه‌دهندگان و پزشکان با بالاترین کیفیت را معرفی می‌کند.

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر به وقت منطقه زمانی اقیانوس آرام، با خدمات مشتری Promise Blue Shield به شماره [TTY: 711] 1-855-699-5557 تماس بگیرید. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

®Blue Distinction Centers for Bariatric Surgery(مراکز Blue Distinction برای جراحی چاقی)
Blueshieldca.com/bariatric

®Blue Distinction Centers for Cardiac Care(مراکز Blue Distinction برای مراقبت از قلب)
Blueshieldca.com/cardiac

®Blue Distinction Centers for Cellular Immunotherapy(مراکز Blue Distinction برای ایمونوتراپی سلولی)
Blueshieldca.com/immuno

®Blue Distinction Centers for Fertility Care(مراکز Blue Distinction برای مراقبت باروری)
Blueshieldca.com/fertilitycare

®Blue Distinction Centers for Knee and Hip Replacement(مراکز Blue Distinction برای تعویض مفصل زانو و ران) Blueshieldca.com/replacement

®Blue Distinction Centers for Maternity Care(مراکز Blue Distinction برای مراقبت دوران بارداری)
Blueshieldca.com/maternitycare

®Blue Distinction Centers for Substance Use Treatment & Recovery(مراکز Blue Distinction برای درمان و بازیابی مصرف مواد) Blueshieldca.com/recovery

®Blue Distinction Centers for Spine Surgery(مراکز Blue Distinction برای جراحی ستون فقرات)
Blueshieldca.com/spine

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Certified Nurse Practitioner
GILBERT, TARI
UCSD MEDICAL GROUP
Female
License #: NP10378
NPI#: 1811248347
4168 FRONT ST FL 3
San Diego, CA 92103
(858) 657-8000

Dermatology
ORTIZ, ARISA
UCSD MEDICAL GROUP
Female
License #: A101163
NPI#: 1659556165
8899 UNIVERSITY CENTER LN STE 350
San Diego, CA 92122
(858) 657-8322

Endocrinology Metabolism Diabetes
MCCOWEN, KAREN
UCSD MEDICAL GROUP
Female
License #: C127993
NPI#: 1972541274
9350 CAMPUS POINT DR
La Jolla, CA 92037
(858) 657-1636

Endocrinology Metabolism Diabetes
MCCOWEN, KAREN
UCSD MEDICAL GROUP
Female
License #: C127993
NPI#: 1972541274
4910 DIRECTORS PL
San Diego, CA 92121
(858) 249-5400

Endocrinology Metabolism Diabetes
MCCOWEN, KAREN
UCSD MEDICAL GROUP
Female
License #: C127993
NPI#: 1972541274
200 W ARBOR DR
San Diego, CA 92103
(800) 926-8273

Endocrinology Metabolism Diabetes Internal Medicine
MIMOTO, MIZUHO
UCSD MEDICAL GROUP
Female
License #: A156492
NPI#: 1497019178
4168 FRONT ST
San Diego, CA 92103
(858) 657-1636

Endocrinology Metabolism Diabetes Internal Medicine
MIMOTO, MIZUHO
UCSD MEDICAL GROUP
Female
License #: A156492
NPI#: 1497019178
4168 FRONT ST
San Diego, CA 92103
(858) 657-1636

Family Practice
Celebi, Julie
UCSD MEDICAL GROUP
Female
License #: A128154
NPI#: 1194080911
330 LEWIS ST
San Diego, CA 92103
(800) 926-8273

Family Practice
FRASER, KEVIN
UCSD MEDICAL GROUP
Male
License #: A191678
NPI#: 1528684131
6655 ALVARADO RD
San Diego, CA 92120
(800) 926-8273

Infectious Disease
Blumenthal, Jill
UCSD MEDICAL GROUP
Female
License #: A117338
NPI#: 1336308378
4168 FRONT ST
San Diego, CA 92103
(619) 543-6146

Infectious Disease
Blumenthal, Jill
UCSD MEDICAL GROUP
Female
License #: A117338
NPI#: 1336308378
4168 FRONT ST
San Diego, CA 92103
(619) 543-6146

Infectious Disease
Blumenthal, Jill
UCSD MEDICAL GROUP
Female
License #: A117338
NPI#: 1336308378
4168 FRONT ST FL 3
San Diego, CA 92103
(619) 543-3995

Infectious Disease
CAPERNA, JOSEPH
Joseph Caperna
Male
License #: A49951
NPI#: 1720141153
2333 1ST AVE STE 104
San Diego, CA 92101
(619) 795-1975

Infectious Disease Internal Medicine
CAPERNA, JOSEPH
Joseph Caperna
Male
License #: A49951
NPI#: 1720141153
2333 1ST AVE STE 104
San Diego, CA 92101
(619) 795-1975

Infectious Disease Internal Medicine
SITAPATI, AMY
UCSD MEDICAL GROUP
Female
License #: A70282
NPI#: 1730261975
8899 UNIVERSITY CENTER LN STE 400
San Diego, CA 92122
(800) 926-8273

Infectious Disease Internal Medicine
SITAPATI, AMY
UCSD MEDICAL GROUP
Female
License #: A70282
NPI#: 1730261975
8899 UNIVERSITY CENTER LN
San Diego, CA 92122
(800) 926-8273

Internal Medicine
MENDEZ, ERIC
UCSD MEDICAL GROUP
Male
License #: A159874
NPI#: 1528599230
330 LEWIS ST
San Diego, CA 92103
(800) 926-8283

Internal Medicine
MILLEN, MARLENE
UCSD MEDICAL GROUP
Female
License #: A82559
NPI#: 1225101355
8899 UNIVERSITY CENTER LN
San Diego, CA 92122
(800) 926-8273

Internal Medicine
MILLEN, MARLENE
UCSD MEDICAL GROUP
Female
License #: A82559
NPI#: 1225101355
8899 UNIVERSITY CENTER LN STE 400
San Diego, CA 92122
(800) 926-8273

Internal Medicine
WAGNER, GABRIEL
UCSD MEDICAL GROUP
Male
License #: A108967
NPI#: 1992962245
4168 FRONT ST
San Diego, CA 92103
(619) 543-3995

Internal Medicine
WAGNER, GABRIEL
UCSD MEDICAL GROUP
Male
License #: A108967
NPI#: 1992962245
4168 FRONT ST
San Diego, CA 92103
(619) 543-3995

Licensed Clinical Social Worker
GALLEGOS, GUADALUPE
A Place of Growth
Female
License #: LCS116339
NPI#: 1073892956
591 CAMINO DE LA REINA STE 802
San Diego, CA 92108
(858) 519-8002

Marriage Family Therapist
BELTRAN, RITA
A Place of Growth
Female
License #: MFC141565
NPI#: 1033758909
591 CAMINO DE LA REINA STE 802
San Diego, CA 92108
(858) 519-8002

Marriage Family Therapist
CORTES, YESENIA
A Place of Growth
Female
License #: MFC106084
NPI#: 1821355280
591 CAMINO DE LA REINA STE 802
San Diego, CA 92108
(858) 519-8002

Marriage Family Therapist
LOPEZ, CARMINA
A Place of Growth
Female
License #: MFC115636
NPI#: 1639564396
591 CAMINO DE LA REINA STE 802
San Diego, CA 92108
(858) 519-8002

Marriage Family Therapist
MUIR, KATHLEEN
Kathleen Muir
Female
License #: MFC52081
NPI#: 1093009334
2165 ARNOLD WAY
Alpine, CA 91901
(619) 873-7738

Marriage Family Therapist
QUINTERO, GABRIELA
A Place of Growth
Female
License #: MFC124310
NPI#: 1699159764
591 CAMINO DE LA REINA STE 802
San Diego, CA 92108
(858) 519-8002

Marriage Family Therapist
RAHLFS, KATELYN
A Place of Growth
Female
License #: MFC121283
NPI#: 1578926192
591 CAMINO DE LA REINA STE 802
San Diego, CA 92108
(858) 519-8002

Marriage Family Therapist
ROSAS, JESSICA
A Place of Growth
Female
License #: MFC126541
NPI#: 1124533427
591 CAMINO DE LA REINA STE 802
San Diego, CA 92108
(858) 519-8002

Marriage Family Therapist
Villasenor, Vanessa
A Place of Growth
Female
License #: MFC85865
NPI#: 1699020644
591 CAMINO DE LA REINA STE 802
San Diego, CA 92108
(858) 519-8002

Obstetrics / Gynecology
FRUGONI, GINA
UCSD MEDICAL GROUP
Female
License #: A99646
NPI#: 1578729315
4168 FRONT ST
San Diego, CA 92103
(619) 543-7878

Obstetrics / Gynecology
FRUGONI, GINA
UCSD MEDICAL GROUP
Female
License #: A99646
NPI#: 1578729315
9350 CAMPUS POINT DR STE LLC
La Jolla, CA 92037
(858) 657-8745

Obstetrics / Gynecology
FRUGONI, GINA
UCSD MEDICAL GROUP
Female
License #: A99646
NPI#: 1578729315
4168 FRONT ST
San Diego, CA 92103
(619) 543-7878

Obstetrics / Gynecology
FRUGONI, GINA
UCSD MEDICAL GROUP
Female
License #: A99646
NPI#: 1578729315
9350 CAMPUS POINT DR
La Jolla, CA 92037
(800) 926-8273

Otolaryngology
Vahabzadeh-Hagh, Andrew
UCSD MEDICAL GROUP
Male
License #: A128938
NPI#: 1346506920
9350 CAMPUS POINT DR
La Jolla, CA 92037
(800) 926-8273

Otolaryngology
Vahabzadeh-Hagh, Andrew
UCSD MEDICAL GROUP
Male
License #: A128938
NPI#: 1346506920
200 W ARBOR DR
San Diego, CA 92103
(800) 926-8273

Otolaryngology
WEISSBROD, PHILIP
UCSD MEDICAL GROUP
Male
License #: A118221
NPI#: 1366590853
9350 CAMPUS POINT DR
La Jolla, CA 92037
(800) 926-8273

Otolaryngology
WEISSBROD, PHILIP
UCSD MEDICAL GROUP
Male
License #: A118221
NPI#: 1366590853
200 W ARBOR DR
San Diego, CA 92103
(800) 926-8273

Pediatric Emergency Medicine Surgery Plastic
KANACK, MELISSA
UCSD MEDICAL GROUP
Female
License #: A144388
NPI#: 1710373485
200 W ARBOR DR
San Diego, CA 92103
(800) 926-8273

Physicians Assistant
Nguyen, Khanh
UCSD MEDICAL GROUP
Female
License #: PA22239
NPI#: 1427312644
200 W ARBOR DR
San Diego, CA 92103
(800) 926-8273

Psychiatry Psychiatry Child
Grelotti, David
UCSD MEDICAL GROUP
Male
License #: A133738
NPI#: 1619003035
4168 FRONT ST
San Diego, CA 92103
(619) 543-3995

Psychiatry Psychiatry Child
Grelotti, David
UCSD MEDICAL GROUP
Male
License #: A133738
NPI#: 1619003035
4168 FRONT ST
San Diego, CA 92103
(619) 543-3995

Psychiatry Psychiatry Child
Grelotti, David
UCSD MEDICAL GROUP
Male
License #: A133738
NPI#: 1619003035
200 W ARBOR DR
San Diego, CA 92103
(619) 543-6222

Psychiatry Psychiatry Child
Grelotti, David
UCSD MEDICAL GROUP
Male
License #: A133738
NPI#: 1619003035
200 W ARBOR DR
San Diego, CA 92103
(619) 543-3995

Psychiatry Psychiatry Child
Grelotti, David
UCSD MEDICAL GROUP
Male
License #: A133738
NPI#: 1619003035
4168 FRONT ST FL 3
San Diego, CA 92103
(619) 543-3995

Speech Pathologist
Dockter, Andi
UCSD MEDICAL GROUP
Female
License #: SP26061
NPI#: 1073150801
8899 UNIVERSITY CENTER LN
San Diego, CA 92122
(800) 926-8273

Surgery General Surgical Oncology
WALLACE, ANNE
UCSD MEDICAL GROUP
Female
License #: G73000
NPI#: 1699732941
200 W ARBOR DR
San Diego, CA 92103
(619) 543-6222

Surgery General Surgical Oncology
WALLACE, ANNE
UCSD MEDICAL GROUP
Female
License #: G73000
NPI#: 1699732941
1200 GARDEN VIEW RD STE 200
Encinitas, CA 92024
(760) 944-0223

Surgery General Surgical Oncology
WALLACE, ANNE
UCSD MEDICAL GROUP
Female
License #: G73000
NPI#: 1699732941
9350 CAMPUS POINT DR
La Jolla, CA 92037
(619) 543-6886

Surgery General Surgical Oncology
WALLACE, ANNE
UCSD MEDICAL GROUP
Female
License #: G73000
NPI#: 1699732941
200 W ARBOR DR
San Diego, CA 92103
(858) 657-7105

Surgery General Surgical Oncology
WALLACE, ANNE
UCSD MEDICAL GROUP
Female
License #: G73000
NPI#: 1699732941
4510 EXECUTIVE DR
San Diego, CA 92121
(619) 294-3746

Surgery General Surgical Oncology
WALLACE, ANNE
UCSD MEDICAL GROUP
Female
License #: G73000
NPI#: 1699732941
9350 CAMPUS POINT DR
La Jolla, CA 92037
(619) 543-6886

Surgery Plastic
GOSMAN, AMANDA
UCSD MEDICAL GROUP
Female
License #: A96153
NPI#: 1164436291
4520 EXECUTIVE DR
San Diego, CA 92121
(800) 926-8273

Surgery Plastic
GOSMAN, AMANDA
UCSD MEDICAL GROUP
Female
License #: A96153
NPI#: 1164436291
200 W ARBOR DR
San Diego, CA 92103
(858) 657-7105

Surgery Plastic
GOSMAN, AMANDA
UCSD MEDICAL GROUP
Female
License #: A96153
NPI#: 1164436291
1200 GARDEN VIEW RD
Encinitas, CA 92024
(800) 926-8273

Surgery Plastic
GOSMAN, AMANDA
UCSD MEDICAL GROUP
Female
License #: A96153
NPI#: 1164436291
200 W ARBOR DR
San Diego, CA 92103
(619) 543-6222

Surgery Plastic
GOSMAN, AMANDA
UCSD MEDICAL GROUP
Female
License #: A96153
NPI#: 1164436291
9300 CAMPUS POINT DR
La Jolla, CA 92037
(858) 657-7000

Surgery Plastic
GOSMAN, AMANDA
UCSD MEDICAL GROUP
Female
License #: A96153
NPI#: 1164436291
4520 EXECUTIVE DR STE 1
San Diego, CA 92121
(800) 926-8273

Surgery Plastic
GOSMAN, AMANDA
UCSD MEDICAL GROUP
Female
License #: A96153
NPI#: 1164436291
4510 EXECUTIVE DR
San Diego, CA 92121
(619) 294-3746

Surgery Plastic
SULIMAN, AHMED
UCSD MEDICAL GROUP
Male
License #: A88033
NPI#: 1013169085
4510 EXECUTIVE DR
San Diego, CA 92121
(619) 294-3746

Surgery Plastic
SULIMAN, AHMED
UCSD MEDICAL GROUP
Male
License #: A88033
NPI#: 1013169085
1200 GARDEN VIEW RD
Encinitas, CA 92024
(800) 926-8273

Surgery Plastic
SULIMAN, AHMED
UCSD MEDICAL GROUP
Male
License #: A88033
NPI#: 1013169085
4520 EXECUTIVE DR
San Diego, CA 92121
(800) 926-8273

Urology
HSIEH, TUNG-CHIN
UCSD MEDICAL GROUP
Male
License #: A120604
NPI#: 1073758652
11515 EL CAMINO REAL STE 110
San Diego, CA 92130
(800) 926-8273

Urology
HSIEH, TUNG-CHIN
UCSD MEDICAL GROUP
Male
License #: A120604
NPI#: 1073758652
9333 GENESEE AVE STE 320
San Diego, CA 92121
(858) 657-7876

Urology
HSIEH, TUNG-CHIN
UCSD MEDICAL GROUP
Male
License #: A120604
NPI#: 1073758652
200 W ARBOR DR
San Diego, CA 92103
(800) 926-8273

Urology
HSIEH, TUNG-CHIN
UCSD MEDICAL GROUP
Male
License #: A120604
NPI#: 1073758652
9400 CAMPUS POINT DR
La Jolla, CA 92093
(858) 657-8200

Urology
HSIEH, TUNG-CHIN
UCSD MEDICAL GROUP
Male
License #: A120604
NPI#: 1073758652
9850 GENESEE AVE STE 800
La Jolla, CA 92037
(800) 926-8273

Urology
PATEL, DARSHAN
UCSD MEDICAL GROUP
Male
License #: A171285
NPI#: 1417342924
9333 GENESEE AVE STE 320
San Diego, CA 92121
(800) 926-8273

Urology
PATEL, DARSHAN
UCSD MEDICAL GROUP
Male
License #: A171285
NPI#: 1417342924
16950 VIA TAZON
San Diego, CA 92127
(800) 926-8273

Urology
PATEL, DARSHAN
UCSD MEDICAL GROUP
Male
License #: A171285
NPI#: 1417342924
9333 GENESEE AVE
San Diego, CA 92121
(800) 926-8273

Electrology
TRANSGENDER HEALTH AND WELLNESS CENTER
NPI#: 1447740824
3737 MORAGA AVE STE A204
San Diego, CA 92117
(858) 352-6438

Licensed Clinical Social Worker
A Place of Growth
NPI#: 1083198782
591 CAMINO DE LA REINA STE 802
San Diego, CA 92108
(858) 519-8002

Marriage Family Therapist
A Place of Growth
NPI#: 1083198782
591 CAMINO DE LA REINA STE 802
San Diego, CA 92108
(858) 519-8002

Marriage Family Therapist
Donna M Chapman Psychotherapy
NPI#: 1750914073
2525 CAMINO DEL RIO S STE 107
San Diego, CA 92108
(619) 908-9908

Medical Supply Company
QUALITY CARE PROSTHE TICS & ORTHOTICS INC
NPI#: 1336456193
1665 W KATELLA AVE
Anaheim, CA 92802
(714) 643-9206

ALPINE

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: PG0094125002

1620 ALPINE BLVD STE 110
ALPINE, CA 91901

Phone: (619) 662-4100

Fax: (619) 320-3347

After Hours Phone: (619) 662-4100

License Number: 090000681

NPI: 1952364747

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

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

Cultural Competency: N

Hours: M-F 8AM-5PM

American Sign Language (ASL): N

Accessibility: Limited: (P, EB, IB, E)

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

Website: www.mtnhealth.org

Teleservice

BORREGO SPRINGS

DAP HEALTH-BORREGO SPRINGS COMMUNITY HEALTH CTR

Provider ID: PG0134571003

4343 YAQUI PASS RD
BORREGO SPRINGS, CA 92004

Phone: (760) 767-5051

Fax: (760) 767-4552

After Hours Phone: (760) 767-5051

License Number: 080000651

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL): N

Medical Group/IPA: DAP HEALTH INC

Website: N/A

CAMPO

SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: PG0095406002

1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906

Phone: (619) 662-4100

Fax: (619) 428-7952

After Hours Phone: (619) 662-4100

License Number: 090000660

NPI: 1174164719

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Cultural Competency: N

Hours: M-F 8AM-5PM

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

Website: www.syhealth.org

Teleservice

SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: PG0095406002

1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906

Phone: (619) 662-4100

Fax: (619) 428-7952

After Hours Phone: (619) 662-4100

License Number: 55008409

NPI: 1174164719

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Cultural Competency: N

Hours: M-F 8AM-5PM

American Sign Language (ASL):

N

Accessibility: Basic: (P, EB, IB, E, R, T)

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

Website: www.syhealth.org

Teleservice

CARLSBAD

TRUECARE

Provider ID: PG0092587008

1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760) 736-6767

License Number: 080000240

NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

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

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R)

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

Website: N/A

Teleservice

TRUECARE

Provider ID: PG0092587008

1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760) 736-6767

License Number: 080000630

NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

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

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R)

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

Website: N/A

Teleservice

TRUECARE

Provider ID: PG0092587008

1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760) 736-6767

License Number: 550003541

NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

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

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R)

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

Website: N/A

Teleservice

CHULA VISTA

SAN YSIDRO HEALTH SOUTH BAY PEDIATRICS

Provider ID: PG0127835003

280 E ST
CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 426-2170

After Hours Phone: (619) 662-4100

License Number: 550002394

NPI: 1184135873

Accepting New Patients: Yes

Min/Max Age: 0\21

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.syhealth.org
Teleservice

SAN YSIDRO HEALTH CHULA VISTA
Provider ID: PG0047560010
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-6941
After Hours Phone: (619) 662-4100
License Number: 550002394
NPI: 1326486861
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hours: M-F 8AM-5PM SA 8AM-4PM
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.syhealth.org
Teleservice

SAN YSIDRO HEALTH OTAY
Provider ID: PG0047542007
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
Fax: (619) 205-1376
After Hours Phone: (619) 662-4100
License Number: 090000136
NPI: 1922051812
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.syhealth.org
Teleservice

FAMILY HLTH CTR SAN DIEGO-RICE FAM HC
Provider ID: PG0082946002
352 L ST
CHULA VISTA, CA 91911
Phone: (619) 515-2325
Fax: (619) 420-0660
After Hours Phone: (619) 515-2325
License Number: 550002305
NPI: 1083959464
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R, T)
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: www.fhcsd.org

SAN YSIDRO HEALTH OTAY
Provider ID: PG0068380004
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
Fax: (619) 205-1376
After Hours Phone: (619) 662-4100
License Number: 090000136
NPI: 1922051812
Accepting New Patients: Yes
Min/Max Age: 0\19
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: RADY CHILDRENS HEALTH NETWORK
Website: www.syhealth.org
Teleservice

CHULA VISTA FAMILY HLTH CTR
Provider ID: PG0025044018
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
Fax: (619) 397-1161
After Hours Phone: (619) 515-2500
License Number: 550002061
NPI: 1346480837
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: www.fhcsd.org

EL CAJON

CHASE AVENUE FAMILY HEALTH CTRS INC
Provider ID: PG0025044024
1111 W CHASE AVE
EL CAJON, CA 92020
Phone: (619) 515-2499
Fax: (619) 593-7164
After Hours Phone: (619) 515-2499
License Number: 090000631
NPI: 1104861681
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: www.fhcsd.org

DAP HEALTH-CENTRO MEDICO EL CAJON
Provider ID: PG0134582003
133 W MAIN ST
EL CAJON, CA 92020
Phone: (619) 401-0404
Fax: (619) 401-0522
After Hours Phone: (619) 401-0404
License Number: 550000430
NPI: 1154480069
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Medical Group/IPA: DAP HEALTH INC
Website: N/A

FAMILY HLTH CTR SAN DIEGO-EL CAJON
Provider ID: PG0084245002
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
Fax: (619) 269-0191
After Hours Phone: (619) 515-2498
License Number: 550003553
NPI: 1932561198
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM
American Sign Language (ASL):

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

N

Accessibility: Basic: (P, EB, IB, E, R)

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

SAN YSIDRO HEALTH EL CAJON

Provider ID: PG0111464003

875 EL CAJON BLVD
EL CAJON, CA 92020

Phone: (619) 662-4100

Fax: (619) 785-3356

After Hours Phone: (619) 662-4100

License Number: 550002514

NPI: 1568845741

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Arabic, Farsi, Russian, Latin

Cultural Competency: N

Hours: M-F 8AM-5PM

American Sign Language (ASL): N

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

Website: www.syhealth.org

Teleservice

LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: PG0085229002

1032 BROADWAY
EL CAJON, CA 92021

Phone: (619) 795-5991

Fax: (619) 795-5992

After Hours Phone: (619) 795-5991

License Number: 550003567

NPI: 1134590086

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

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

American Sign Language (ASL): N

Accessibility: Limited: (P, EB, IB, E)

Medical Group/IPA: LA MAESTRA FAMILY CLINIC

Website: www.lamaestra.org

LA MAESTRA CHC-REA AVE

Provider ID: PG0129902003

181 REA AVE
EL CAJON, CA 92020

Phone: (619) 312-0347

Fax: (619) 510-4649

After Hours Phone: (619) 312-0347

License Number: 090000378

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

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

American Sign Language (ASL): N

Medical Group/IPA: LA MAESTRA FAMILY CLINIC

Website: www.lamaestra.org

ENCINITAS

TRUECARE

Provider ID: PG0092584008

1130 2ND ST
ENCINITAS, CA 92024

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760) 736-6767

License Number: 080000638

NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

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

American Sign Language (ASL): N

Accessibility: Basic: (P, EB,

IB, E, R)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: N/A
Teleservice

ESCONDIDO

SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE
Provider ID: PG0094132002
704 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (619) 662-4100
Fax: (760) 745-7847
After Hours Phone: (619) 662-4100
License Number: 550008430
NPI: 1801438239
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Arabic, Farsi, Spanish, Tagalog
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: N/A
Teleservice

NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL
Provider ID: PG0087195005
426 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 690-5900
Fax: (360) 462-2747
After Hours Phone: (760) 690-5900
License Number: 550000511
NPI: 1437335353
Accepting New Patients: Yes
Min/Max Age: 0\21
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: N/A

NEIGHBORHOOD HEALTHCARE PEDS AND PRENATAL
Provider ID: PG0024990057
425 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8340
Fax: (360) 462-2752
After Hours Phone: (760) 520-8340
License Number: 080000657
NPI: 1265618185
Accepting New Patients: Yes
Min/Max Age: 0\21
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.ihpsocal.org
Teleservice

NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY
Provider ID: PG0024990053
728 E VALLEY PKWY
ESCONDIDO, CA 92025
Phone: (760) 737-6900
Fax: (360) 462-2748
After Hours Phone: (760) 737-6900
License Number: 080000158
NPI: 1720264641
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-TU 8AM-5PM
W 9AM-5PM
TH-F 8AM-5PM
American Sign Language (ASL):

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

N
Accessibility: Basic: (P, EB, IB, E, R)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: N/A
Teleservice

NEIGHBORHOOD HEALTHCARE ESCONDIDO
Provider ID: PG0024990059
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
Fax: (360) 466-2745
After Hours Phone: (760) 520-8100
License Number: 080000397
NPI: 1598703647
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.ihpsocal.org
Teleservice

ESCONDIDO FAMILY HEALTH CENTER
Provider ID: PG0125224003
128 N BROADWAY
ESCONDIDO, CA 92025
Phone: (619) 515-2474
After Hours Phone: (619) 515-2474
License Number: 550002865
NPI: 1417640491
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: N/A

DAP HEALTH-CENTRO MEDICO ESCONDIDO
Provider ID: PG0134576003
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025
Phone: (760) 871-0606
Fax: (858) 634-6918
After Hours Phone: (760) 871-0606
License Number: 550001260
NPI: 1023349883
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Medical Group/IPA: DAP HEALTH INC
Website: N/A

FALLBROOK

FALLBROOK FAMILY HLTH CTR
Provider ID: PG0009519021
1328 S MISSION RD
FALLBROOK, CA 92028
Phone: (760) 451-4720
Fax: (760) 451-4700
After Hours Phone: (760) 451-4720
License Number: 080000150
NPI: 1982756086
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N
Hours: M 8:30AM-5:30PM TU-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.chsica.org

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Teleservice

VISTA COMMUNITY CLINIC
Provider ID: PG0072409012
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
License Number: 080000002
NPI: 1316501562
Accepting New Patients: No
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: PG0072409012
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
License Number: 080000745
NPI: 1316501562
Accepting New Patients: No
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: PG0072409012
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
License Number: 550003781
NPI: 1316501562
Accepting New Patients: No
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: PG0072409012
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
License Number: 550004110
NPI: 1316501562
Accepting New Patients: No
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: PG0072409012
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
License Number: 080000002
NPI: 1649662719
Accepting New Patients: No
Min/Max Age: 0\None

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: PG0072409012
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
License Number: 080000745
NPI: 1649662719
Accepting New Patients: No
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: PG0072409012
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
License Number: 550003781
NPI: 1649662719
Accepting New Patients: No
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: PG0072409012
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
License Number: 550004110
NPI: 1649662719
Accepting New Patients: No
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: PG0072409012
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
License Number: 080000002
NPI: 1851300123
Accepting New Patients: No
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

VISTA COMMUNITY CLINIC
Provider ID: PG0072409012
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
License Number: 080000745
NPI: 1851300123
Accepting New Patients: No
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: PG0072409012
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
License Number: 550003781
NPI: 1851300123
Accepting New Patients: No
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC
Provider ID: PG0072409012
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
License Number: 550004110
NPI: 1851300123
Accepting New Patients: No
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org

LAKESIDE

NEIGHBORHOOD HEALTHCARE LAKESIDE
Provider ID: PG0024990055
10039 VINE ST
LAKESIDE, CA 92040
Phone: (858) 218-3000
Fax: (360) 462-2744
After Hours Phone: (858) 218-3000
License Number: 080000483
NPI: 1932384120
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.ihpsocal.org
Teleservice

LEMON GROVE

LEMON GROVE FAMILY HEALTH CENTER
Provider ID: PG0085568002
7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
Fax: (619) 825-9577

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After Hours Phone: (619) 515-2550
License Number: 550001268
NPI: 1427282466
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8:30AM-5:30PM
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: N/A

NATIONAL CITY

SAN YSIDRO HEALTH PARADISE HILLS

Provider ID: PG0047542006
2400 E 8TH ST STE A
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 259-2811
After Hours Phone: (619) 662-4100
License Number: 550001126
NPI: 1598907487
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Tagalog, Spanish
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.syhealth.org
Teleservice

SAN YSIDRO HEALTH NATIONAL CITY

Provider ID: PG0047542008
1136 D AVE
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 474-3722
After Hours Phone: (619) 662-4100
License Number: 090000136
NPI: 1003869363
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.syhealth.org
Teleservice

SAN YSIDRO HEALTH SOUTH BAY

Provider ID: PG0077626002
330 E 8TH ST
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 434-3514
After Hours Phone: (619) 662-4100
License Number: 550003806
NPI: 1851757215
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.syhealth.org
Teleservice

OPERATION SAMAHAN - NATIONAL CITY

Provider ID: PG0084147002
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
Fax: (619) 474-3919

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

After Hours Phone: (844) 200-2426
License Number: 090000183
NPI: 1801907449
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Tagalog, Lao, Spanish
Cultural Competency: N
Hours: M-TH 8AM-6PM F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: OPERATION SAMAHAN
Website: www.opsamheath.org

OPERATION SAMAHAN - NATIONAL CITY

Provider ID: PG0084147002
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
Fax: (619) 474-3919
After Hours Phone: (844) 200-2426
License Number: 550000148
NPI: 1801907449
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Tagalog, Lao, Spanish
Cultural Competency: N
Hours: M-TH 8AM-6PM F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: OPERATION SAMAHAN
Website: www.opsamheath.org

FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: PG0085737002
1000 EUCLID AVE
NATIONAL CITY, CA 91950
Phone: (619) 515-2399
Fax: (619) 269-0053
After Hours Phone: (619) 515-2399
License Number: 550000465
NPI: 1417409228
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M 8:30AM-3:30PM TU 10:30AM-5:30PM W 8:30AM-3:30PM TH 10:30AM-5:30PM F 8:30AM-3:30PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: www.fhcsd.org

OCEANSIDE

VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: PG0084639008
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
License Number: 080000745
NPI: 1609094036
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Teleservice

VISTA COMMUNITY CLINIC PIER VIEW WAY

Provider ID: PG0084683008

818 PIER VIEW WAY
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

License Number: 080000510

NPI: 1629357355

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

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

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R)

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

Website: www.vistacommunityclinic.org

Teleservice

VISTA COMMUNITY CLINIC

Provider ID: PG0072409009

4700 N RIVER RD
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

License Number: 080000002

NPI: 1851300123

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

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

American Sign Language (ASL): N

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

Website: www.vistacommunityclinic.org

Teleservice

VISTA COMMUNITY CLINIC

Provider ID: PG0072409009

4700 N RIVER RD
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

License Number: 080000745

NPI: 1851300123

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

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

American Sign Language (ASL): N

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

Website: www.vistacommunityclinic.org

Teleservice

VISTA COMMUNITY CLINIC

Provider ID: PG0072409009

4700 N RIVER RD
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

License Number: 550003781

NPI: 1851300123

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

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

American Sign Language (ASL): N

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

Website: www.vistacommunityclinic.org

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Teleservice

VISTA COMMUNITY CLINIC
Provider ID: PG0072409009
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
License Number: 550004110
NPI: 1851300123
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
American Sign Language (ASL): N
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org
Teleservice

VISTA COMMUNITY CLINIC
Provider ID: PG0072409009
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
License Number: 080000002
NPI: 1649662719
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
American Sign Language (ASL): N
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org
Teleservice

VISTA COMMUNITY CLINIC
Provider ID: PG0072409009
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
License Number: 080000745
NPI: 1649662719
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
American Sign Language (ASL): N
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org
Teleservice

VISTA COMMUNITY CLINIC
Provider ID: PG0072409009
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
License Number: 550003781
NPI: 1649662719
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
American Sign Language (ASL): N
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org
Teleservice

VISTA COMMUNITY CLINIC
Provider ID: PG0072409009

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
License Number: 550004110
NPI: 1649662719
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
American Sign Language (ASL): N
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org
Teleservice

VISTA COMMUNITY CLINIC
Provider ID: PG0072409009
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
License Number: 080000002
NPI: 1316501562
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
American Sign Language (ASL): N
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org
Teleservice

VISTA COMMUNITY CLINIC
Provider ID: PG0072409009
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
License Number: 080000745
NPI: 1316501562
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
American Sign Language (ASL): N
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org
Teleservice

VISTA COMMUNITY CLINIC
Provider ID: PG0072409009
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
License Number: 550003781
NPI: 1316501562
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
American Sign Language (ASL): N
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org
Teleservice

VISTA COMMUNITY CLINIC
Provider ID: PG0072409009
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

After Hours Phone: (760) 631-5000
License Number: 550004110
NPI: 1316501562
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
American Sign Language (ASL): N
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.vistacommunityclinic.org
Teleservice

TRUECARE
Provider ID: PG0092588009
2210 MESA DR STE 300
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
License Number: 080000531
NPI: 1245246917
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
SA 8AM-4:30PM
American Sign Language (ASL): N
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: N/A
Teleservice

TRUECARE
Provider ID: PG0092588009
2210 MESA DR STE 300
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
License Number: 080000637
NPI: 1245246917
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
SA 8AM-4:30PM
American Sign Language (ASL): N
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: N/A
Teleservice

TRUECARE
Provider ID: PG0092590005
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
License Number: 080000240
NPI: 1245246917
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: N/A

TRUECARE
Provider ID: PG0065019005
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
License Number: 080000240
NPI: 1245246917
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N
Hours: M-F 8AM-5PM
SA 8AM-5PM
American Sign Language (ASL):

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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

POWAY

NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER
Provider ID: PG0092632005
13010 POWAY RD
POWAY, CA 92064
Phone: (858) 218-3000
Fax: (360) 462-2742
After Hours Phone: (858) 218-3000
License Number: 550004321
NPI: 1023518768
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: N/A

RAMONA

TRUECARE
Provider ID: PG0025086045
220 ROTANZI ST
RAMONA, CA 92065
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
License Number: 080000149
NPI: 1245246917
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
SA 8AM-12PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.ihpsocal.org
Teleservice

SAN DIEGO

OPERATION SAMAHAN RANCHO PENASQUITOS
Provider ID: PG0083903002
9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129
Phone: (844) 200-2426
Fax: (858) 695-9074
After Hours Phone: (844) 200-2426
License Number: 090000183
NPI: 1699216622
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N
Hours: M-TU 8:30AM-5:30PM
W 10AM-7PM
TH-F 8:30AM-5:30PM
American Sign Language (ASL): N
Medical Group/IPA: OPERATION SAMAHAN
Website: www.operationsamahan.org

OPERATION SAMAHAN RANCHO PENASQUITOS
Provider ID: PG0083903002
9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129
Phone: (844) 200-2426
Fax: (858) 695-9074
After Hours Phone: (844) 200-2426
License Number: 550002478
NPI: 1699216622
Accepting New Patients: Yes
Min/Max Age: 0\None

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N
Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM
American Sign Language (ASL): N
Medical Group/IPA: OPERATION SAMAHAN
Website: www.operationsamahan.org

OPERATION SAMAHAN RANCHO PENASQUITOS
Provider ID: PG0083903002
9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129
Phone: (844) 200-2426
Fax: (858) 695-9074
After Hours Phone: (844) 200-2426
License Number: 550003857
NPI: 1699216622
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N
Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM
American Sign Language (ASL): N
Medical Group/IPA: OPERATION SAMAHAN
Website: www.operationsamahan.org

LA MAESTRA COMMUNITY HEALTH CENTERS - 4074 FAIRMOUNT
Provider ID: PG0135214003
4074 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 312-0347
Fax: (619) 510-4649
After Hours Phone: (619) 312-0347
License Number: 090000378
NPI: 1609849074
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Medical Group/IPA: LA MAESTRA FAMILY CLINIC
Website: N/A

OPERATION SAMAHAN - MIRA MESA
Provider ID: PG0083606004
9855 ERMA RD STE 105
SAN DIEGO, CA 92131
Phone: (844) 200-2426
Fax: (858) 536-8034
After Hours Phone: (844) 200-2426
License Number: 080000146
NPI: 1861933897
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: OPERATION SAMAHAN
Website: www.opsam.org

OPERATION SAMAHAN - MIRA MESA
Provider ID: PG0083606004
9855 ERMA RD STE 105
SAN DIEGO, CA 92131
Phone: (844) 200-2426
Fax: (858) 536-8034
After Hours Phone: (844) 200-2426
License Number: 090000183
NPI: 1861933897
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: Basic: (P, EB,

IB, E, R, T)
Medical Group/IPA: OPERATION SAMAHAN
Website: www.opsam.org

OPERATION SAMAHAN - MIRA MESA
Provider ID: PG0083606002
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
License Number: 080000146
NPI: 1871680397
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hours: M-F 8AM-5PM SA 8AM-2PM
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R, T)
Medical Group/IPA: OPERATION SAMAHAN
Website: www.opsam.org

OPERATION SAMAHAN - MIRA MESA
Provider ID: PG0083606002
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
License Number: 090000183
NPI: 1871680397
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hours: M-F 8AM-5PM SA 8AM-2PM
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R, T)
Medical Group/IPA: OPERATION SAMAHAN
Website: www.opsam.org

FAMILY HEALTH CTR IBARRA
Provider ID: PG0084517002
4874 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 515-2426
Fax: (619) 255-8002
After Hours Phone: (619) 515-2426
License Number: 550003108
NPI: 1477953933
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8:30AM-5:30PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: www.fhcsd.org

FAMILY HEALTH CTR OF SD-ELM ST
Provider ID: PG0083911002
140 ELM ST
SAN DIEGO, CA 92101
Phone: (619) 515-2520
Fax: (619) 231-0431
After Hours Phone: (619) 515-2520
License Number: 550002061
NPI: 1316419070
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R)
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN

DIEGO
Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST
Provider ID: PG0084516002
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
Fax: (619) 501-9645
After Hours Phone: (619) 515-2545
License Number: 550003099
NPI: 1629456900
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-TH 8AM-9PM F 8AM-5PM
American Sign Language (ASL): N
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: www.fhcsd.org

SAN YSIDRO HEALTH CHC - OCEAN VIEW
Provider ID: PG0047560008
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Phone: (619) 662-4100
Fax: (619) 232-5922
After Hours Phone: (619) 662-4100
License Number: 090000143
NPI: 1326225632
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, T)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.syhealth.org
Teleservice

SAN DIEGO AMERICAN INDIAN HEALTH CENTER
Provider ID: PG0025869018
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
Fax: (619) 234-0206
After Hours Phone: (619) 234-2158
License Number: 090000168
NPI: 1003902917
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Korean, Spanish, Hindi
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: WWW.SDAIHC.ORG
Indian Health Services: Indian Health Services: Y
Teleservice

SAN DIEGO FAMILY CARE
Provider ID: PG0092672005
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
License Number: 550003427
NPI: 1457724858
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese
Cultural Competency: N
Hours: M 8:30AM-5:30PM TU 8:30AM-8:30PM W-F 8:30AM-5:30PM SA 9AM-4PM
American Sign Language (ASL):

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

N

Accessibility: Basic: (P, EB, IB, E, R, T)

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

Website: www.sdfamilycare.org

Teleservice

SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE

Provider ID: PG0094135002

316 25TH ST
SAN DIEGO, CA 92102

Phone: (619) 662-4100

Fax: (619) 238-5551

After Hours Phone: (619) 662-4100

License Number: 090000136

NPI: 1598308926

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Cultural Competency: N

Hours: M-F 8AM-5PM

American Sign Language (ASL): N

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

Website: www.syhealth.org

Teleservice

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: PG0025044019

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

Fax: (619) 234-2447

After Hours Phone: (619) 515-2300

License Number: 090000113

NPI: 1447281936

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

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

American Sign Language (ASL): N

Accessibility: (T)

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: PG0025044019

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

Fax: (619) 234-2447

After Hours Phone: (619) 515-2300

License Number: 090000612

NPI: 1447281936

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

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

American Sign Language (ASL): N

Accessibility: (T)

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: PG0025044019

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

Fax: (619) 234-2447

After Hours Phone: (619) 515-2300

License Number: 550000024

NPI: 1447281936

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

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

American Sign Language (ASL): N

Accessibility: (T)
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: PG0025044045
2204 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2355
Fax: (619) 232-7011
After Hours Phone: (619) 515-2355
License Number: 090000113
NPI: 1447281936
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: PG0025044045
2204 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2355
Fax: (619) 232-7011
After Hours Phone: (619) 515-2355
License Number: 090000612
NPI: 1447281936
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: PG0025044045
2204 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2355
Fax: (619) 232-7011
After Hours Phone: (619) 515-2355
License Number: 550000024
NPI: 1447281936
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS
Provider ID: PG0025044022
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
Fax: (619) 501-0627
After Hours Phone: (619) 515-2424
License Number: 090000469
NPI: 1184169963
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS
Provider ID: PG0084186002
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
Fax: (619) 683-7586
After Hours Phone: (619) 515-2424

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Number: 090000469
NPI: 1700821303
Accepting New Patients: Yes
Min/Max Age: 0\18
Site English Spoken: Y
Cultural Competency: N
Hours: M-TH 8AM-5PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS
Provider ID: PG0025044022
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
Fax: (619) 501-0627
After Hours Phone: (619) 515-2424
License Number: 090000469
NPI: 1700821303
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: www.fhcsd.org

SHERMAN HEIGHTS FAMILY HLTH CTRS INC
Provider ID: PG0082766002
2391 ISLAND AVE
SAN DIEGO, CA 92102
Phone: (619) 515-2435
Fax: (619) 515-2435
After Hours Phone: (619) 515-2435
License Number: 090000565
NPI: 1174549232
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: N/A

KING CHAVEZ HEALTH CENTER
Provider ID: PG0047560011
950 S EUCLID AVE
SAN DIEGO, CA 92114
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
License Number: 090000660
NPI: 1538262092
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Chinese, Spanish, Tagalog, Vietnamese
Cultural Competency: N
Hours: M-F 8AM-5PM SA 8AM-12PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.syhealth.org
Teleservice

LINDA VISTA HEALTH CARE CTR
Provider ID: PG0024858006
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
License Number: 080000069
NPI: 1609905215
Accepting New Patients: Yes
Min/Max Age: 0\None

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Site English Spoken: Y
Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian
Cultural Competency: N
Hours: M-F 8AM-5:30PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.sdfamilycare.org
Teleservice

LINDA VISTA HEALTH CARE CTR
Provider ID: PG0024858006
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
License Number: 080000069
NPI: 1780665877
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian
Cultural Competency: N
Hours: M-F 8AM-5:30PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.sdfamilycare.org
Teleservice

MID-CITY COMMUNITY CLINIC
Provider ID: PG0049261012
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
Fax: (858) 633-4681
After Hours Phone: (619) 563-0250
License Number: 090000124
NPI: 1962483040
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM SA 8AM-2PM
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.sdfamilycare.org
Teleservice

MID-CITY COMMUNITY CLINIC
Provider ID: PG0049261012
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
Fax: (858) 633-4681
After Hours Phone: (619) 563-0250
License Number: 090000672
NPI: 1962483040
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM SA 8AM-2PM
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.sdfamilycare.org
Teleservice

MID-CITY COMMUNITY CLINIC
Provider ID: PG0049261011
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2058
Fax: (858) 633-4682
After Hours Phone: (619)

280-2058
License Number: 090000124
NPI: 1962483040
Accepting New Patients: Yes
Min/Max Age: 0\22
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
SA 8AM-2PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.sdfamilycare.org

MID-CITY COMMUNITY CLINIC
Provider ID: PG0049261011
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2058
Fax: (858) 633-4682
After Hours Phone: (619) 280-2058
License Number: 090000672
NPI: 1962483040
Accepting New Patients: Yes
Min/Max Age: 0\22
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
SA 8AM-2PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.sdfamilycare.org

OPERATION SAMAHAN RANCHO PENASQUITOS
Provider ID: PG0083903002
9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129
Phone: (844) 200-2426
Fax: (858) 695-9074
After Hours Phone: (844) 200-2426
License Number: 550003857
NPI: 1699216622
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N
Hours: M-TU 8:30AM-5:30PM
W 10AM-7PM
TH-F 8:30AM-5:30PM
American Sign Language (ASL): N
Medical Group/IPA: OPERATION SAMAHAN
Website: www.operationsamahan.org

OPSAM HEALTH CITY HEIGHTS
Provider ID: PG0137972003
5296 UNIVERSITY AVE STE F
SAN DIEGO, CA 92105
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
License Number: 090000183
NPI: 1801907449
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Medical Group/IPA: OPERATION SAMAHAN
Website: N/A

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER
Provider ID: PG0086361007
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
Fax: (619) 687-1067
After Hours Phone: (619) 233-8500
License Number: 090000297
NPI: 1659415131
Accepting New Patients: No
Min/Max Age: 0\None
Site English Spoken: Y

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Cultural Competency: N
Hours: M-F 8AM-5:30PM
American Sign Language (ASL): N
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: N/A
Teleservice

SAN YSIDRO HEALTH PRECISION PARK
Provider ID: PG0128177003
1666 PRECISION PARK LN
SAN DIEGO, CA 92173
Phone: (619) 662-4100
Fax: (619) 600-4870
After Hours Phone: (619) 662-4100
License Number: 550007737
NPI: 1124782685
Accepting New Patients: No
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.syhealth.org

SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED
Provider ID: PG0094138002
4690 EL CAJON BLVD
SAN DIEGO, CA 92115
Phone: (619) 662-4100
Fax: (619) 824-9076
After Hours Phone: (619) 662-4100
License Number: 550003882
NPI: 1205477841
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Chinese, Spanish, Tagalog, Vietnamese
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: N/A
Teleservice

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL
Provider ID: PG0083950002
2325 COMMERCIAL ST STE 1400
SAN DIEGO, CA 92113
Phone: (619) 515-2422
Fax: (619) 269-0053
After Hours Phone: (619) 515-2422
License Number: 550003113
NPI: 1235521782
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE
Provider ID: PG0085338002
1550 BROADWAY STE 2
SAN DIEGO, CA 92101
Phone: (619) 515-2525
Fax: (619) 501-5814
After Hours Phone: (619) 515-2525
License Number: 550002865
NPI: 1356750376
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y

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Cultural Competency: N
Hours: M-F 8:30AM-5:30PM
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Provider ID: PG0083156002
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
Fax: (858) 488-1394
After Hours Phone: (619) 515-2444
License Number: 080000115
NPI: 1386689701
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Provider ID: PG0025044020
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
Fax: (619) 263-2499
After Hours Phone: (619) 515-2560
License Number: 550000465
NPI: 1982747671
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8:30AM-5:30PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: www.fhcsd.org

DOWNTOWN FAMILY CTR AT CONNECTIONS
Provider ID: PG0084437002
1250 6TH AVE STE 100
SAN DIEGO, CA 92101
Phone: (619) 515-2430
Fax: (619) 578-2410
After Hours Phone: (619) 515-2430
License Number: 550002251
NPI: 1588901045
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: www.fhcsd.org

OPERATION SAMAHAN RANCHO PENASQUITOS
Provider ID: PG0083903002
9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129
Phone: (844) 200-2426
Fax: (858) 695-9074
After Hours Phone: (844) 200-2426
License Number: 550002478
NPI: 1699216622
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken:

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Spanish
Cultural Competency: N
Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM
American Sign Language (ASL): N
Medical Group/IPA: OPERATION SAMAHAN
Website: www.operationsamahan.org

OPERATION SAMAHAN RANCHO PENASQUITOS
Provider ID: PG0083903002
9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129
Phone: (844) 200-2426
Fax: (858) 695-9074
After Hours Phone: (844) 200-2426
License Number: 090000183
NPI: 1699216622
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N
Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM
American Sign Language (ASL): N
Medical Group/IPA: OPERATION SAMAHAN
Website: www.operationsamahan.org

SAN MARCOS

TRUECARE
Provider ID: PG0025086044
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
License Number: 080000167
NPI: 1245246917
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N
Hours: M-F 8AM-5PM SA 8AM-5PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.ihpsocal.org
Teleservice

TRUECARE
Provider ID: PG0025086048
1595 GRAND AVE STE 106
SAN MARCOS, CA 92078
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
License Number: 080000167
NPI: 1245246917
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.ihpsocal.org

TRUECARE
Provider ID: PG0025086044
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
License Number: 080000167
NPI: 1598484255
Accepting New Patients: Yes
Min/Max Age: 0\None

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Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N
Hours: M-F 8AM-5PM SA 8AM-5PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.ihpsocal.org Teleservice

TRUECARE
Provider ID: PG0025086048
1595 GRAND AVE STE 106
SAN MARCOS, CA 92078
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
License Number: 080000167
NPI: 1598484255
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.ihpsocal.org

TRUECARE
Provider ID: PG0025086044
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
License Number: 080000167
NPI: 1811617939
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N
Hours: M-F 8AM-5PM SA 8AM-5PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.ihpsocal.org Teleservice

TRUECARE
Provider ID: PG0025086048
1595 GRAND AVE STE 106
SAN MARCOS, CA 92078
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
License Number: 080000167
NPI: 1811617939
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.ihpsocal.org

SAN YSIDRO

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
Provider ID: PG0047542009
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-1967
After Hours Phone: (619) 662-4100
License Number: 550004555
NPI: 1558852947
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Accessibility: Limited: (P, EB, E)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.syhealth.org
Teleservice

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
Provider ID: PG0047448003
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6341
After Hours Phone: (619) 662-4100
License Number: 090000140
NPI: 1952364747
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog, Portuguese
Cultural Competency: N
Hours: M-F 8AM-8PM SA 8AM-2PM
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.syhealth.org
Teleservice

SANTEE

SAN YSIDRO HEALTH SANTEE FAMILY MEDICINE
Provider ID: PG0094129002
120 TOWN CENTER PKWY
SANTEE, CA 92071
Phone: (619) 662-4100
Fax: (619) 873-3476
After Hours Phone: (619) 662-4100
License Number: 550003575
NPI: 1376184911
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Site Languages(s) Spoken: Arabic, Spanish
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R, T)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: www.syhealth.org
Teleservice

SPRING VALLEY

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
Provider ID: PG0025044021
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
Fax: (619) 462-5584
After Hours Phone: (619) 515-2555
License Number: 090000593
NPI: 1508801069
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8:30AM-5:30PM
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
Website: www.fhcsd.org

VALLEY CENTER

NEIGHBORHOOD HEALTHCARE
Provider ID: PG0024990062
28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Phone: (760) 742-9919
Fax: (360) 462-2750
After Hours Phone: (760) 742-9919
License Number: 080000397
NPI: 1437335148
Accepting New Patients: Yes

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, R)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: N/A

NEIGHBORHOOD HEALTHCARE
Provider ID: PG0024990062
28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Phone: (760) 742-9919
Fax: (360) 462-2750
After Hours Phone: (760) 742-9919
License Number: 080000483
NPI: 1437335148
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, R)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: N/A

NEIGHBORHOOD HEALTHCARE
Provider ID: PG0024990062
28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Phone: (760) 742-9919
Fax: (360) 462-2750
After Hours Phone: (760) 742-9919
License Number: 080000483
NPI: 1437335148
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, R)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: N/A

NEIGHBORHOOD HEALTHCARE
Provider ID: PG0024990062
28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Phone: (760) 742-9919
Fax: (360) 462-2750
After Hours Phone: (760) 742-9919
License Number: 080000397
NPI: 1437335148
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-F 8AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, R)
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP
Website: N/A

VISTA

VCC DURIAN
Provider ID: PG0083886012
105 DURIAN ST STE A
VISTA, CA 92083
Phone: (844) 308-5003
Fax: (760) 414-3892
After Hours Phone: (844) 308-5003
License Number: 080000328
NPI: 1851300123
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hours: M-TU 8:30AM-5PM TH-F 8:30AM-5PM
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

Website: www.vistacommunityclinic.org

VCC DURIAN

Provider ID: PG0083886012

105 DURIAN ST STE A
VISTA, CA 92083

Phone: (844) 308-5003

Fax: (760) 414-3892

After Hours Phone: (844) 308-5003

License Number: 1851300123

NPI: 1851300123

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

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

American Sign Language (ASL): N

Accessibility: Limited: (P, EB, IB, E)

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: PG0085050005

134 GRAPEVINE RD
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

License Number: 080000328

NPI: 1851300123

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

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

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R)

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

Website: www.vistacommunityclinic.org

Teleservice

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

ALPINE

FAMILY PRACTICE

BAUTISTA, LUIS
License Type: MD
Provider ID: 100042456040
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

BAUTISTA, LUIS
License Type: MD
Provider ID: 100042456040
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

DUBE, BIANCA
License Type: MD
Provider ID: 100374087004
Provider Gender: Female
License Number: C172036
NPI: 1740535152
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

DUBE, BIANCA
License Type: MD
Provider ID: 100374087004
Provider Gender: Female
License Number: C172036
NPI: 1740535152
Provider English Spoken: Y
Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

KAUFHOLD, ANNE
License Type: MD
Provider ID: 100086435022
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

KAUFHOLD, ANNE
License Type: MD
Provider ID: 100086435022
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

VAN HOLLEBEKE, RACHEL
License Type: MD
Provider ID: 100394379014
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: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

VAN HOLLEBEKE, RACHEL
License Type: MD
Provider ID: 100394379014
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

WYLIE, BLAKE
License Type: DO
Provider ID: 100174329023
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

WYLIE, BLAKE
License Type: DO
Provider ID: 100174329023
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE,
Provider ID: PG0094125002
NPI: 1952364747
Provider English Spoken: Y
Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IHP OF SOUTHERN CAL-PHP
1620 ALPINE BLVD STE 110
ALPINE, CA 91901
Phone: (619) 662-4100
Fax: (619) 320-3347
After Hours Phone: (619) 662-4100
Website: www.mtnhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE,
Provider ID: PG0094125002
NPI: 1952364747
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
1620 ALPINE BLVD STE 110
ALPINE, CA 91901
Phone: (619) 662-4100
Fax: (619) 320-3347
After Hours Phone: (619) 662-4100
Website: www.mtnhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

RYAN, DANA
License Type: MD
Provider ID: 100315031011
Provider Gender: Female
License Number: A66830
NPI: 1780609990
Provider English Spoken: Y
Provider Language(s) Spoken: Sign Language
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

RYAN, DANA
License Type: MD
Provider ID: 100315031011
Provider Gender: Female
License Number: A66830
NPI: 1780609990
Provider English Spoken: Y
Provider Language(s) Spoken: Sign Language
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

STENSMAN, LARS

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Type: MD
Provider ID: 100362697008
Provider Gender: Male
License Number: A158569
NPI: 1659638062
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Danish, French, Norwegian, Swedish*

Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8AM-5PM*

PEDIATRICS

STENSMAN, LARS
License Type: MD
Provider ID: 100362697008
Provider Gender: Male
License Number: A158569
NPI: 1659638062
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Danish, French, Norwegian, Swedish*

Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8AM-5PM*

BORREGO SPRINGS

FQHC

DAP HEALTH-BORREGO SPRINGS COMMUNITY HEALTH CTR,
Provider ID: PG0134571003
NPI: 1134144165
- *Provider English Spoken: Y*

Cultural Competency: N
DAP HEALTH INC
- 4343 YAQUI PASS RD BORREGO SPRINGS, CA 92004
- *Phone: (760) 767-5051*

Fax: (760) 767-4552
- *After Hours Phone: (760) 767-5051*
- *Website: N/A*

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

FQHC

DAP HEALTH-BORREGO SPRINGS COMMUNITY HEALTH CTR,
Provider ID: PG0134571003
NPI: 1134144165
- *Provider English Spoken: Y*

Cultural Competency: N
DAP HEALTH INC
- 4343 YAQUI PASS RD BORREGO SPRINGS, CA 92004
- *Phone: (760) 767-5051*

Fax: (760) 767-4552
- *After Hours Phone: (760) 767-5051*
- *Website: N/A*

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

CAMPO

FAMILY PRACTICE

BAUM, PETER

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Type: DO
Provider ID: 100333446018
Provider Gender: Male
License Number: 20A14949
NPI: 1174919971
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

BAUM, PETER
License Type: DO
Provider ID: 100333446018
Provider Gender: Male
License Number: 20A14949
NPI: 1174919971
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

CAMPOS, PRISCILLA
License Type: MD
Provider ID: 100337713006
Provider Gender: Female
License Number: A152651
NPI: 1508217399
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

CAMPOS, PRISCILLA
License Type: MD
Provider ID: 100337713006
Provider Gender: Female
License Number: A152651
NPI: 1508217399
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

N

Accessibility: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

FAMILY PRACTICE

CORONADO, MYRNA

License Type: MD

Provider ID: 100324282011

Provider Gender: Female

License Number: A112627

NPI: 1710147566

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified: No

IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

Teleservice

FAMILY PRACTICE

CORONADO, MYRNA

License Type: MD

Provider ID: 100324282011

Provider Gender: Female

License Number: A112627

NPI: 1710147566

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified: No

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CAMPO, CA 91906

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

Teleservice

FAMILY PRACTICE

KAUFHOLD, ANNE

License Type: MD

Provider ID: 100086435020

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: No

IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

Teleservice

FAMILY PRACTICE

KAUFHOLD, ANNE

License Type: MD

Provider ID: 100086435020

Provider Gender: Female

License Number: A88893

NPI: 1164508073

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic, Spanish

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Teleservice

FAMILY PRACTICE

ORTIZ, KENNETH
License Type: MD
Provider ID: 100335275036
Provider Gender: Male
License Number: A156607
NPI: 1356761571
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Teleservice

FAMILY PRACTICE

ORTIZ, KENNETH
License Type: MD
Provider ID: 100335275036
Provider Gender: Male
License Number: A156607
NPI: 1356761571
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Board Certified: No
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CAMPO, CA 91906
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Teleservice

FAMILY PRACTICE

ROGERS, MATTHEW
License Type: DO
Provider ID: 100367119004
Provider Gender: Male
License Number: 20A18400
NPI: 1639606130
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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

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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

ROGERS, MATTHEW
License Type: DO
Provider ID: 100367119004
Provider Gender: Male
License Number: 20A18400
NPI: 1639606130
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

ROGERS, MATTHEW
License Type: DO
Provider ID: 100367119009
Provider Gender: Male
NPI: 1639606130
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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
Hours: M-F 8AM-5PM
Teleservice

FAMILY PRACTICE

SAIDRO, LUZVIMINDA
License Type: MD
Provider ID: 100109715017
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: No
IHP OF SOUTHERN CAL-PHP
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

SAIDRO, LUZVIMINDA
License Type: MD
Provider ID: 100109715017
Provider Gender: Female
License Number: A93746
NPI: 1750364386
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hospital Affiliation: UC DAVIS MEDICAL CTR
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE,
Provider ID: PG0095406002
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) 428-7952
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE,
Provider ID: PG0095406002
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) 428-7952
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

CARLSBAD

CERTIFIED NURSE PRACTITIONER

YOUNG, JENNIFER
License Type: NPF
Provider ID: 100263683012
Provider Gender: Female
License Number: NP95003087
NPI: 1558701094
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
SA 8AM-2PM

CERTIFIED NURSE PRACTITIONER

YOUNG, JENNIFER
License Type: NPF
Provider ID: 100263683012

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Provider Gender: Female
License Number: NP95003087
NPI: 1558701094
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
SA 8AM-2PM

FQHC

TRUECARE,
Provider ID: PG0092587008
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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
SA 8AM-2PM

FQHC

TRUECARE,
Provider ID: PG0092587008
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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
SA 8AM-2PM

PEDIATRICS

BURGAMY, ELIZABETH
License Type: MD
Provider ID: 100096574020
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: 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
Hours: M-F 8AM-5PM

PEDIATRICS

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

COLEMAN, ANDERSEN
License Type: MD
Provider ID: 100472288004
Provider Gender: Female
NPI: 1831832500
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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
Hours: M-F 8AM-5PM

PEDIATRICS

IYENGAR, RADHA
License Type: MD
Provider ID: 100083390005
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: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM SA 8AM-2PM
Teleservice

PEDIATRICS

IYENGAR, RADHA
License Type: MD
Provider ID: 100083390005
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: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM SA 8AM-2PM
Teleservice

PEDIATRICS

LEE, PATRICIA
License Type: MD
Provider ID: 100083510014
Provider Gender: Female
NPI: 1598800559
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: EL CAMINO HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3257 CAMINO DE LOS COCHES STE 202
CARLSBAD, CA 92009
Phone: (760) 633-3640

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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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

TANAKA, MARY
License Type: MD
Provider ID: 100168326004
Provider Gender: Female
NPI: 1295962686
Provider English Spoken: Y
Provider Language(s) Spoken: Thai
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: 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
Hours: M-F 8AM-5PM

CHULA VISTA

CERTIFIED NURSE PRACTITIONER

FERNANDEZ LEYVA, JUAN CARLOS
License Type: NP
Provider ID: 100306284003
Provider Gender: Male
License Number: NP95001964
NPI: 1194115568
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

FERNANDEZ LEYVA, JUAN CARLOS
License Type: NP
Provider ID: 100306284003
Provider Gender: Male
License Number: NP95001964
NPI: 1194115568
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

CERTIFIED NURSE PRACTITIONER

OWEN, MICHAEL

License Type: NP
Provider ID: 100334005005
Provider Gender: Female
License Number: NP95001492
NPI: 1073869145
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

OWEN, MICHAEL

License Type: NP
Provider ID: 100334005005
Provider Gender: Female
License Number: NP95001492
NPI: 1073869145
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
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After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

ROSS, CRYSTAL

License Type: NP
Provider ID: 100367518001
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM

CERTIFIED NURSE PRACTITIONER

ROSS, CRYSTAL

License Type: NP
Provider ID: 100367518001
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

THORNTON, GROSSMONT HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

ALANIZ, MATEO
License Type: MD
Provider ID: 100220769003
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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Min/Max Age: 0\None
American Sign Language (ASL): N
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FAMILY PRACTICE

ALANIZ, MATEO
License Type: MD
Provider ID: 100220769003
Provider Gender: Male
License Number: A124388
NPI: 1700175577
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Provider Language(s) Spoken: Spanish
Cultural Competency: N
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American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

AMANAT, SOROOSH
License Type: MD
Provider ID: 100346972006
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes

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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

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License Number: A153022
NPI: 1003279621
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Provider Language(s) Spoken: Farsi, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

ARCE GOMEZ, LAURA
License Type: MD
Provider ID: 100300002008
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

ARCE GOMEZ, LAURA
License Type: MD
Provider ID: 100300002008
Provider Gender: Female
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Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

BECERRA, MAURA
License Type: MD
Provider ID: 100443851008
Provider Gender: Female

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License Number: A191381
NPI: 1710561279
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-6941
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

BECERRA, MAURA
License Type: MD
Provider ID: 100443851008
Provider Gender: Female
License Number: A191381
NPI: 1710561279
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

CHERY, FARAH
License Type: MD
Provider ID: 100143300014
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: 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: Limited: (P, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

CHERY, FARAH
License Type: MD
Provider ID: 100143300014
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
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352 L ST
CHULA VISTA, CA 91911

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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: Limited: (P, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

CHERY, FARAH
License Type: MD
Provider ID: 100143300013
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

CHERY, FARAH
License Type: MD
Provider ID: 100143300013
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

DEIS, CRISTINA
License Type: MD
Provider ID: 100334223003
Provider Gender: Female
License Number: A123170
NPI: 1639478811
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1637 3RD AVE STE H
CHULA VISTA, CA 91911
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

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FAMILY PRACTICE

DEIS, CRISTINA

License Type: MD
Provider ID: 100334223003
Provider Gender: Female
License Number: A123170
NPI: 1639478811
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1637 3RD AVE STE H
CHULA VISTA, CA 91911
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

DEIS, CRISTINA

License Type: MD
Provider ID: 100334223003
Provider Gender: Female
License Number: A123170
NPI: 1639478811
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

DEIS, CRISTINA

License Type: MD
Provider ID: 100334223003
Provider Gender: Female
License Number: A123170
NPI: 1639478811
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

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License Type: MD
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Board Certified: No
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Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

DY, DIANE

License Type: MD
Provider ID: 100341615004
Provider Gender: Female
License Number: A153344
NPI: 1467807560
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO

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251 LANDIS AVE
CHULA VISTA, CA 91910
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

DY, DIANE
License Type: MD
Provider ID: 100341615004
Provider Gender: Female
License Number: A153344
NPI: 1467807560
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
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Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

ESTRADA, ALLISON
License Type: MD
Provider ID: 100397272010
Provider Gender: Female
License Number: A179598
NPI: 1467913251
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
1637 3RD AVE STE H
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After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

ESTRADA, ALLISON
License Type: MD
Provider ID: 100397272010
Provider Gender: Female
License Number: A179598
NPI: 1467913251
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: No
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Accessibility: Basic: (P, EB, IB, E, R, T)
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FAMILY PRACTICE

ESTRADA, ALLISON

License Type: MD

Provider ID: 100397272010

Provider Gender: Female

License Number: A179598

NPI: 1467913251

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

Cultural Competency: N

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

Board Certified: No

IHP OF SOUTHERN CAL-PHP

1637 3RD AVE STE H
CHULA VISTA, CA 91911

- *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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8AM-5PM*

FAMILY PRACTICE

ESTRADA, ALLISON

License Type: MD

Provider ID: 100397272010

Provider Gender: Female

License Number: A179598

NPI: 1467913251

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- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

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

Board Certified: No

IHP OF SOUTHERN CAL-PHP

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- *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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8AM-5PM*

FAMILY PRACTICE

FLORES, MARIBEL

License Type: MD

Provider ID: 100324269004

Provider Gender: Female

License Number: A95959

NPI: 1124104815

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

Cultural Competency: N

Hospital Affiliation: CHULA VISTA COMM HOSP

Board Certified: No

IHP OF SOUTHERN CAL-PHP

1637 3RD AVE STE H
CHULA VISTA, CA 91911

- *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

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FAMILY PRACTICE

FLORES, MARIBEL

License Type: MD

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Provider Gender: Female

License Number: A95959

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- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: CHULA

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VISTA COMM HOSP
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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FAMILY PRACTICE

FLORES, MARIBEL
License Type: MD
Provider ID: 100324269004
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License Number: A95959
NPI: 1124104815
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

FLORES, MARIBEL
License Type: MD
Provider ID: 100324269004
Provider Gender: Female
License Number: A95959
NPI: 1124104815
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

GARCIA, KARLA
License Type: MD
Provider ID: 100269760003
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL):

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

N

Accessibility: Limited: (P, EB, IB, E, T)

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

FAMILY PRACTICE

GARCIA, KARLA

License Type: MD

Provider ID: 100269760003

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: No

IHP OF SOUTHERN CAL-PHP

678 3RD AVE
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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: Limited: (P, EB, IB, E, T)

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

FAMILY PRACTICE

HUBLEY, PAUL

License Type: MD

Provider ID: 100041794006

Provider Gender: Male

License Number: A73172

NPI: 1568496974

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

FAMILY PRACTICE

HUBLEY, PAUL

License Type: MD

Provider ID: 100041794006

Provider Gender: Male

License Number: A73172

NPI: 1568496974

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified: No

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Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

FAMILY PRACTICE

JIMENEZ, KRYSTAL

License Type: MD

Provider ID: 100359300001

Provider Gender: Female

License Number: A159831

NPI: 1922531250

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

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MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

JIMENEZ, KRYSTAL
License Type: MD
Provider ID: 100359300001
Provider Gender: Female
License Number: A159831
NPI: 1922531250
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

JOHNSON, DANIEL
License Type: DO
Provider ID: 100041777015
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: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

JOHNSON, DANIEL
License Type: DO
Provider ID: 100041777015
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
CHULA VISTA, CA 91910
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After Hours Phone: (619) 662-4100

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Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

LARA, LESLEY
License Type: MD
Provider ID: 100378775014
Provider Gender: Female
License Number: A173435
NPI: 1184112682
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

LARA, LESLEY
License Type: MD
Provider ID: 100378775014
Provider Gender: Female
License Number: A173435
NPI: 1184112682
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

MATTHEWS, MERRITT
License Type: MD
Provider ID: 100021162020
Provider Gender: Male
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
C1 SAN DIEGO COUNTY MEDI-CAL
752 MEDICAL CENTER CT
CHULA VISTA, CA 91911
Phone: (619) 656-0206
After Hours Phone: (619) 656-0206
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

FAMILY PRACTICE

MATTHEWS, MERRITT
License Type: MD
Provider ID: 100021162013
Provider Gender: Male
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
C1 SAN DIEGO COUNTY MEDI-CAL
752 MEDICAL CENTER CT STE 210
CHULA VISTA, CA 91911
Phone: (619) 656-0206
After Hours Phone: (619) 656-0206
Website: N/A

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

FAMILY PRACTICE

MCKENNETT, MARIANNE
License Type: MD
Provider ID: 100088668005
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Teleservice

FAMILY PRACTICE

MCKENNETT, MARIANNE
License Type: MD
Provider ID: 100088668005
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Teleservice

FAMILY PRACTICE

MENON, POOJA
License Type: MD
Provider ID: 100351552001
Provider Gender: Female
License Number: A123263
NPI: 1053600064
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

MENON, POOJA
License Type: MD
Provider ID: 100351552001
Provider Gender: Female
License Number: A123263

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NPI: 1053600064
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

MERRILL, SARAH
License Type: MD
Provider ID: 100214679007
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

MERRILL, SARAH
License Type: MD
Provider ID: 100214679007
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

MINNICH, AUDRIE
License Type: MD
Provider ID: 100470479001
Provider Gender: Female
License Number: A190024
NPI: 1013659184
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

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Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM

FAMILY PRACTICE

MINNICH, AUDRIE
License Type: MD
Provider ID: 100470479001
Provider Gender: Female
License Number: A190024
NPI: 1013659184
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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CHULA VISTA, CA 91910
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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: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM

FAMILY PRACTICE

MOYA, MARY
License Type: MD
Provider ID: 100099596007
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM

FAMILY PRACTICE

MOYA, MARY
License Type: MD
Provider ID: 100099596007
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: No
IHP OF SOUTHERN CAL-PHP
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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: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM

FAMILY PRACTICE

NGUYEN, CARIE
License Type: MD
Provider ID: 100099766004
Provider Gender: Female
License Number: A106103
NPI: 1174781132
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese

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Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Teleservice

FAMILY PRACTICE

NGUYEN, CARIE
License Type: MD
Provider ID: 100099766004
Provider Gender: Female
License Number: A106103
NPI: 1174781132
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Teleservice

FAMILY PRACTICE

NGUYEN, LINH
License Type: MD
Provider ID: 100337553002
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: 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: Limited: (P, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

NGUYEN, LINH
License Type: MD
Provider ID: 100337553002
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911
Phone: (619) 515-2325

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Limited: (P, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

NOVENCIDO, JOSEPH
License Type: DO
Provider ID: 100244053016
Provider Gender: Male
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
C1 SAN DIEGO COUNTY MEDI-CAL
752 MEDICAL CENTER CT STE 210
CHULA VISTA, CA 91911
Phone: (619) 527-7700
After Hours Phone: (619) 527-7700
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

OROZCO, KATHILEEN
License Type: DO
Provider ID: 100414018026
Provider Gender: Female
License Number: 20A21632
NPI: 1871122473
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
Fax: (619) 205-1376
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

OROZCO, KATHILEEN
License Type: DO
Provider ID: 100414018026
Provider Gender: Female
License Number: 20A21632
NPI: 1871122473
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
Fax: (619) 205-1376
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

OROZCO, KATHILEEN
License Type: DO
Provider ID: 100414018026
Provider Gender: Female
License Number: 20A21632
NPI: 1871122473
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
Fax: (619) 205-1376

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

OROZCO, KATHILEEN
License Type: DO
Provider ID: 100414018026
Provider Gender: Female
License Number: 20A21632
NPI: 1871122473
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
Fax: (619) 205-1376
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

PALOMINO, MARY
License Type: MD
Provider ID: 100249271003
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

PALOMINO, MARY
License Type: MD
Provider ID: 100249271003
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

PEDROTTY, JOHN
License Type: MD
Provider ID: 100049619008
Provider Gender: Male

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

PEDROTTY, JOHN
License Type: MD
Provider ID: 100049619008
Provider Gender: Male
License Number: G80234
NPI: 1992861629
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

PEREZ, PERLITA
License Type: MD
Provider ID: 100337666044
Provider Gender: Female
License Number: A119689
NPI: 1174810972
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

PEREZ, PERLITA
License Type: MD
Provider ID: 100337666044
Provider Gender: Female
License Number: A119689
NPI: 1174810972
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

PIEROS, JANELLE
License Type: DO
Provider ID: 100220799005
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Teleservice

FAMILY PRACTICE

PIEROS, JANELLE
License Type: DO
Provider ID: 100220799005
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Teleservice

FAMILY PRACTICE

PISINGER, PATRICIA
License Type: MD
Provider ID: 100057871006
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Teleservice

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

FAMILY PRACTICE

PISINGER, PATRICIA

License Type: MD
Provider ID: 100057871006
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM
Teleservice

FAMILY PRACTICE

RAHMAN, AKBAR

License Type: MD
Provider ID: 100152302013
Provider Gender: Male
License Number: A110134
NPI: 1720314933
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM

FAMILY PRACTICE

RAHMAN, AKBAR

License Type: MD
Provider ID: 100152302013
Provider Gender: Male
License Number: A110134
NPI: 1720314933
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM

FAMILY PRACTICE

ROJAS, SARAH

License Type: MD
Provider ID: 100351568018
Provider Gender: Female
License Number: A139169
NPI: 1245645076
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

ROJAS, SARAH
License Type: MD
Provider ID: 100351568018
Provider Gender: Female
License Number: A139169
NPI: 1245645076
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Teleservice

FAMILY PRACTICE

ROSENBLATT, EUGENE
License Type: DO
Provider ID: 100333891002
Provider Gender: Male
License Number: 20A9060
NPI: 1427123991
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

ROSENBLATT, EUGENE
License Type: DO
Provider ID: 100333891002
Provider Gender: Male
License Number: 20A9060
NPI: 1427123991
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Teleservice

FAMILY PRACTICE

SERPAS, SHAILA
License Type: MD
Provider ID: 100017357005
Provider Gender: Female

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM
Teleservice

FAMILY PRACTICE

SERPAS, SHAILA
License Type: MD
Provider ID: 100017357005
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM
Teleservice

FAMILY PRACTICE

SPAK, DARYL
License Type: MD
Provider ID: 100438914007
Provider Gender: Male
License Number: A166843
NPI: 1285128025
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-6941
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM

FAMILY PRACTICE

SPAK, DARYL
License Type: MD
Provider ID: 100438914007
Provider Gender: Male
License Number: A166843
NPI: 1285128025
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PIONEERS

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

MEMORIAL HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-6941
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

MEDICAL CENTER
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Teleservice

MEDICAL CENTER
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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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: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Teleservice

FAMILY PRACTICE

SWARTZ, JOHN
License Type: MD
Provider ID: 100097829008
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

FAMILY PRACTICE

SWARTZ, JOHN
License Type: MD
Provider ID: 100097829008
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

FAMILY PRACTICE

TOLEDO-NADER, CAROLL
License Type: MD
Provider ID: 100106153013
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: No
IHP OF SOUTHERN CAL-PHP

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM

FAMILY PRACTICE

TOLEDO-NADER, CAROLL
License Type: MD
Provider ID: 100106153013
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
CHULA VISTA, CA 91910
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM

FAMILY PRACTICE

TREJO, RAUL
License Type: MD
Provider ID: 100088864005
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM
Teleservice

FAMILY PRACTICE

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License Type: MD
Provider ID: 100088864005
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: No
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM
Teleservice

FAMILY PRACTICE

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License Type: MD
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NPI: 1174534184
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Provider Language(s) Spoken: Spanish
Cultural Competency: N
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Board Certified: No
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB,

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IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Teleservice

FAMILY PRACTICE

TRINIDAD, ANTHONY JAMES
License Type: MD
Provider ID: 100417876003
Provider Gender: Male
License Number: A188170
NPI: 1114543246
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
Fax: (619) 397-1161
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

TRINIDAD, ANTHONY JAMES
License Type: MD
Provider ID: 100417876003
Provider Gender: Male
License Number: A188170
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Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

VELASQUEZ, SHARON
License Type: MD
Provider ID: 100189428014
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Teleservice

FAMILY PRACTICE

VELASQUEZ, GABRIELA
License Type: MD
Provider ID: 100443888010
Provider Gender: Female
License Number: A193933
NPI: 1811513617
Provider English Spoken: Y
Provider Language(s)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
Fax: (619) 205-1376
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

VELASQUEZ, SHARON
License Type: MD
Provider ID: 100189428014
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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Phone: (619) 662-4100
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Teleservice

FAMILY PRACTICE

VELASQUEZ, GABRIELA
License Type: MD
Provider ID: 100443888010
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License Number: A193933
NPI: 1811513617
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Provider Language(s) Spoken: Spanish
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Board Certified: No
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American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

VELASQUEZ, GABRIELA
License Type: MD
Provider ID: 100443888010
Provider Gender: Female
License Number: A193933
NPI: 1811513617
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
Fax: (619) 205-1376
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB,

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IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

VELASQUEZ, GABRIELA
License Type: MD
Provider ID: 100443888010
Provider Gender: Female
License Number: A193933
NPI: 1811513617
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
1637 3RD AVE STE H
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Phone: (619) 662-4100
Fax: (619) 205-1376
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

WEN, AKI
License Type: DO
Provider ID: 100229198008
Provider Gender: Male
License Number: 20A12555
NPI: 1205126505
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

WEN, AKI
License Type: DO
Provider ID: 100229198008
Provider Gender: Male
License Number: 20A12555
NPI: 1205126505
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

WHITLEY, NICHOLAS
License Type: MD
Provider ID: 100197848003
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619)

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662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FAMILY PRACTICE

WHITLEY, NICHOLAS
License Type: MD
Provider ID: 100197848003
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FQHC

CHULA VISTA FAMILY HLTH CTR,
Provider ID: PG0025044018
NPI: 1346480837
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
Fax: (619) 397-1161
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FQHC

CHULA VISTA FAMILY HLTH CTR,
Provider ID: PG0025044018
NPI: 1346480837
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Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FQHC

FAMILY HLTH CTR SAN DIEGO-RICE FAM HC,
Provider ID: PG0082946002
NPI: 1083959464
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911
Phone: (619) 515-2325
Fax: (619) 420-0660
After Hours Phone: (619) 515-2325

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R, T)
Hours: M-F 8AM-5PM

FQHC

FAMILY HLTH CTR SAN DIEGO-RICE FAM HC,
Provider ID: PG0082946002
NPI: 1083959464
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911
Phone: (619) 515-2325
Fax: (619) 420-0660
After Hours Phone: (619) 515-2325
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R, T)
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH CHULA VISTA,
Provider ID: PG0047560010
NPI: 1326486861
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-6941
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FQHC

SAN YSIDRO HEALTH CHULA VISTA,
Provider ID: PG0047560010
NPI: 1326486861
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-6941
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

FQHC

SAN YSIDRO HEALTH OTAY,
Provider ID: PG0047542007
NPI: 1922051812
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
Fax: (619) 205-1376
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH OTAY,

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Provider ID: PG0047542007
NPI: 1922051812
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
Fax: (619) 205-1376
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH OTAY,
Provider ID: PG0068380004
NPI: 1922051812
Provider English Spoken: Y
Cultural Competency: N
RADY CHILDRENS HEALTH NETWORK
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
Fax: (619) 205-1376
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH OTAY,
Provider ID: PG0068380004
NPI: 1922051812
Provider English Spoken: Y
Cultural Competency: N
RADY CHILDRENS HEALTH NETWORK
1637 3RD AVE STE H
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Phone: (619) 662-4100
Fax: (619) 205-1376
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH SOUTH BAY PEDIATRICS,
Provider ID: PG0127835003
NPI: 1184135873
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
280 E ST
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 426-2170
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH SOUTH BAY PEDIATRICS,
Provider ID: PG0127835003
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IHP OF SOUTHERN CAL-PHP
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After Hours Phone: (619) 662-4100
Website: www.syhealth.org

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

GENERAL PRACTICE

SAMI, REMAN
License Type: DO
Provider ID: 100397413003
Provider Gender: Female
License Number: 20A19457
NPI: 1295362242
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

GENERAL PRACTICE

SAMI, REMAN
License Type: DO
Provider ID: 100397413003
Provider Gender: Female
License Number: 20A19457
NPI: 1295362242
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

INTERNAL MEDICINE

BALDERAS-MAGALLANES, RODOLFO
License Type: MD
Provider ID: 100419155009
Provider Gender: Male
License Number: A188075
NPI: 1649808460
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-6941
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

INTERNAL MEDICINE

BALDERAS-MAGALLANES, RODOLFO
License Type: MD
Provider ID: 100419155009
Provider Gender: Male
License Number: A188075
NPI: 1649808460
Provider English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-6941
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

INTERNAL MEDICINE

CHEN, TSUH-YIN
License Type: MD
Provider ID: 100187934010
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

INTERNAL MEDICINE

CHEN, TSUH-YIN
License Type: MD
Provider ID: 100187934010
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

INTERNAL MEDICINE

HURST, MICHAEL
License Type: DO
Provider ID: 100033198024
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: No
IHP OF SOUTHERN CAL-PHP
1637 3RD AVE STE H

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

CHULA VISTA, CA 91911
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

HURST, MICHAEL
License Type: DO
Provider ID: 100033198024
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: No
RADY CHILDRENS HEALTH NETWORK
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

HURST, MICHAEL
License Type: DO
Provider ID: 100033198024
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: No
RADY CHILDRENS HEALTH NETWORK
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

HURST, MICHAEL
License Type: DO
Provider ID: 100033198024
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: No
IHP OF SOUTHERN CAL-PHP
1637 3RD AVE STE H
CHULA VISTA, CA 91911
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

PENA, JOSE
License Type: MD
Provider ID: 100104432026
Provider Gender: Male
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
C1 SAN DIEGO COUNTY MEDI-CAL
333 H ST STE 1065
CHULA VISTA, CA 91910
Phone: (619) 691-1766
After Hours Phone: (619) 691-1766
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

VELAZQUEZ CAMARENA, MARIA DELCARMEN
License Type: MD
Provider ID: 100247743026
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

INTERNAL MEDICINE

VELAZQUEZ CAMARENA, MARIA DELCARMEN
License Type: MD
Provider ID: 100247743026
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: No
IHP OF SOUTHERN CAL-PHP
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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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE
License Type: MD
Provider ID: 100061208005
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

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CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE
License Type: MD
Provider ID: 100061208005
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, CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
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After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA
License Type: MD
Provider ID: 100395630002
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA
License Type: MD
Provider ID: 100395630002
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS
License Type: MD
Provider ID: 100378311002
Provider Gender: Male
License Number: A108228
NPI: 1629277322
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS
License Type: MD
Provider ID: 100378311002
Provider Gender: Male
License Number: A108228
NPI: 1629277322
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
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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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY
License Type: MD
Provider ID: 100395484002
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY

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License Type: MD
Provider ID: 100395484002
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: 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8AM-5PM*

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN
License Type: MD
Provider ID: 100387235002
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: 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8AM-5PM*

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN
License Type: MD
Provider ID: 100387235002
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: 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8AM-5PM*

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA
License Type: MD
Provider ID: 100334432004
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA
License Type: MD
Provider ID: 100334432004
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

MENDEZ, DIEGO
License Type: MD
Provider ID: 100090097007
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM

OBSTETRICS / GYNECOLOGY

MENDEZ, DIEGO
License Type: MD
Provider ID: 100090097007
Provider Gender: Male
License Number: A47906
NPI: 1437181922
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA
License Type: MD
Provider ID: 100362343002
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

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Provider Gender: Female
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

SEFA-BOAKYE, KOFI
License Type: MD
Provider ID: 100088886059
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,

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM

OBSTETRICS / GYNECOLOGY

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License Type: MD
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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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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After Hours Phone: (619) 662-4100
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM

OBSTETRICS / GYNECOLOGY

SHORT, ABIADE
License Type: MD
Provider ID: 100140962013
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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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: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM
Teleservice

OBSTETRICS / GYNECOLOGY

SHORT, ABIADE
License Type: MD
Provider ID: 100140962013
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

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Board Certified: No
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American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Teleservice

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA
License Type: DO
Provider ID: 100332023006
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA
License Type: DO
Provider ID: 100332023006
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: No
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Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

TRUJILLO, JENNIFER
License Type: DO
Provider ID: 100087298020
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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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: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

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OBSTETRICS / GYNECOLOGY

TRUJILLO, JENNIFER

License Type: DO
Provider ID: 100087298020
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: No
IHP OF SOUTHERN CAL-PHP

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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN

License Type: MD
Provider ID: 100040195011
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO

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After Hours Phone: (619) 515-2500
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Medi-Cal Open Panel: Yes
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American Sign Language (ASL): N
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Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN

License Type: MD
Provider ID: 100040195011
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO

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PEDIATRICS

BROUDY, ABRAHAM

License Type: MD
Provider ID: 100113261008
Provider Gender: Male
NPI: 1528039526
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

CAPETANAKIS, ELENI

License Type: MD
Provider ID: 100093171006
Provider Gender: Female
NPI: 1346211554
Provider English Spoken: Y
Provider Language(s) Spoken: Modern Greek, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR
Board Certified: 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: Limited: (P, IB, E, R)
Hours: M-F 8AM-5PM

PEDIATRICS

CORDOBA, MIGUEL

License Type: MD
Provider ID: 100091678006
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: 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):

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N
Accessibility: Limited: (P, IB, E, R)
Hours: M-F 8AM-5PM

PEDIATRICS

DI FRANCO, MATTHEW
License Type: MD
Provider ID: 100090030008
Provider Gender: Male
License Number: G58994
NPI: 1841343548
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

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Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

DI FRANCO, MATTHEW
License Type: MD
Provider ID: 100090030008
Provider Gender: Male
License Number: G58994
NPI: 1841343548
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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After Hours Phone: (619) 662-4100
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Medi-Cal Open Panel: Yes
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PEDIATRICS

DI FRANCO, MATTHEW

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License Type: MD
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Provider Gender: Male
License Number: G58994
NPI: 1841343548
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

DONG, TAMMY
License Type: MD
Provider ID: 100037399004
Provider Gender: Female
License Number: A66903
NPI: 1386655413
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
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Hours: M-F 8AM-5PM
SA 8AM-4PM
Teleservice

PEDIATRICS

DONG, TAMMY
License Type: MD
Provider ID: 100037399004
Provider Gender: Female
License Number: A66903
NPI: 1386655413
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
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Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Teleservice

PEDIATRICS

DORINGO, ELAINIE
License Type: MD
Provider ID: 100089996017
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

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MERCY HOSPITAL, UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER, UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
865 3RD AVE STE 101
CHULA VISTA, CA 91911
Phone: (619) 426-7910
Fax: (619) 426-2337
After Hours Phone: (619) 426-7910
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R)
Hours: M-F 8AM-5PM

PEDIATRICS

FLETCHER, EMILY
License Type: MD
Provider ID: 100214862009
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: No
RADY CHILDRENS HEALTH NETWORK
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CHULA VISTA, CA 91914
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Fax: (619) 656-3045
After Hours Phone: (619) 656-3040
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

FLORES, ERNEST
License Type: MD
Provider ID: 100421594003
Provider Gender: Male
NPI: 1043848807
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: No
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American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R)
Hours: M-F 8AM-5PM SA 8AM-12PM

PEDIATRICS

FRESNO, BLANCA
License Type: MD
Provider ID: 100106150022
Provider Gender: Female
NPI: 1346258787
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

FRESNO, BLANCA
License Type: MD
Provider ID: 100106150024
Provider Gender: Female
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
C1 SAN DIEGO COUNTY MEDI-CAL
1741 EASTLAKE PKWY STE 107
CHULA VISTA, CA 91915
Phone: (619) 482-1700
After Hours Phone: (619) 482-1700
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

GARCIA, RAFAEL
License Type: MD
Provider ID: 100088427017
Provider Gender: Male
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
C1 SAN DIEGO COUNTY MEDI-CAL
752 MEDICAL CENTER CT STE 210
CHULA VISTA, CA 91911
Phone: (619) 656-0206
After Hours Phone: (619) 656-0206
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

GARCIA, RAFAEL
License Type: MD
Provider ID: 100088427011
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

GHAHREMANI, SIMIN
License Type: MD
Provider ID: 100162078016

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Gender: Female
NPI: 1508904657
Provider English Spoken: Y
Provider Language(s) Spoken: Faroese, Farsi
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

GHAHREMANI, SIMIN
License Type: MD
Provider ID: 100162078017
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

GHAHREMANI, SIMIN
License Type: MD
Provider ID: 100162078017
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

HOLLICK, NATALIE
License Type: DO
Provider ID: 100351143004
Provider Gender: Female
NPI: 1558716845
Provider English Spoken: Y
Cultural Competency: N
Board Certified: Yes
RADY CHILDRENS HEALTH

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Limited: (P, IB, E, R)
Hours: M-F 8AM-5PM

PEDIATRICS

ISAIAS, AGNELA
License Type: MD
Provider ID: 100106332017
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: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

ISAIAS, AGNELA
License Type: MD
Provider ID: 100106332017
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: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

JACOBS-KLEISLI, MILAGROS
License Type: DO
Provider ID: 100169135015
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: No
RADY CHILDRENS HEALTH NETWORK
769 MEDICAL CENTER CT STE 300

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

CHULA VISTA, CA 91911
Phone: (619) 482-3090
Fax: (619) 482-7350
After Hours Phone: (619) 482-3090
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Hours: M-F 8AM-5PM SA 8AM-12PM

PEDIATRICS

KORSAND, SID
License Type: MD
Provider ID: 100053947016
Provider Gender: Male
NPI: 1588634513
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Persian, Turkish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

KORSAND, SID
License Type: MD
Provider ID: 100053947017
Provider Gender: Male
License Number: A49591
NPI: 1588634513
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Persian, Turkish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

KORSAND, SID
License Type: MD
Provider ID: 100053947017
Provider Gender: Male
License Number: A49591
NPI: 1588634513
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Persian, Turkish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

MISTRY, CHETAN
License Type: MD
Provider ID: 100089946011
Provider Gender: Male

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: No
RADY CHILDRENS HEALTH NETWORK
2440 FENTON ST STE 100
CHULA VISTA, CA 91914
Phone: (619) 656-3040
Fax: (619) 656-3045
After Hours Phone: (619) 656-3040
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

NGUYEN, TRUC
License Type: MD
Provider ID: 100081860007
Provider Gender: Female
NPI: 1881884054
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, WASHINGTON HOSPITAL, SCRIPPS MERCY HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

OIRA, VICTORIA
License Type: MD
Provider ID: 100076402008
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-4:30PM

PEDIATRICS

OIRA, VICTORIA
License Type: MD
Provider ID: 100076402009
Provider Gender: Female
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

C1 SAN DIEGO COUNTY MEDI-CAL

890 EASTLAKE PKWY STE 203
CHULA VISTA, CA 91914
Phone: (619) 656-3020
After Hours Phone: (619) 656-3020
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-4:30PM

PEDIATRICS

PIANSAY, MARIA CORAZON
License Type: MD
Provider ID: 100242807025
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: No
IHP OF SOUTHERN CAL-PHP
1637 3RD AVE STE H
CHULA VISTA, CA 91911
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

PIANSAY, MARIA CORAZON
License Type: MD
Provider ID: 100242807025
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: No
IHP OF SOUTHERN CAL-PHP
1637 3RD AVE STE H
CHULA VISTA, CA 91911
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

PIANSAY, MARIA CORAZON
License Type: MD
Provider ID: 100242807025
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: No
RADY CHILDRENS HEALTH NETWORK
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

PIANSAY, MARIA CORAZON
License Type: MD
Provider ID: 100242807025
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: No
RADY CHILDRENS HEALTH NETWORK
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

ROWHANI, NAGHMEH
License Type: MD
Provider ID: 100139347007
Provider Gender: Female
License Number: A92037
NPI: 1992876759
Provider English Spoken: Y
Provider Language(s) Spoken: Persian
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

ROWHANI, NAGHMEH
License Type: MD
Provider ID: 100139347007
Provider Gender: Female
License Number: A92037
NPI: 1992876759
Provider English Spoken: Y
Provider Language(s) Spoken: Persian
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

SALAZAR, JUANITA
License Type: MD
Provider ID: 100108238006
Provider Gender: Female
License Number: A78355
NPI: 1912938325
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog,

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Vietnamese
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

SALAZAR, JUANITA
License Type: MD
Provider ID: 100108238006
Provider Gender: Female
License Number: A78355
NPI: 1912938325
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

SANTIAGO, ROXANE
License Type: MD
Provider ID: 100217470008
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: 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: Limited: (P, IB, E, R)
Hours: M-F 8AM-5PM

PEDIATRICS

SHETH, HASMUKH
License Type: MD
Provider ID: 100086748011
Provider Gender: Male
License Number: A45942
NPI: 1396812236
Provider English Spoken: Y
Provider Language(s) Spoken: Gujarati, Hindi, Urdu
Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

PEDIATRICS

SHETH, HASMUKH
License Type: MD
Provider ID: 100086748011
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: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM

PEDIATRICS

VALENCIA, MARILES
License Type: MD
Provider ID: 100107858023
Provider Gender: Female
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
C1 SAN DIEGO COUNTY MEDI-CAL
1741 EASTLAKE PKWY STE 107
CHULA VISTA, CA 91915
Phone: (619) 482-1700
After Hours Phone: (619) 482-1700
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

VALENCIA, MARILES
License Type: MD
Provider ID: 100107858021
Provider Gender: Female
NPI: 1275541625
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
1741 EASTLAKE PKWY STE 107
CHULA VISTA, CA 91915
Phone: (619) 482-1700
Fax: (619) 475-4578

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

YAO, CATHERINE
License Type: MD
Provider ID: 100321615004
Provider Gender: Female
NPI: 1801166442
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: 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: Limited: (P, EB, IB, E)
Hours: M-F 8AM-5PM

PEDIATRICS

ZARGAR, SHABNAM
License Type: MD
Provider ID: 100240486006
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: No
RADY CHILDRENS HEALTH NETWORK
769 MEDICAL CENTER CT STE 300
CHULA VISTA, CA 91911
Phone: (619) 482-3090
Fax: (619) 482-7350
After Hours Phone: (619) 482-3090
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Hours: M-F 8AM-5PM

EL CAJON

CERTIFIED NURSE PRACTITIONER

LU, TAMMY
License Type: NP
Provider ID: 100334811002
Provider Gender: Female
License Number: NP95007253
NPI: 1457879132
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

CERTIFIED NURSE

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PRACTITIONER

LU, TAMMY

License Type: NP
Provider ID: 100334811002
Provider Gender: Female
License Number: NP95007253
NPI: 1457879132
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

MANGENE, CYNTHIA

License Type: NP
Provider ID: 100333807001
Provider Gender: Female
License Number: NP6782
NPI: 1548292626
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

MANGENE, CYNTHIA

License Type: NP
Provider ID: 100333807001
Provider Gender: Female
License Number: NP6782
NPI: 1548292626
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
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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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

ODA, THAGHAR

License Type: NPF
Provider ID: 100246139004
Provider Gender: Female
License Number: NP95000205
NPI: 1063835692
Provider English Spoken: Y
Provider Language(s) Spoken: Amharic, Arabic
Cultural Competency: N
Board Certified: 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

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American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

CERTIFIED NURSE PRACTITIONER

ODA, THAGHAR

License Type: NPF

Provider ID: 100246139004

Provider Gender: Female

License Number: RN810863

NPI: 1063835692

Provider English Spoken: Y

Provider Language(s) Spoken: Amharic, Arabic

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

CERTIFIED NURSE PRACTITIONER

ODA, THAGHAR

License Type: NPF

Provider ID: 100246139004

Provider Gender: Female

License Number: NP95000205

NPI: 1063835692

Provider English Spoken: Y

Provider Language(s) Spoken: Amharic, Arabic

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

CERTIFIED NURSE PRACTITIONER

ODA, THAGHAR

License Type: NPF

Provider ID: 100246139004

Provider Gender: Female

License Number: RN810863

NPI: 1063835692

Provider English Spoken: Y

Provider Language(s) Spoken: Amharic, Arabic

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

CERTIFIED NURSE PRACTITIONER

SWAN, MELANIE

License Type: NP

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100334805001
Provider Gender: Female
License Number: NP95000818
NPI: 1871934414
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

SWAN, MELANIE
License Type: NP
Provider ID: 100334805001
Provider Gender: Female
License Number: NP95000818
NPI: 1871934414
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

AL ANI, NAJWAN
License Type: MD
Provider ID: 100333907001
Provider Gender: Female
License Number: A144974
NPI: 1275948473
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

FAMILY PRACTICE

AL ANI, NAJWAN
License Type: MD
Provider ID: 100333907001
Provider Gender: Female
License Number: A144974
NPI: 1275948473
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Board Certified: 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

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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
SA 8:30AM-5:30PM

FAMILY PRACTICE

ALGHAMDI, ASMA
License Type: MD
Provider ID: 100359014015
Provider Gender: Female
License Number: A167529
NPI: 1316310840
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

ALGHAMDI, ASMA
License Type: MD
Provider ID: 100359014015
Provider Gender: Female
License Number: A167529
NPI: 1316310840
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

ALMANSOUR, MUMTAZ
License Type: MD
Provider ID: 100107873023
Provider Gender: Male
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Chaldean Neo-Aramaic, Kurdish, Spanish, Syriac
C1 SAN DIEGO COUNTY MEDI-CAL
330 S MAGNOLIA AVE STE 101
EL CAJON, CA 92020
Phone: (619) 593-3007
After Hours Phone: (619) 593-3007
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Hours: M-F 8AM-8PM
SA 8AM-6PM

FAMILY PRACTICE

BAIN, NATALIE
License Type: MD
Provider ID: 100430314002
Provider Gender: Female
License Number: A183464
NPI: 1821677584
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-F
8:30AM-5:30PM
SA 8:30AM-5:30PM

FAMILY PRACTICE

BAIN, NATALIE
License Type: MD
Provider ID: 100430314002
Provider Gender: Female
License Number: A183464
NPI: 1821677584
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F
8:30AM-5:30PM
SA 8:30AM-5:30PM

FAMILY PRACTICE

BROWN, BRANDON
License Type: MD
Provider ID: 100332143006
Provider Gender: Male
License Number: A148499
NPI: 1013399559
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F
8:30AM-5:30PM
SA 8:30AM-5:30PM

FAMILY PRACTICE

BROWN, BRANDON
License Type: MD
Provider ID: 100332143006
Provider Gender: Male
License Number: A148499
NPI: 1013399559
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
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Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F
8:30AM-5:30PM
SA 8:30AM-5:30PM

FAMILY PRACTICE

BRUHN, JOSHUA

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Type: MD
Provider ID: 100417728001
Provider Gender: Male
License Number: A186694
NPI: 1447888284
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

FAMILY PRACTICE

BRUHN, JOSHUA
License Type: MD
Provider ID: 100417728001
Provider Gender: Male
License Number: A186694
NPI: 1447888284
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
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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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

FAMILY PRACTICE

CORMAN, DANIEL
License Type: DO
Provider ID: 100334102003
Provider Gender: Male
License Number: 20A13060
NPI: 1629339593
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

FAMILY PRACTICE

CORMAN, DANIEL
License Type: DO
Provider ID: 100334102003
Provider Gender: Male
License Number: 20A13060
NPI: 1629339593
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
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Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

FAMILY PRACTICE

DOMINGUEZ, DENNIS
License Type: MD
Provider ID: 100085221025
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

DOMINGUEZ, DENNIS
License Type: MD
Provider ID: 100085221025
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License Number: G43179
NPI: 1225063811
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Provider Language(s) Spoken: Spanish
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Board Certified: No
IHP OF SOUTHERN CAL-PHP
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EL CAJON, CA 92020
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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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

GORDON, CHRISTOPHER
License Type: MD
Provider ID: 100334791003
Provider Gender: Male
License Number: A83390
NPI: 1477711521
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

FAMILY PRACTICE

GORDON, CHRISTOPHER
License Type: MD
Provider ID: 100334791003
Provider Gender: Male

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Number: A83390
NPI: 1477711521
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

FAMILY PRACTICE

HASTANAN, CAROL
License Type: MD
Provider ID: 100323314001
Provider Gender: Female
License Number: A110192
NPI: 1861648461
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

HASTANAN, CAROL
License Type: MD
Provider ID: 100323314001
Provider Gender: Female
License Number: A110192
NPI: 1861648461
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

HERNANDEZ, RIGOBERTO
License Type: MD
Provider ID: 100457594003
Provider Gender: Male
Provider English Spoken: Y
C1 SAN DIEGO COUNTY MEDI-CAL
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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

HODGKIN, EDWARD
License Type: MD
Provider ID: 100430174001
Provider Gender: Male
License Number: A177445
NPI: 1922619766
Provider English Spoken: Y
Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020
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After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F
8:30AM-5:30PM
SA 8:30AM-5:30PM

FAMILY PRACTICE

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License Type: MD
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Provider Gender: Male
License Number: A177445
NPI: 1922619766
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Cultural Competency: N
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After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F
8:30AM-5:30PM
SA 8:30AM-5:30PM

FAMILY PRACTICE

MANDOYAN, AUSTIN
License Type: MD
Provider ID: 100344918002
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F
8:30AM-5:30PM
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FAMILY PRACTICE

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License Type: MD
Provider ID: 100344918002
Provider Gender: Female
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License Type: MD
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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):

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N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

FAMILY PRACTICE

NASSIR, BASSAM

License Type: MD

Provider ID: 100159191016

Provider Gender: Male

License Number: A101888

NPI: 1386848166

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

Teleservice

FAMILY PRACTICE

NASSIR, BASSAM

License Type: MD

Provider ID: 100159191016

Provider Gender: Male

License Number: A101888

NPI: 1386848166

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic

Cultural Competency: N

Board Certified: No

IHP OF SOUTHERN CAL-PHP

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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: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

Teleservice

FAMILY PRACTICE

NIAZI, HARRIS

License Type: MD

Provider ID: 100334378001

Provider Gender: Male

License Number: A146111

NPI: 1174905871

Provider English Spoken: Y

Provider Language(s) Spoken: Farsi

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

FAMILY PRACTICE

NIAZI, HARRIS

License Type: MD

Provider ID: 100334378001

Provider Gender: Male

License Number: A146111

NPI: 1174905871

Provider English Spoken: Y

Provider Language(s) Spoken: Farsi

Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

FAMILY PRACTICE

PUTRUS, RAMIZ
License Type: MD
Provider ID: 100348831006
Provider Gender: Male
License Number: A68184
NPI: 1144300534
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Board Certified: No
LA MAESTRA FAMILY CLINIC
181 REA AVE
EL CAJON, CA 92020
Phone: (619) 312-0347
After Hours Phone: (619) 312-0347
Website: www.lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

FAMILY PRACTICE

PUTRUS, RAMIZ
License Type: MD
Provider ID: 100348831006
Provider Gender: Male
License Number: A68184
NPI: 1144300534
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Board Certified: No
LA MAESTRA FAMILY CLINIC
181 REA AVE
EL CAJON, CA 92020
Phone: (619) 312-0347
After Hours Phone: (619) 312-0347
Website: www.lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

FAMILY PRACTICE

SALEM, RAMSEY
License Type: MD
Provider ID: 100360207008
Provider Gender: Male
License Number: A158364
NPI: 1245401298
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

SALEM, RAMSEY
License Type: MD
Provider ID: 100360207008
Provider Gender: Male
License Number: A158364
NPI: 1245401298
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

SCHUMAKER, EDWARD
License Type: DO
Provider ID: 100052890024
Provider Gender: Male
License Number: 20A6433
NPI: 1184616872
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5991
After Hours Phone: (619) 795-5991
Website: www.lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

SCHUMAKER, EDWARD
License Type: DO
Provider ID: 100052890024
Provider Gender: Male
License Number: 20A6433
NPI: 1184616872
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5991
After Hours Phone: (619) 795-5991
Website: www.lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FQHC

CHASE AVENUE FAMILY HEALTH CTRS INC,
Provider ID: PG0025044024
NPI: 1104861681
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020
Phone: (619) 515-2499
Fax: (619) 593-7164
After Hours Phone: (619) 515-2499
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

FQHC

CHASE AVENUE FAMILY HEALTH CTRS INC,
Provider ID: PG0025044024
NPI: 1104861681
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO

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1111 W CHASE AVE
EL CAJON, CA 92020
Phone: (619) 515-2499
Fax: (619) 593-7164
After Hours Phone: (619) 515-2499
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

FQHC

DAP HEALTH-CENTRO MEDICO EL CAJON,
Provider ID: PG0134582003
NPI: 1154480069
Provider English Spoken: Y
Cultural Competency: N
DAP HEALTH INC
133 W MAIN ST
EL CAJON, CA 92020
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\None
American Sign Language (ASL): N

FQHC

DAP HEALTH-CENTRO MEDICO EL CAJON,
Provider ID: PG0134582003
NPI: 1154480069
Provider English Spoken: Y
Cultural Competency: N
DAP HEALTH INC
133 W MAIN ST
EL CAJON, CA 92020
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\None
American Sign Language (ASL): N

FQHC

FAMILY HLTH CTR SAN DIEGO-EL CAJON,
Provider ID: PG0084245002
NPI: 1932561198
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
Fax: (619) 269-0191
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8:30AM-5:30PM
SA 8:30AM-5:30PM

FQHC

FAMILY HLTH CTR SAN DIEGO-EL CAJON,
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NPI: 1932561198
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Hours: M-F 8:30AM-5:30PM
SA 8:30AM-5:30PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

FQHC

LA MAESTRA CHC EL CAJON BROADWAY,

Provider ID: PG0085229002

NPI: 1134590086

Provider English Spoken: Y

Cultural Competency: N

LA MAESTRA FAMILY CLINIC

1032 BROADWAY
EL CAJON, CA 92021

Phone: (619) 795-5991

Fax: (619) 795-5992

After Hours Phone: (619) 795-5991

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (P, EB, IB, E)

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

FQHC

LA MAESTRA CHC EL CAJON BROADWAY,

Provider ID: PG0085229002

NPI: 1134590086

Provider English Spoken: Y

Cultural Competency: N

LA MAESTRA FAMILY CLINIC

1032 BROADWAY
EL CAJON, CA 92021

Phone: (619) 795-5991

Fax: (619) 795-5992

After Hours Phone: (619) 795-5991

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (P, EB, IB, E)

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

FQHC

LA MAESTRA CHC-REA AVE,

Provider ID: PG0129902003

NPI: 1609849074

Provider English Spoken: Y

Cultural Competency: N

LA MAESTRA FAMILY CLINIC

181 REA AVE
EL CAJON, CA 92020

Phone: (619) 312-0347

Fax: (619) 510-4649

After Hours Phone: (619) 312-0347

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

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

FQHC

LA MAESTRA CHC-REA AVE,

Provider ID: PG0129902003

NPI: 1609849074

Provider English Spoken: Y

Cultural Competency: N

LA MAESTRA FAMILY CLINIC

181 REA AVE
EL CAJON, CA 92020

Phone: (619) 312-0347

Fax: (619) 510-4649

After Hours Phone: (619) 312-0347

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

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

FQHC

SAN YSIDRO HEALTH EL CAJON,

Provider ID: PG0111464003

NPI: 1568845741

Provider English Spoken: Y

Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD
EL CAJON, CA 92020

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Phone: (619) 662-4100
Fax: (619) 785-3356
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH EL CAJON,
Provider ID: PG0111464003
NPI: 1568845741
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
Fax: (619) 785-3356
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

ALWASH, MUSTAFA
License Type: MD
Provider ID: 100350371003
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

INTERNAL MEDICINE

ALWASH, MUSTAFA
License Type: MD
Provider ID: 100350371003
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

INTERNAL MEDICINE

AWDISHO, ALAN
License Type: DO
Provider ID: 100381973005
Provider Gender: Male
License Number: 20A18702
NPI: 1164795498

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Provider English Spoken: Y
Provider Language(s) Spoken: Assyrian, Syriac
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Teleservice

INTERNAL MEDICINE

AWDISHO, ALAN
License Type: DO
Provider ID: 100381973005
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Teleservice

INTERNAL MEDICINE

DUONG, MAI
License Type: MD
Provider ID: 100334595002
Provider Gender: Female
License Number: A127798
NPI: 1629339304
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

INTERNAL MEDICINE

DUONG, MAI
License Type: MD
Provider ID: 100334595002
Provider Gender: Female
License Number: A127798
NPI: 1629339304
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

INTERNAL MEDICINE

GORGES, RANDA

License Type: MD

Provider ID: 100334849002

Provider Gender: Female

License Number: A138815

NPI: 1285079509

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

INTERNAL MEDICINE

GORGES, RANDA

License Type: MD

Provider ID: 100334849002

Provider Gender: Female

License Number: A138815

NPI: 1285079509

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic

Cultural Competency: N

Board Certified: No

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525 E MAIN ST
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619) 515-2498

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

INTERNAL MEDICINE

JABRI, ZAIN

License Type: MD

Provider ID: 100357195006

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, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER, PALOMAR MEDICAL CENTER, PIONEERS MEMORIAL HOSPITAL

Board Certified: No

LA MAESTRA FAMILY CLINIC

1032 BROADWAY
EL CAJON, CA 92021

Phone: (619) 795-5991

After Hours Phone: (619) 795-5991

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

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Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Teleservice

INTERNAL MEDICINE

JABRI, ZAIN
License Type: MD
Provider ID: 100357195006
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, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER, PALOMAR MEDICAL CENTER, PIONEERS MEMORIAL HOSPITAL
Board Certified: No
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5991
After Hours Phone: (619) 795-5991
Website: www.lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Teleservice

INTERNAL MEDICINE

JAHANPANAH, FERESHTEH
License Type: MD
Provider ID: 100076454018
Provider Gender: Female
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Faroese, Farsi, Spanish
C1 SAN DIEGO COUNTY MEDI-CAL
343 E MAIN ST STE 101
EL CAJON, CA 92020
Phone: (619) 447-6001
After Hours Phone: (619) 447-6001
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8:30AM-4PM F 10AM-2PM

INTERNAL MEDICINE

MALINAK, JAMES
License Type: MD
Provider ID: 100031498014
Provider Gender: Male
License Number: G52238
NPI: 1497867501
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

MALINAK, JAMES
License Type: MD

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 1000031498014
Provider Gender: Male
License Number: G52238
NPI: 1497867501
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

MANSY, TAMARA
License Type: MD
Provider ID: 100363067007
Provider Gender: Female
License Number: A164238
NPI: 1396277737
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Teleservice

INTERNAL MEDICINE

MANSY, TAMARA
License Type: MD
Provider ID: 100363067007
Provider Gender: Female
License Number: A164238
NPI: 1396277737
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Teleservice

INTERNAL MEDICINE

MAY, LOUIS
License Type: MD
Provider ID: 100325305011
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Teleservice

INTERNAL MEDICINE

MAY, LOUIS
License Type: MD
Provider ID: 100325305011
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: 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: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

INTERNAL MEDICINE

MAY, LOUIS

License Type: MD

Provider ID: 100325305011

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: 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: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

INTERNAL MEDICINE

MICHAEL, RAMI

License Type: MD

Provider ID: 100341876015

Provider Gender: Male

License Number: A144513

NPI: 1467871673

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic, Chaldean Neo-Aramaic

Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

Teleservice

INTERNAL MEDICINE

MICHAEL, RAMI

License Type: MD

Provider ID: 100341876015

Provider Gender: Male

License Number: A144513

NPI: 1467871673

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic, Chaldean Neo-Aramaic

Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

Teleservice

INTERNAL MEDICINE

NADI, FAHIMA

License Type: MD

Provider ID: 100395475001

Provider Gender: Female

License Number: A175325

NPI: 1770072290

Provider English Spoken: Y

Provider Language(s)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Spoken: Farsi, Pashto, Persian, Urdu
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

INTERNAL MEDICINE

NADI, FAHIMA
License Type: MD
Provider ID: 100395475001
Provider Gender: Female
License Number: A175325
NPI: 1770072290
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Pashto, Persian, Urdu
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

INTERNAL MEDICINE

NARAYAN, ARCHANA
License Type: MD
Provider ID: 100186600015
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

NARAYAN, ARCHANA
License Type: MD
Provider ID: 100186600015
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: 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

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American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

INTERNAL MEDICINE

PARIKH, MILIND

License Type: DO

Provider ID: 100344664008

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 Grossmont Hospital, SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

INTERNAL MEDICINE

PARIKH, MILIND

License Type: DO

Provider ID: 100344664008

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 Grossmont Hospital, SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR

Board Certified: No

FAMILY HEALTH CENTERS OF SAN DIEGO

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EL CAJON, CA 92020

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After Hours Phone: (619) 515-2498

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

INTERNAL MEDICINE

REDDY, ARJUN

License Type: MD

Provider ID: 100050929005

Provider Gender: Male

NPI: 1730132457

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: GROSSMONT HOSPITAL

Board Certified: 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: Limited: (P, EB, IB, E, T)

Hours: M-F 8AM-4PM

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INTERNAL MEDICINE

ROUEL, WADI

License Type: MD

Provider ID: 100246050014

Provider Gender: Male

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Arabic, Assyrian, Spanish, Syriac*

C1 SAN DIEGO COUNTY MEDI-CAL

860 JAMACHA RD STE 107
EL CAJON, CA 92019

Phone: (619) 456-9920

After Hours Phone: (619) 456-9920

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Hours: M-F 9AM-5PM

INTERNAL MEDICINE

ROUEL, WADI

License Type: MD

Provider ID: 100246050017

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: No

LA MAESTRA FAMILY CLINIC

1032 BROADWAY
EL CAJON, CA 92021

Phone: (619) 795-5983

After Hours Phone: (619) 795-5983

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

INTERNAL MEDICINE

ROUEL, WADI

License Type: MD

Provider ID: 100246050017

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: No

LA MAESTRA FAMILY CLINIC

1032 BROADWAY
EL CAJON, CA 92021

Phone: (619) 795-5983

After Hours Phone: (619) 795-5983

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

INTERNAL MEDICINE

SHEIKH-MOHAMED, HALA

License Type: MD

Provider ID: 100338872006

Provider Gender: Female

License Number: A159247

NPI: 1972946770

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Arabic, Hindi, Urdu*

Cultural Competency: N

Hospital Affiliation: SCRIPPS

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MEMORIAL HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

SHEIKH-MOHAMED, HALA
License Type: MD
Provider ID: 100338872006
Provider Gender: Female
License Number: A159247
NPI: 1972946770
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Hindi, Urdu
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

TCHAKMAKJIAN, LEVON
License Type: MD
Provider ID: 100353414009
Provider Gender: Male
License Number: C144411
NPI: 1790744795
Provider English Spoken: Y
Provider Language(s) Spoken: Armenian, Hebrew
Cultural Competency: N
Hospital Affiliation: NORTH BAY VACAVALLEY HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

TCHAKMAKJIAN, LEVON
License Type: MD
Provider ID: 100353414009
Provider Gender: Male
License Number: C144411
NPI: 1790744795
Provider English Spoken: Y
Provider Language(s) Spoken: Armenian, Hebrew
Cultural Competency: N
Hospital Affiliation: NORTH BAY VACAVALLEY HOSPITAL
Board Certified: No
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Min/Max Age: 0\None
American Sign Language (ASL): N
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Hours: M-F 8AM-5PM

INTERNAL MEDICINE

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

YOON, TAE HYUN
License Type: MD
Provider ID: 100349644002
Provider Gender: Male
License Number: C161090
NPI: 1508918178
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Korean*

Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

INTERNAL MEDICINE

YOON, TAE HYUN
License Type: MD
Provider ID: 100349644002
Provider Gender: Male
License Number: C161090
NPI: 1508918178
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Korean*

Cultural Competency: N
Board Certified: No
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After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE
License Type: MD
Provider ID: 100061208012
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
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Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE
License Type: MD
Provider ID: 100061208012
Provider Gender: Female
License Number: A68463
NPI: 1376663831
- *Provider English Spoken: Y*

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA
License Type: MD
Provider ID: 100395630009
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA
License Type: MD
Provider ID: 100395630009
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
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EL CAJON, CA 92020
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After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS
License Type: MD
Provider ID: 100378311009
Provider Gender: Male
License Number: A108228
NPI: 1629277322
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp

Grossmont Hospital
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS
License Type: MD
Provider ID: 100378311009
Provider Gender: Male
License Number: A108228
NPI: 1629277322
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY
License Type: MD
Provider ID: 100395484009
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY
License Type: MD
Provider ID: 100395484009
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619)

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY
License Type: MD
Provider ID: 100395484009
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

515-2498
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN
License Type: MD
Provider ID: 100387235009
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN
License Type: MD
Provider ID: 100387235009
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
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Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

KHAN, ALIYA
License Type: MD
Provider ID: 100091857007
Provider Gender: Female
License Number: G50634
NPI: 1285687350
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Urdu
Cultural Competency: N
Board Certified: No
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5991
After Hours Phone: (619) 795-5991
Website: www.lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-6PM

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SA 8AM-2PM

OBSTETRICS / GYNECOLOGY

KHAN, ALIYA

License Type: MD
Provider ID: 100091857007
Provider Gender: Female
License Number: G50634
NPI: 1285687350
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Hindi, Urdu*

Cultural Competency: N
Board Certified: No
LA MAESTRA FAMILY CLINIC
- 1032 BROADWAY
  EL CAJON, CA 92021
- *Phone: (619) 795-5991*
- *After Hours Phone: (619) 795-5991*
- *Website: www.lamaestra.org*

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
- *Accessibility: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8AM-6PM*
  SA 8AM-2PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

License Type: MD
Provider ID: 100334432009
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: 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8:30AM-5:30PM*
  SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

License Type: MD
Provider ID: 100334432009
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: 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8:30AM-5:30PM*
  SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

MENDEZ, DIEGO

License Type: MD
Provider ID: 100090097015

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8AM-5PM*

OBSTETRICS / GYNECOLOGY

MENDEZ, DIEGO
License Type: MD
Provider ID: 100090097015
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: 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8AM-5PM*

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA
License Type: MD
Provider ID: 100362343009
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: 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM*

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA

License Type: MD
Provider ID: 100362343009
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA

License Type: DO
Provider ID: 100332023013
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA

License Type: DO
Provider ID: 100332023013
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN

License Type: MD
Provider ID: 100040195015
Provider Gender: Male
License Number: G78814
NPI: 1699790634
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN
License Type: MD
Provider ID: 100040195015
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

PEDIATRICS

ALWAHAB, AREEJ
License Type: MD
Provider ID: 100379364005
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: No
RADY CHILDRENS HEALTH NETWORK
250 E CHASE AVE STE 110
EL CAJON, CA 92020
Phone: (619) 399-7878
Fax: (858) 499-5006
After Hours Phone: (619) 399-7878
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

PEDIATRICS

CONE, STEPHANIE
License Type: MD
Provider ID: 100220462009
Provider Gender: Female
License Number: A123929
NPI: 1437444858
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: No
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5991
After Hours Phone: (619) 795-5991
Website: www.lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

PEDIATRICS

CONE, STEPHANIE
License Type: MD
Provider ID: 100220462009
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: No
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5991
After Hours Phone: (619) 795-5991
Website: www.lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

PEDIATRICS

FLEMING, TARA
License Type: MD
Provider ID: 100359922001
Provider Gender: Female
License Number: A152462
NPI: 1972965242
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

PEDIATRICS

FLEMING, TARA
License Type: MD
Provider ID: 100359922001
Provider Gender: Female
License Number: A152462
NPI: 1972965242
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

PEDIATRICS

JACKSON, DANA
License Type: DO
Provider ID: 100335546018
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

PEDIATRICS

JACKSON, DANA
License Type: DO
Provider ID: 100335546018
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

PEDIATRICS

JONES, SETAREH
License Type: MD
Provider ID: 100145401016
Provider Gender: Female
License Number: A110010
NPI: 1033441316
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: No
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5983
After Hours Phone: (619) 795-5983
Website: www.lamaestra.or

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

g
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

PEDIATRICS

JONES, SETAREH
License Type: MD
Provider ID: 100145401016
Provider Gender: Female
License Number: A110010
NPI: 1033441316
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: No
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5983
After Hours Phone: (619) 795-5983
Website: www.lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

PEDIATRICS

KODSI, ALICIA
License Type: MD
Provider ID: 100334748001
Provider Gender: Female
License Number: A147976
NPI: 1932514353
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

PEDIATRICS

KODSI, ALICIA
License Type: MD
Provider ID: 100334748001
Provider Gender: Female
License Number: A147976
NPI: 1932514353
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

PEDIATRICS

NAIK, SHILPA
License Type: MD
Provider ID: 100227692016
Provider Gender: Female
NPI: 1902156904
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, Sharp Grossmont Hospital
Board Certified: 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: Limited: (EB, IB, E)
Hours: M-F 8AM-5PM

PEDIATRICS

NGUYEN, VI
License Type: MD
Provider ID: 100311772009
Provider Gender: Female
NPI: 1053540534
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: 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: Limited: (EB, IB, E)
Hours: M-F 8AM-5PM

PEDIATRICS

PINTO, ANITA
License Type: MD
Provider ID: 100042394012
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: 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: Limited: (EB, IB, E)
Hours: M-F 8AM-5PM

PEDIATRICS

RODRIGUEZ, ALDO
License Type: MD
Provider ID: 100354595004
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

RODRIGUEZ, ALDO
License Type: MD
Provider ID: 100354595004
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

ENCINITAS

CERTIFIED NURSE PRACTITIONER

YOUNG, JENNIFER
License Type: NPF
Provider ID: 100263683014
Provider Gender: Female
License Number: NP95003087
NPI: 1558701094
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1130 2ND ST
ENCINITAS, CA 92024
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: Basic: (P, EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

YOUNG, JENNIFER
License Type: NPF
Provider ID: 100263683014
Provider Gender: Female
License Number: NP95003087
NPI: 1558701094
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1130 2ND ST
ENCINITAS, CA 92024
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: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

SHAH, NIYATI
License Type: MD
Provider ID: 100443786006
Provider Gender: Female
License Number: C193352

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NPI: 1891136354
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1130 2ND ST
ENCINITAS, CA 92024
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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM
F 8:30AM-5:30PM

FAMILY PRACTICE

SHAH, NIYATI
License Type: MD
Provider ID: 100443786006
Provider Gender: Female
License Number: C193352
NPI: 1891136354
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1130 2ND ST
ENCINITAS, CA 92024
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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM
F 8:30AM-5:30PM

FQHC

TRUECARE,
Provider ID: PG0092584008
NPI: 1245246917
Provider English Spoken: Y
Cultural Competency: N
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
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-TH 8AM-5PM
F 8:30AM-5:30PM

FQHC

TRUECARE,
Provider ID: PG0092584008
NPI: 1245246917
Provider English Spoken: Y
Cultural Competency: N
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
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-TH 8AM-5PM
F 8:30AM-5:30PM

PEDIATRICS

BRION, SONJA
License Type: MD
Provider ID: 100085034007
Provider Gender: Female
NPI: 1306817317
Provider English Spoken: Y
Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
499 N EL CAMINO REAL
STE B100
ENCINITAS, CA 92024
Phone: (760) 436-4511
Fax: (760) 436-5106
After Hours Phone: (760) 436-4511
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

PEDIATRICS

MENDENHALL, ANNA
License Type: MD
Provider ID: 100031153009
Provider Gender: Female
NPI: 1639140650
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL
Board Certified: 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
Hours: M-F 8AM-5PM

PEDIATRICS

MURPHY, CARMEL
License Type: MD
Provider ID: 100082627019
Provider Gender: Female
License Number: A103940
NPI: 1790824787
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1130 2ND ST
ENCINITAS, CA 92024
Phone: (760) 753-7842
After Hours Phone: (760) 753-7842
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

MURPHY, CARMEL
License Type: MD
Provider ID: 100082627019
Provider Gender: Female
License Number: A103940
NPI: 1790824787
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1130 2ND ST

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

ENCINITAS, CA 92024
Phone: (760) 753-7842
After Hours Phone: (760) 753-7842
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

TERRY, AMANDA
License Type: MD
Provider ID: 100194394012
Provider Gender: Female
NPI: 1861770885
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Board Certified: 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
Hours: M-F 8AM-5PM

PEDIATRICS

TOLBA, KAMEI
License Type: MD
Provider ID: 100020025012
Provider Gender: Male
NPI: 1144221763
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL
Board Certified: 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
Hours: M-F 8AM-5PM

ESCONDIDO

FAMILY PRACTICE

ARRIETA, NOEMI
License Type: DO
Provider ID: 100214881014
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: 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: Limited: (P, IB,

E, R)

FAMILY PRACTICE

ARRIETA, NOEMI

License Type: DO

Provider ID: 100214881014

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: 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: Limited: (P, IB, E, R)

FAMILY PRACTICE

CASTANER, ZALYA

License Type: MD

Provider ID: 100351214002

Provider Gender: Female

License Number: A139490

NPI: 1487072179

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

CASTANER, ZALYA

License Type: MD

Provider ID: 100351214005

Provider Gender: Female

License Number: A139490

NPI: 1487072179

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

FAMILY PRACTICE

CASTANER, ZALYA

License Type: MD

Provider ID: 100351214005

Provider Gender: Female

License Number: A139490

NPI: 1487072179

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-8PM TH-F 8AM-5PM

FAMILY PRACTICE

CASTANER, ZALYA
License Type: MD
Provider ID: 100351214002
Provider Gender: Female
License Number: A139490
NPI: 1487072179
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

COBIAN, VANESSA
License Type: MD
Provider ID: 100350271004
Provider Gender: Female
License Number: A145349
NPI: 1134513039
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-8PM TH-F 8AM-5PM

FAMILY PRACTICE

COBIAN, VANESSA
License Type: MD
Provider ID: 100350271004
Provider Gender: Female
License Number: A145349
NPI: 1134513039
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-8PM TH-F 8AM-5PM

FAMILY PRACTICE

COX, VICTORIA
License Type: MD
Provider ID: 100374049003
Provider Gender: Female
License Number: C171064
NPI: 1093087819
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
704 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R)

FAMILY PRACTICE

COX, VICTORIA
License Type: MD
Provider ID: 100374049003
Provider Gender: Female
License Number: C171064
NPI: 1093087819
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Limited: (P, IB, E, R)

FAMILY PRACTICE

DE ROTH, GEORGINE
License Type: MD
Provider ID: 100409222010
Provider Gender: Female
Provider English Spoken: Y
Provider Language(s) Spoken: French, Hungarian, Spanish
C1 SAN DIEGO COUNTY MEDI-CAL
362 W MISSION AVE STE 105
ESCONDIDO, CA 92025
Phone: (760) 741-1224
After Hours Phone: (760) 741-1224
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

FAMILY PRACTICE

FERRAIOLO, NATALIE
License Type: MD
Provider ID: 100350855024
Provider Gender: Female
License Number: A152372
NPI: 1306290143
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-12PM
Teleservice

FAMILY PRACTICE

FERRAIOLO, NATALIE
License Type: MD
Provider ID: 100350855024
Provider Gender: Female
License Number: A152372
NPI: 1306290143
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-12PM
Teleservice

FAMILY PRACTICE

HAMILTON, LISA MARIE
License Type: DO
Provider ID: 100333820003
Provider Gender: Female
License Number: 20A14772
NPI: 1235576059
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R)

FAMILY PRACTICE

HAMILTON, LISA MARIE
License Type: DO
Provider ID: 100333820003
Provider Gender: Female
License Number: 20A14772
NPI: 1235576059
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R)

FAMILY PRACTICE

KAUR, JATINDER
License Type: MD
Provider ID: 100315025011
Provider Gender: Female
License Number: A120771
NPI: 1912141391
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Punjabi, Urdu
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-12PM

FAMILY PRACTICE

KAUR, JATINDER
License Type: MD
Provider ID: 100315025011
Provider Gender: Female
License Number: A120771
NPI: 1912141391
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Punjabi, Urdu
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
460 N ELM ST

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-12PM

FAMILY PRACTICE

MCHENRY, KATHRYN
License Type: DO
Provider ID: 100320650006
Provider Gender: Female
License Number: 20A14292
NPI: 1326458373
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-12PM

FAMILY PRACTICE

MCHENRY, KATHRYN
License Type: DO
Provider ID: 100320650006
Provider Gender: Female
License Number: 20A14292
NPI: 1326458373
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-12PM

FAMILY PRACTICE

NAKAMURA, MELANIE
License Type: MD
Provider ID: 100195029003
Provider Gender: Female
License Number: A107557
NPI: 1104022672
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-12PM

FAMILY PRACTICE

NAKAMURA, MELANIE
License Type: MD
Provider ID: 100195029003
Provider Gender: Female
License Number: A107557
NPI: 1104022672
Provider English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-12PM

FAMILY PRACTICE

ORTIZ, KENNETH
License Type: MD
Provider ID: 100335275037
Provider Gender: Male
License Number: A156607
NPI: 1356761571
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
704 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (760) 745-5832
After Hours Phone: (760) 745-5832
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R)

FAMILY PRACTICE

ORTIZ, KENNETH
License Type: MD
Provider ID: 100335275037
Provider Gender: Male
License Number: A156607
NPI: 1356761571
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
704 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (760) 745-5832
After Hours Phone: (760) 745-5832
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R)

FAMILY PRACTICE

PATEL, JITENBHAI
License Type: MD
Provider ID: 100339325002
Provider Gender: Male
License Number: A94128
NPI: 1902921406
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Teleservice

FAMILY PRACTICE

PATEL, JITENBHAI
License Type: MD
Provider ID: 100339325003

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Gender: Male
License Number: A94128
NPI: 1902921406
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Teleservice

FAMILY PRACTICE

PATEL, JITENBHAI
License Type: MD
Provider ID: 100339325002
Provider Gender: Male
License Number: A94128
NPI: 1902921406
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Teleservice

FAMILY PRACTICE

PATEL, JITENBHAI
License Type: MD
Provider ID: 100339325003
Provider Gender: Male
License Number: A94128
NPI: 1902921406
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Teleservice

FAMILY PRACTICE

RAO, USHA
License Type: MD
Provider ID: 100381993009
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: 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: Limited: (P, IB, E, R)
Teleservice

FAMILY PRACTICE

RAO, USHA
License Type: MD

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100381993009
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: 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: Limited: (P, IB, E, R)
Teleservice

FAMILY PRACTICE

SANDHU, BASANT
License Type: MD
Provider ID: 100315195012
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-8PM TH-F 8AM-5PM

FAMILY PRACTICE

SANDHU, BASANT
License Type: MD
Provider ID: 100315195012
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-8PM TH-F 8AM-5PM

FAMILY PRACTICE

SIVA, TENAYA
License Type: MD
Provider ID: 100418703007
Provider Gender: Male
License Number: A185064
NPI: 1174151203
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
704 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (760) 745-5832
After Hours Phone: (760)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

745-5832
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R)

FAMILY PRACTICE

SIVA, TENAYA
License Type: MD
Provider ID: 100418703007
Provider Gender: Male
License Number: A185064
NPI: 1174151203
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
704 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (760) 745-5832
After Hours Phone: (760) 745-5832
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R)

FQHC

DAP HEALTH-CENTRO MEDICO ESCONDIDO,
Provider ID: PG0134576003
NPI: 1023349883
Provider English Spoken: Y
Cultural Competency: N
DAP HEALTH INC
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025
Phone: (760) 871-0606
Fax: (858) 634-6918
After Hours Phone: (760) 871-0606
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)

FQHC

DAP HEALTH-CENTRO MEDICO ESCONDIDO,
Provider ID: PG0134576003
NPI: 1023349883
Provider English Spoken: Y
Cultural Competency: N
DAP HEALTH INC
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025
Phone: (760) 871-0606
Fax: (858) 634-6918
After Hours Phone: (760) 871-0606
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)

FQHC

ESCONDIDO FAMILY HEALTH CENTER,
Provider ID: PG0125224003
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: Basic: (P, EB, IB, E, R)

FQHC

ESCONDIDO FAMILY HEALTH

CENTER,
Provider ID: PG0125224003
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: Basic: (P, EB, IB, E, R)

FQHC

NEIGHBORHOOD HEALTHCARE ESCONDIDO,
Provider ID: PG0024990059
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
Hours: M-F 8AM-5PM

FQHC

NEIGHBORHOOD HEALTHCARE ESCONDIDO,
Provider ID: PG0024990059
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
Hours: M-F 8AM-5PM

FQHC

NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL,
Provider ID: PG0087195005
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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM

FQHC

NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL,
Provider ID: PG0087195005
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):

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N

Accessibility: Basic: (P, EB, IB, E, R)

Hours: M-F 8AM-5PM

FQHC

NEIGHBORHOOD HEALTHCARE PEDS AND PRENATAL,

Provider ID: PG0024990057

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

Hours: M-F 8AM-5PM

FQHC

NEIGHBORHOOD HEALTHCARE PEDS AND PRENATAL,

Provider ID: PG0024990057

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

Hours: M-F 8AM-5PM

FQHC

NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY,

Provider ID: PG0024990053

NPI: 1720264641

Provider English Spoken: Y

Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

728 E VALLEY PKWY
ESCONDIDO, CA 92025

Phone: (760) 737-6900

Fax: (360) 462-2748

After Hours Phone: (760) 737-6900

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R)

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

FQHC

NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY,

Provider ID: PG0024990053

NPI: 1720264641

Provider English Spoken: Y

Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

728 E VALLEY PKWY
ESCONDIDO, CA 92025

Phone: (760) 737-6900

Fax: (360) 462-2748

After Hours Phone: (760) 737-6900

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R)

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

FQHC

SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE,

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Provider ID: PG0094132002
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: Limited: (P, IB, E, R)
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE,
Provider ID: PG0094132002
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: Limited: (P, IB, E, R)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

CARRERA, JORGE
License Type: MD
Provider ID: 100075629012
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: 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: Limited: (P, IB, E, R)

INTERNAL MEDICINE

CARRERA, JORGE
License Type: MD
Provider ID: 100075629012
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: 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: Limited: (P, IB, E, R)

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C. شبکه ارائهدهندگان مراقبتهای اولیه

INTERNAL MEDICINE

VETTICADEN, SANTOSH

License Type: MD

Provider ID: 100368170001

Provider Gender: Male

License Number: C53062

NPI: 1679102461

Provider English Spoken: Y

Provider Language(s) Spoken: Hindi

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

INTERNAL MEDICINE

VETTICADEN, SANTOSH

License Type: MD

Provider ID: 100368170001

Provider Gender: Male

License Number: C53062

NPI: 1679102461

Provider English Spoken: Y

Provider Language(s) Spoken: Hindi

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

PEDIATRICS

AGUILAR, EDITA

License Type: MD

Provider ID: 100334303009

Provider Gender: Female

License Number: A56054

NPI: 1467407411

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish, Tagalog

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

AGUILAR, EDITA

License Type: MD

Provider ID: 100334303006

Provider Gender: Female

License Number: A56054

NPI: 1467407411

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish, Tagalog

Cultural Competency: N

Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Accessibility: Basic: (P, EB, IB, E, R)

PEDIATRICS

AGUILAR, EDITA

License Type: MD
Provider ID: 100334303006
Provider Gender: Female
License Number: A56054
NPI: 1467407411
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R)

PEDIATRICS

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Provider Gender: Female
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Board Certified: No
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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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

ALDANA, NANCY

License Type: MD
Provider ID: 100079966007
Provider Gender: Female
License Number: A62467
NPI: 1558371963
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified: No
IHP OF SOUTHERN CAL-PHP
426 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8340
After Hours Phone: (760) 520-8340
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM

PEDIATRICS

ALDANA, NANCY

License Type: MD
Provider ID: 100079966007
Provider Gender: Female
License Number: A62467
NPI: 1558371963
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: No
IHP OF SOUTHERN CAL-PHP
426 N DATE ST
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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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM

PEDIATRICS

CHOW, BYRON
License Type: MD
Provider ID: 100011079003
Provider Gender: Male
License Number: A78116
NPI: 1619907607
Provider English Spoken: Y
Provider Language(s) Spoken: French, Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

CHOW, BYRON
License Type: MD
Provider ID: 100011079003
Provider Gender: Male
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NPI: 1619907607
Provider English Spoken: Y
Provider Language(s) Spoken: French, Spanish
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Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

COHEN, CARA
License Type: MD
Provider ID: 100062199011
Provider Gender: Female
NPI: 1215021274
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM

PEDIATRICS

COULLAHAN, JESSICA
License Type: MD
Provider ID: 100106293010
Provider Gender: Female
NPI: 1750579108
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM SA 8:30AM-12PM

PEDIATRICS

CURET, ZULMA
License Type: MD
Provider ID: 100246070010
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: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

CURET, ZULMA
License Type: MD
Provider ID: 100246070010
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: No
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ESCONDIDO, CA 92025
Phone: (760) 520-8100
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

DOSHI, NEELIMA
License Type: MD
Provider ID: 100050924014
Provider Gender: Female
License Number: A67626

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NPI: 1417921578
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: 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: Basic: (P, EB, IB, E, R)

PEDIATRICS

DOSHI, NEELIMA
License Type: MD
Provider ID: 100050924014
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: 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: Basic: (P, EB, IB, E, R)

PEDIATRICS

SONG, JOYCE
License Type: DO
Provider ID: 100396898009
Provider Gender: Female
NPI: 1417510694
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM

PEDIATRICS

STRAZICICH, KARLA
License Type: MD
Provider ID: 100080501005
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: 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):

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

N
Accessibility: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

STRAZICICH, KARLA
License Type: MD
Provider ID: 100080501005
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: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

TELLECHEA-SANCHEZ, SELMIRA
License Type: MD
Provider ID: 100103741010
Provider Gender: Female
License Number: G83438
NPI: 1730288747
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R)

PEDIATRICS

TELLECHEA-SANCHEZ, SELMIRA
License Type: MD
Provider ID: 100103741010
Provider Gender: Female
License Number: G83438
NPI: 1730288747
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R)

PEDIATRICS

THIRUNAGARI, HARRSHA
License Type: MD
Provider ID: 100134949010
Provider Gender: Female
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Spanish, Telugu
C1 SAN DIEGO COUNTY MEDI-CAL
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025
Phone: (760) 871-0606
After Hours Phone: (760) 871-0606
Website: N/A
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 9AM-5PM

FALLBROOK

CERTIFIED NURSE PRACTITIONER

KIRKLAND, STEPHANIE
License Type: NP
Provider ID: 100358241006
Provider Gender: Female
License Number: NP95013844
NPI: 1083813661
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHRISTUS SANTA ROSA MEDICAL CENTER
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M 8AM-4PM
TU 8AM-12:30PM
W-TH 8AM-5PM

CERTIFIED NURSE PRACTITIONER

KIRKLAND, STEPHANIE
License Type: NP
Provider ID: 100358241006
Provider Gender: Female
License Number: NP95013844
NPI: 1083813661
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHRISTUS SANTA ROSA MEDICAL CENTER
Board Certified: No
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
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Accessibility: Limited: (EB, IB)
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W-TH 8AM-5PM

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Board Certified: No
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برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

CERTIFIED NURSE PRACTITIONER

KIRKLAND, STEPHANIE

License Type: NP
Provider ID: 100358241006
Provider Gender: Female
License Number: NP95013844
NPI: 1083813661
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHRISTUS SANTA ROSA MEDICAL CENTER
Board Certified: No
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CERTIFIED NURSE PRACTITIONER

KIRKLAND, STEPHANIE

License Type: NP
Provider ID: 100358241006
Provider Gender: Female
License Number: NP95013844
NPI: 1083813661
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Cultural Competency: N
Hospital Affiliation: CHRISTUS SANTA ROSA MEDICAL CENTER
Board Certified: No
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American Sign Language (ASL): N
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Hours: M 8AM-4PM
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W-TH 8AM-5PM

CERTIFIED NURSE PRACTITIONER

KIRKLAND, STEPHANIE

License Type: NP
Provider ID: 100358241006
Provider Gender: Female
License Number: NP95013844
NPI: 1083813661
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHRISTUS SANTA ROSA MEDICAL CENTER
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
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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: Limited: (EB, IB)
Hours: M 8AM-4PM
TU 8AM-12:30PM
W-TH 8AM-5PM

FAMILY PRACTICE

SALAMATIPOUR, ASHKAN

License Type: DO
Provider ID: 100464747012
Provider Gender: Male
License Number: 20A23095
NPI: 1457939043
Provider English Spoken: Y
Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
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: Limited: (EB, IB)

FAMILY PRACTICE

SALAMATIPOUR, ASHKAN
License Type: DO
Provider ID: 100464747012
Provider Gender: Male
License Number: 20A23095
NPI: 1457939043
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
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After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)

FAMILY PRACTICE

SALAMATIPOUR, ASHKAN
License Type: DO
Provider ID: 100464747012
Provider Gender: Male
License Number: 20A23095
NPI: 1457939043
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
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: Limited: (EB, IB)

FAMILY PRACTICE

SALAMATIPOUR, ASHKAN
License Type: DO
Provider ID: 100464747012
Provider Gender: Male
License Number: 20A23095
NPI: 1457939043
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)

FAMILY PRACTICE

SALAMATIPOUR, ASHKAN
License Type: DO
Provider ID: 100464747012
Provider Gender: Male
License Number: 20A23095
NPI: 1457939043
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
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: Limited: (EB, IB)

FAMILY PRACTICE

SALAMATIPOUR, ASHKAN
License Type: DO
Provider ID: 100464747012
Provider Gender: Male
License Number: 20A23095
NPI: 1457939043
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST

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FALLBROOK, CA 92028
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: Limited: (EB, IB)

FAMILY PRACTICE

SALAMATIPOUR, ASHKAN
License Type: DO
Provider ID: 100464747012
Provider Gender: Male
License Number: 20A23095
NPI: 1457939043
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
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: Limited: (EB, IB)

FQHC

FALLBROOK FAMILY HLTH CTR,
Provider ID: PG0009519021
NPI: 1982756086
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
1328 S MISSION RD
FALLBROOK, CA 92028
Phone: (760) 451-4720
Fax: (760) 451-4700
After Hours Phone: (760) 451-4720
Website: www.chsica.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM TU-F 8AM-5PM

FQHC

FALLBROOK FAMILY HLTH CTR,
Provider ID: PG0009519021
NPI: 1982756086
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
1328 S MISSION RD
FALLBROOK, CA 92028
Phone: (760) 451-4720
Fax: (760) 451-4700
After Hours Phone: (760) 451-4720
Website: www.chsica.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM TU-F 8AM-5PM

FQHC

VISTA COMMUNITY CLINIC,
Provider ID: PG0072409012
NPI: 1851300123
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB,

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IB)
Hours: M-F 8AM-5PM

FQHC

VISTA COMMUNITY CLINIC,
Provider ID: PG0072409012
NPI: 1316501562
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M-F 8AM-5PM

FQHC

VISTA COMMUNITY CLINIC,
Provider ID: PG0072409012
NPI: 1649662719
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M-F 8AM-5PM

FQHC

VISTA COMMUNITY CLINIC,
Provider ID: PG0072409012
NPI: 1316501562
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M-F 8AM-5PM

FQHC

VISTA COMMUNITY CLINIC,
Provider ID: PG0072409012
NPI: 1649662719
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M-F 8AM-5PM

FQHC

VISTA COMMUNITY CLINIC,
Provider ID: PG0072409012
NPI: 1851300123
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

PEARSON, LAWRENCE
License Type: MD
Provider ID: 100052695010
Provider Gender: Male
License Number: G37412
NPI: 1538234190
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1328 S MISSION RD
FALLBROOK, CA 92028
Phone: (760) 451-4720
After Hours Phone: (760) 451-4720
Website: www.chsica.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM TU-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

PEARSON, LAWRENCE
License Type: MD
Provider ID: 100052695010
Provider Gender: Male
License Number: G37412
NPI: 1538234190
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1328 S MISSION RD
FALLBROOK, CA 92028
Phone: (760) 451-4720
After Hours Phone: (760) 451-4720
Website: www.chsica.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM TU-F 8AM-5PM

PEDIATRICS

DEL RE, AMANDA
License Type: MD
Provider ID: 100219945023
Provider Gender: Female
NPI: 1548499957
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM

PEDIATRICS

ROBINSON, DAISY
License Type: MD
Provider ID: 100052395008
Provider Gender: Female
NPI: 1659389740
Provider English Spoken: Y
Provider Language(s)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-4PM

PEDIATRICS

SEARCY, WILLIAM
License Type: MD
Provider ID: 100471940011
Provider Gender: Female
License Number: A48078
NPI: 1356329270
Provider English Spoken: Y
Provider Language(s) Spoken: French, Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M 8:30AM-4PM
TU 8:30AM-12:30PM
W-TH 8:30AM-4PM

PEDIATRICS

SEARCY, WILLIAM
License Type: MD
Provider ID: 100471940011
Provider Gender: Female
License Number: A48078
NPI: 1356329270
Provider English Spoken: Y
Provider Language(s) Spoken: French, Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M 8:30AM-4PM
TU 8:30AM-12:30PM
W-TH 8:30AM-4PM

PEDIATRICS

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License Type: MD
Provider ID: 100471940011
Provider Gender: Female
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Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

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N

Accessibility: Limited: (EB, IB)

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

PEDIATRICS

SEARCY, WILLIAM

License Type: MD

Provider ID: 100471940011

Provider Gender: Female

License Number: A48078

NPI: 1356329270

Provider English Spoken: Y

Provider Language(s) Spoken: French, Spanish

Cultural Competency: N

Board Certified: No

IHP OF SOUTHERN CAL-PHP

321 E ALVARADO ST
FALLBROOK, CA 92028

Phone: (760) 723-6200

After Hours Phone: (760) 723-6200

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (EB, IB)

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

PEDIATRICS

SEARCY, WILLIAM

License Type: MD

Provider ID: 100471940011

Provider Gender: Female

License Number: A48078

NPI: 1356329270

Provider English Spoken: Y

Provider Language(s) Spoken: French, Spanish

Cultural Competency: N

Board Certified: No

IHP OF SOUTHERN CAL-PHP

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FALLBROOK, CA 92028

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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: Limited: (EB, IB)

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

PEDIATRICS

SEARCY, WILLIAM

License Type: MD

Provider ID: 100471940011

Provider Gender: Female

License Number: A48078

NPI: 1356329270

Provider English Spoken: Y

Provider Language(s) Spoken: French, Spanish

Cultural Competency: N

Board Certified: No

IHP OF SOUTHERN CAL-PHP

321 E ALVARADO ST
FALLBROOK, CA 92028

Phone: (760) 723-6200

After Hours Phone: (760) 723-6200

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (EB, IB)

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

PEDIATRICS

VU, WENDY

License Type: MD

Provider ID: 100363537003

Provider Gender: Female

License Number: A169529

NPI: 1508148370

Provider English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1328 S MISSION RD
FALLBROOK, CA 92028
Phone: (760) 451-4720
After Hours Phone: (760) 451-4720
Website: www.chsica.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM TU-F 8AM-5PM

PEDIATRICS

VU, WENDY
License Type: MD
Provider ID: 100363537003
Provider Gender: Female
License Number: A169529
NPI: 1508148370
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1328 S MISSION RD
FALLBROOK, CA 92028
Phone: (760) 451-4720
After Hours Phone: (760) 451-4720
Website: www.chsica.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM TU-F 8AM-5PM

LA JOLLA

PEDIATRICS

GAINOR, GRETCHEN
License Type: MD
Provider ID: 100009674008
Provider Gender: Female
NPI: 1174504757
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
7300 GIRARD AVE STE 106
LA JOLLA, CA 92037
Phone: (858) 459-4351
Fax: (858) 459-4399
After Hours Phone: (858) 459-4351
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM SA 8AM-12PM

PEDIATRICS

GANDHI, SHEETAL
License Type: MD
Provider ID: 100042472014
Provider Gender: Female
NPI: 1700858859
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL
Board Certified: 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: Limited: (EB, E, R)
Hours: M-F 8AM-5PM

PEDIATRICS

PARSONS, GENEVIEVE

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Type: MD
Provider ID: 100025668008
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: 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
Hours: M-F 8AM-5PM

PEDIATRICS

ROBERTS, KENDALL
License Type: MD
Provider ID: 100051398007
Provider Gender: Male
NPI: 1265762033
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: 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: Limited: (EB, E, R)
Hours: M-F 8AM-5PM

PEDIATRICS

TUNG, VIVIAN
License Type: MD
Provider ID: 100012692006
Provider Gender: Female
NPI: 1285665133
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
7300 GIRARD AVE STE 106
LA JOLLA, CA 92037
Phone: (858) 459-4351
Fax: (858) 459-4399
After Hours Phone: (858) 459-4351
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

LA MESA

PEDIATRICS

MOLINOS, NICOLE
License Type: MD
Provider ID: 100369169003
Provider Gender: Female
NPI: 1538685524
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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
Hours: M-F 9AM-5PM

LAKESIDE

FAMILY PRACTICE

FERRAIOLO, NATALIE
License Type: MD
Provider ID: 100350855016
Provider Gender: Female
License Number: A152372
NPI: 1306290143
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

FERRAIOLO, NATALIE
License Type: MD
Provider ID: 100350855016
Provider Gender: Female
License Number: A152372
NPI: 1306290143
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FQHC

NEIGHBORHOOD HEALTHCARE LAKESIDE,
Provider ID: PG0024990055
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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM

FQHC

NEIGHBORHOOD HEALTHCARE LAKESIDE,
Provider ID: PG0024990055
NPI: 1932384120
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
10039 VINE ST
LAKESIDE, CA 92040
Phone: (858) 218-3000

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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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM

GENERAL PRACTICE

MANNINO, ELIZABETH
License Type: MD
Provider ID: 100016981004
Provider Gender: Female
License Number: A43914
NPI: 1548290463
Provider English Spoken: Y
Provider Language(s) Spoken: Italian, Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
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GENERAL PRACTICE

MANNINO, ELIZABETH
License Type: MD
Provider ID: 100016981004
Provider Gender: Female
License Number: A43914
NPI: 1548290463
Provider English Spoken: Y
Provider Language(s) Spoken: Italian, Spanish
Cultural Competency: N
Board Certified: No
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Website: www.ihpsocal.org
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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

MCFARLAND, NATHAN
License Type: MD
Provider ID: 100216268005
Provider Gender: Male
License Number: A75411
NPI: 1265462196
Provider English Spoken: Y
Provider Language(s) Spoken: Italian, Spanish
Cultural Competency: N
Board Certified: 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
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Hours: M-F 8AM-5PM

INTERNAL MEDICINE

MCFARLAND, NATHAN
License Type: MD
Provider ID: 100216268005
Provider Gender: Male
License Number: A75411
NPI: 1265462196
Provider English Spoken: Y
Provider Language(s) Spoken: Italian, Spanish
Cultural Competency: N
Board Certified: No

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Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

LEMON GROVE

CERTIFIED NURSE PRACTITIONER

TOTH, JESSICA
License Type: NP
Provider ID: 100334978002
Provider Gender: Female
License Number: NP95001050
NPI: 1578993788
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

CERTIFIED NURSE PRACTITIONER

TOTH, JESSICA
License Type: NP
Provider ID: 100334978002
Provider Gender: Female
License Number: NP95001050
NPI: 1578993788
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

FAMILY PRACTICE

DORN, TIA
License Type: MD
Provider ID: 100398449001
Provider Gender: Female
License Number: C172318
NPI: 1285074740
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

FAMILY PRACTICE

DORN, TIA
License Type: MD
Provider ID: 100398449001
Provider Gender: Female
License Number: C172318

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NPI: 1285074740
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

FAMILY PRACTICE

KIM, YUHEE
License Type: MD
Provider ID: 100316390002
Provider Gender: Female
License Number: A107323
NPI: 1629289400
Provider English Spoken: Y
Provider Language(s) Spoken: Korean
Cultural Competency: N
Board Certified: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

FAMILY PRACTICE

KIM, YUHEE
License Type: MD
Provider ID: 100316390002
Provider Gender: Female
License Number: A107323
NPI: 1629289400
Provider English Spoken: Y
Provider Language(s) Spoken: Korean
Cultural Competency: N
Board Certified: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

FQHC

LEMON GROVE FAMILY HEALTH CENTER,
Provider ID: PG0085568002
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: Limited: (P, EB, IB, E)
Hours: M-F 8:30AM-5:30PM

FQHC

LEMON GROVE FAMILY HEALTH CENTER,
Provider ID: PG0085568002

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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: Limited: (P, EB, IB, E)
Hours: M-F 8:30AM-5:30PM

INTERNAL MEDICINE

GALLARES, DANIEL
License Type: MD
Provider ID: 100378240001
Provider Gender: Male
License Number: A165925
NPI: 1245689488
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

INTERNAL MEDICINE

GALLARES, DANIEL
License Type: MD
Provider ID: 100378240001
Provider Gender: Male
License Number: A165925
NPI: 1245689488
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE
License Type: MD
Provider ID: 100061208014
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: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE
License Type: MD
Provider ID: 100061208014
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: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA
License Type: MD
Provider ID: 100395630007
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: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA
License Type: MD
Provider ID: 100395630007
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: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS

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License Type: MD
Provider ID: 100378311007
Provider Gender: Male
License Number: A108228
NPI: 1629277322
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS
License Type: MD
Provider ID: 100378311007
Provider Gender: Male
License Number: A108228
NPI: 1629277322
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: No
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American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY
License Type: MD
Provider ID: 100395484007
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: 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
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Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY
License Type: MD
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Provider Gender: Female
License Number: A178499
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Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
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Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY
License Type: MD
Provider ID: 100395484007
Provider Gender: Female
License Number: A178499
NPI: 1033613732
Provider English Spoken: Y
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Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO

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7592 BROADWAY
LEMON GROVE, CA 91945
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN
License Type: MD
Provider ID: 100387235007
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: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN
License Type: MD
Provider ID: 100387235007
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA 91945
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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: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA
License Type: MD
Provider ID: 100334432010
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: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

N

Accessibility: Limited: (P, EB, IB, E, T)

Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

License Type: MD

Provider ID: 100334432010

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: 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: Limited: (P, EB, IB, E, T)

Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA

License Type: MD

Provider ID: 100362343007

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: 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: Limited: (P, EB, IB, E, T)

Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA

License Type: MD

Provider ID: 100362343007

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: 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: Limited: (P, EB, IB, E, T)

Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA

License Type: DO

Provider ID: 100332023011

Provider Gender: Female

License Number: 20A13958
NPI: 1932269198
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA
License Type: DO
Provider ID: 100332023011
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN
License Type: MD
Provider ID: 100040195013
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: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN
License Type: MD
Provider ID: 100040195013
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: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

PEDIATRICS

JACKSON, DANA
License Type: DO
Provider ID: 100335546017
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: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

PEDIATRICS

JACKSON, DANA
License Type: DO
Provider ID: 100335546017
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: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM

NATIONAL CITY

FAMILY PRACTICE

ALGHAMDI, ASMA
License Type: MD
Provider ID: 100359014008
Provider Gender: Female
License Number: A167529
NPI: 1316310840
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

ALGHAMDI, ASMA
License Type: MD
Provider ID: 100359014008
Provider Gender: Female
License Number: A167529
NPI: 1316310840
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
2400 E 8TH ST STE A
NATIONAL CITY, CA 91950
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Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

ANDAYA, MIKHAEL
License Type: MD
Provider ID: 100391810001
Provider Gender: Male
License Number: A176878
NPI: 1780189209
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
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

ANDAYA, MIKHAEL
License Type: MD
Provider ID: 100391810001
Provider Gender: Male
License Number: A176878
NPI: 1780189209
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
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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: Basic: (P, EB, IB, E, R, T)
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

BAEZ, BEATRICE
License Type: MD
Provider ID: 100334327001
Provider Gender: Female
License Number: A74777
NPI: 1245372507

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.opsamheath.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TU 8:30AM-5:30PM
W 10AM-7PM
TH-F 8:30AM-5:30PM

FAMILY PRACTICE

BAEZ, BEATRICE
License Type: MD
Provider ID: 100334327001
Provider Gender: Female
License Number: A74777
NPI: 1245372507
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.opsamheath.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TU 8:30AM-5:30PM
W 10AM-7PM
TH-F 8:30AM-5:30PM

FAMILY PRACTICE

CAMPBELL, BRIANNA
License Type: MD
Provider ID: 100360159003
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: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

CAMPBELL, BRIANNA
License Type: MD
Provider ID: 100360159003
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: 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: www.syhealth.org
Medi-Cal Open Panel: Yes

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

CARRIEDO-CENICEROS, MARIA
License Type: MD
Provider ID: 100066452011
Provider Gender: Female
License Number: A78373
NPI: 1295746618
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1136 D AVE
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

CARRIEDO-CENICEROS, MARIA
License Type: MD
Provider ID: 100066452011
Provider Gender: Female
License Number: A78373
NPI: 1295746618
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1136 D AVE
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

CEVALLOS, JAMES
License Type: MD
Provider ID: 100079582006
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: No
IHP OF SOUTHERN CAL-PHP
1136 D AVE
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 474-3722
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

CEVALLOS, JAMES
License Type: MD
Provider ID: 100079582006
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

VISTA
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1136 D AVE
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 474-3722
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

DILLON, MAYRA
License Type: MD
Provider ID: 100163378004
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: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

DILLON, MAYRA
License Type: MD
Provider ID: 100163378004
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: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

LANUZA, MARK J
License Type: DO
Provider ID: 100362888004
Provider Gender: Male
License Number: 20A18460
NPI: 1992230593
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

LANUZA, MARK J

License Type: DO
Provider ID: 100362888004
Provider Gender: Male
License Number: 20A18460
NPI: 1992230593
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
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Phone: (619) 515-2399
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
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Hours: M 8:30AM-3:30PM TU 10:30AM-5:30PM W 8:30AM-3:30PM TH 10:30AM-5:30PM F 8:30AM-3:30PM

FAMILY PRACTICE

LAW, KAREN

License Type: MD
Provider ID: 100334676003
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: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

LAW, KAREN

License Type: MD
Provider ID: 100334676003
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: No
IHP OF SOUTHERN CAL-PHP
2400 E 8TH ST STE A
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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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

LEUTE, ERIC

License Type: MD
Provider ID: 100092947010
Provider Gender: Male
License Number: A80832
NPI: 1720171507
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

LEUTE, ERIC
License Type: MD
Provider ID: 100092947010
Provider Gender: Male
License Number: A80832
NPI: 1720171507
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

MATTHEWS, MERRITT
License Type: MD
Provider ID: 100021162011
Provider Gender: Male
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
C1 SAN DIEGO COUNTY MEDI-CAL
610 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Phone: (619) 527-7700
After Hours Phone: (619) 527-7700
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

MEDINA, ALEXANDER
License Type: MD
Provider ID: 100325216004
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: No
IHP OF SOUTHERN CAL-PHP
330 E 8TH ST
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB,

IB, E, R, T)

FAMILY PRACTICE

MEDINA, ALEXANDER

License Type: MD

Provider ID: 100325216004

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: No

IHP OF SOUTHERN CAL-PHP

330 E 8TH ST
NATIONAL CITY, CA 91950

- *Phone: (619) 662-4100*
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- *Website: www.syhealth.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

- *Accessibility: Basic: (P, EB, IB, E, R, T)*

FAMILY PRACTICE

MOHAMEDI, NADIA

License Type: MD

Provider ID: 100340818002

Provider Gender: Female

License Number: A146819

NPI: 1477947364

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

Cultural Competency: N

Board Certified: 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: www.syhealth.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

- *Accessibility: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8AM-5PM*

FAMILY PRACTICE

MOHAMEDI, NADIA

License Type: MD

Provider ID: 100340818002

Provider Gender: Female

License Number: A146819

NPI: 1477947364

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

Cultural Competency: N

Board Certified: No

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- *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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8AM-5PM*

FAMILY PRACTICE

NAVARRO, VANESSA MARIA

License Type: MD

Provider ID: 100173914004

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: No

IHP OF SOUTHERN CAL-PHP

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

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Phone: (619) 662-4100
Fax: (619) 259-2807
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

NAVARRO, VANESSA MARIA
License Type: MD
Provider ID: 100173914004
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: No
IHP OF SOUTHERN CAL-PHP
2400 E 8TH ST STE A
NATIONAL CITY, CA 91950
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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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

NIKZAD, JASON
License Type: DO
Provider ID: 100238268029
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: No
IHP OF SOUTHERN CAL-PHP
330 E 8TH ST
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

NIKZAD, JASON
License Type: DO
Provider ID: 100238268029
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: No
IHP OF SOUTHERN CAL-PHP
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Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

NIKZAD, JASON
License Type: DO
Provider ID: 100238268029
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: No
IHP OF SOUTHERN CAL-PHP
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NATIONAL CITY, CA 91950
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

NOVENCIDO, JOSEPH

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License Type: DO
Provider ID: 100244053013
Provider Gender: Male
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
C1 SAN DIEGO COUNTY MEDI-CAL
610 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Phone: (619) 527-7700
After Hours Phone: (619) 527-7700
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

OCEGUEDA, JOSHUA
License Type: MD
Provider ID: 100377020004
Provider Gender: Male
License Number: A165184
NPI: 1336643345
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1136 D AVE
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

OCEGUEDA, JOSHUA
License Type: MD
Provider ID: 100377020004
Provider Gender: Male
License Number: A165184
NPI: 1336643345
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified: No
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

RICHARDSON, DANIELLE
License Type: MD
Provider ID: 100248844010
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: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

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Hours: M-F 8AM-5PM

FAMILY PRACTICE

RICHARDSON, DANIELLE

License Type: MD

Provider ID: 100248844010

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: 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: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

FAMILY PRACTICE

ROBERTS, POMAI

License Type: MD

Provider ID: 100323487003

Provider Gender: Female

License Number: A103218

NPI: 1023278314

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Board Certified: No

IHP OF SOUTHERN CAL-PHP

1136 D AVE
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

FAMILY PRACTICE

ROBERTS, POMAI

License Type: MD

Provider ID: 100323487003

Provider Gender: Female

License Number: A103218

NPI: 1023278314

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Board Certified: No

IHP OF SOUTHERN CAL-PHP

1136 D AVE
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

FAMILY PRACTICE

SNOOK, BRIAN

License Type: DO

Provider ID: 100211994003

Provider Gender: Male

License Number: 20A11518

NPI: 1295977353

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified: No

IHP OF SOUTHERN CAL-PHP

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

SNOOK, BRIAN
License Type: DO
Provider ID: 100211994003
Provider Gender: Male
License Number: 20A11518
NPI: 1295977353
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

VELASQUEZ, SHARON
License Type: MD
Provider ID: 100189428005
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: No
IHP OF SOUTHERN CAL-PHP
2400 E 8TH ST STE A
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
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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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

VELASQUEZ, SHARON
License Type: MD
Provider ID: 100189428005
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NPI: 1972732584
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Cultural Competency: N
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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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

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Hours: M-F 8AM-5PM

FQHC

FAMILY HEALTH CTR SD NATIONAL CITY,
Provider ID: PG0085737002
NPI: 1417409228
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA 91950
Phone: (619) 515-2399
Fax: (619) 269-0053
After Hours Phone: (619) 515-2399
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M 8:30AM-3:30PM
TU 10:30AM-5:30PM
W 8:30AM-3:30PM
TH 10:30AM-5:30PM
F 8:30AM-3:30PM

FQHC

FAMILY HEALTH CTR SD NATIONAL CITY,
Provider ID: PG0085737002
NPI: 1417409228
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA 91950
Phone: (619) 515-2399
Fax: (619) 269-0053
After Hours Phone: (619) 515-2399
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M 8:30AM-3:30PM
TU 10:30AM-5:30PM
W 8:30AM-3:30PM
TH 10:30AM-5:30PM
F 8:30AM-3:30PM

FQHC

OPERATION SAMAHAN - NATIONAL CITY,
Provider ID: PG0084147002
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.opsamheath.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-6PM
F 8AM-5PM

FQHC

OPERATION SAMAHAN - NATIONAL CITY,
Provider ID: PG0084147002
NPI: 1801907449
Provider English Spoken: Y
Cultural Competency: N
OPERATION SAMAHAN
2743 HIGHLAND AVE
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Phone: (844) 200-2426
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Website: www.opsamheath.org
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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

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

FQHC

SAN YSIDRO HEALTH NATIONAL CITY,
Provider ID: PG0047542008
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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH NATIONAL CITY,
Provider ID: PG0047542008
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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH PARADISE HILLS,
Provider ID: PG0047542006
NPI: 1598907487
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
2400 E 8TH ST STE A
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 259-2811
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH PARADISE HILLS,
Provider ID: PG0047542006
NPI: 1598907487
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH SOUTH BAY,
Provider ID: PG0077626002
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)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH SOUTH BAY,
Provider ID: PG0077626002
NPI: 1851757215
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
330 E 8TH ST
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 434-3514
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

BELLA, ARCHIE
License Type: MD
Provider ID: 100272915024
Provider Gender: Male
License Number: A134155
NPI: 1487098497
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Hospital Affiliation: Adventist Health Bakersfield, PARADISE VALLEY HOSPITAL
Board Certified: No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.opsamheath.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

INTERNAL MEDICINE

BELLA, ARCHIE
License Type: MD
Provider ID: 100272915024
Provider Gender: Male
License Number: A134155
NPI: 1487098497
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Hospital Affiliation: Adventist Health Bakersfield, PARADISE VALLEY HOSPITAL
Board Certified: No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.opsamheath.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

INTERNAL MEDICINE

PRATHIPATI, LAKSHMI
License Type: MD
Provider ID: 100041945038
Provider Gender: Female
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog, Telugu
C1 SAN DIEGO COUNTY MEDI-CAL

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

502 EUCLID AVE
STE 203
NATIONAL CITY, CA 91950
Phone: (619) 267-0553
After Hours Phone: (619) 267-0553
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

THAYER, KARISA
License Type: MD
Provider ID: 100438880007
Provider Gender: Female
License Number: A140754
NPI: 1558765941
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
330 E 8TH ST
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 434-3514
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

ASLIAN, AZITA
License Type: MD
Provider ID: 100167029013
Provider Gender: Female
License Number: A118227
NPI: 1851667661
Provider English Spoken: Y
Provider Language(s) Spoken: Faroese, Fataleka
Cultural Competency: N
Hospital Affiliation: Hemet Global Medical Center, Menifee Global Medical Center, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR
Board Certified: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

THAYER, KARISA
License Type: MD
Provider ID: 100438880007
Provider Gender: Female
License Number: A140754
NPI: 1558765941
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
330 E 8TH ST
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 434-3514
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

ASLIAN, AZITA

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License Type: MD
Provider ID: 100167029013
Provider Gender: Female
License Number: A118227
NPI: 1851667661
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Faroese, Fataleka*

Cultural Competency: N
Hospital Affiliation: Hemet Global Medical Center, Menifee Global Medical Center, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR
Board Certified: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

WINESBURG, JENNIFER

License Type: DO
Provider ID: 100166663026
Provider Gender: Female
License Number: 20A11535
NPI: 1811162456
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL, DESERT REGIONAL MED CTR
Board Certified: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

WINESBURG, JENNIFER

License Type: DO
Provider ID: 100166663026
Provider Gender: Female
License Number: 20A11535
NPI: 1811162456
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL, DESERT REGIONAL MED CTR
Board Certified: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

BAILONY, AHMAD

License Type: MD
Provider ID: 100150899007

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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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 9AM-5PM

PEDIATRICS

BAILONY, MOHAMMED
License Type: MD
Provider ID: 100031774009
Provider Gender: Male
NPI: 1376625913
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: 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
Hours: M-F 9AM-5PM

PEDIATRICS

BONSU, BEMA
License Type: MD
Provider ID: 100163084015
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: No
IHP OF SOUTHERN CAL-PHP
1136 D AVE
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

BONSU, BEMA
License Type: MD
Provider ID: 100163084015
Provider Gender: Male
License Number: C55180
NPI: 1932106986

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1136 D AVE
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

DABU, LISA
License Type: MD
Provider ID: 100439935003
Provider Gender: Female
NPI: 1881128254
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
502 EUCLID AVE STE 201
NATIONAL CITY, CA 91950
Phone: (619) 475-6204
Fax: (619) 475-5174
After Hours Phone: (619) 475-6204
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

PEDIATRICS

DAY, CHRISTOPHER
License Type: MD
Provider ID: 100404966001
Provider Gender: Male
License Number: A163862
NPI: 1184121253
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-3:30PM
TU 10:30AM-5:30PM
W 8:30AM-3:30PM
TH 10:30AM-5:30PM
F 8:30AM-3:30PM

PEDIATRICS

DAY, CHRISTOPHER
License Type: MD
Provider ID: 100404966001
Provider Gender: Male
License Number: A163862
NPI: 1184121253
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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Hours: M 8:30AM-3:30PM TU 10:30AM-5:30PM W 8:30AM-3:30PM TH 10:30AM-5:30PM F 8:30AM-3:30PM

PEDIATRICS

FRESNO, BLANCA

License Type: MD

Provider ID: 100106150023

Provider Gender: Female

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

C1 SAN DIEGO COUNTY MEDI-CAL

655 EUCLID AVE STE 207
NATIONAL CITY, CA 91950

Phone: (619) 475-4575

After Hours Phone: (619) 475-4575

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (P, EB, E, R, T)

Hours: SU-SA 8AM-5PM

PEDIATRICS

FRESNO, BLANCA

License Type: MD

Provider ID: 100106150021

Provider Gender: Female

NPI: 1346258787

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

Cultural Competency: N

Hospital Affiliation: PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR

Board Certified: 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: Limited: (P, EB, E, R, T)

Hours: SU-SA 8AM-5PM

PEDIATRICS

GARCIA, RAFAEL

License Type: MD

Provider ID: 100088427010

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: 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: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

PEDIATRICS

GARCIA, RAFAEL

License Type: MD

Provider ID: 100088427016

Provider Gender: Male

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish, Tagalog*

C1 SAN DIEGO COUNTY MEDI-CAL

610 EUCLID AVE STE 302
NATIONAL CITY, CA 91950

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Phone: (619) 527-7700
After Hours Phone: (619) 527-7700
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

GHAHREMANI, SIMIN
License Type: MD
Provider ID: 100162078019
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: No
IHP OF SOUTHERN CAL-PHP
330 E 8TH ST
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

GHAHREMANI, SIMIN
License Type: MD
Provider ID: 100162078019
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: No
IHP OF SOUTHERN CAL-PHP
330 E 8TH ST
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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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

KORSAND, SID
License Type: MD
Provider ID: 100053947019
Provider Gender: Male
License Number: A49591
NPI: 1588634513
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Persian, Turkish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
330 E 8TH ST
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

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KORSAND, SID
License Type: MD
Provider ID: 100053947019
Provider Gender: Male
License Number: A49591
NPI: 1588634513
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Persian, Turkish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
330 E 8TH ST
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

LERIAS, NICHOLAS
License Type: DO
Provider ID: 100333850001
Provider Gender: Male
License Number: 20A14561
NPI: 1952749301
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.opsamheath.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM

PEDIATRICS

LERIAS, NICHOLAS
License Type: DO
Provider ID: 100333850001
Provider Gender: Male
License Number: 20A14561
NPI: 1952749301
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.opsamheath.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM

PEDIATRICS

RANA, DEBORAH
License Type: MD
Provider ID: 100334710002
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: No
IHP OF SOUTHERN CAL-PHP
2400 E 8TH ST STE A
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
After Hours Phone: (619)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

RANA, DEBORAH
License Type: MD
Provider ID: 100334710002
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: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

VALENCIA, MARILES
License Type: MD
Provider ID: 100107858024
Provider Gender: Female
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
C1 SAN DIEGO COUNTY MEDI-CAL
655 EUCLID AVE STE 207
NATIONAL CITY, CA 91950
Phone: (619) 475-4575
After Hours Phone: (619) 475-4575
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R, T)
Hours: SU-SA 8AM-5PM

PEDIATRICS

VALENCIA, MARILES
License Type: MD
Provider ID: 100107858022
Provider Gender: Female
NPI: 1275541625
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL
Board Certified: 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: Limited: (P, EB, E, R, T)
Hours: SU-SA 8AM-5PM

PEDIATRICS

WATHEN, JOSHUA
License Type: MD

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Provider ID: 100383934004
Provider Gender: Male
NPI: 1528590510
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR
Board Certified: 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
Hours: M-F 9AM-5PM

OCEANSIDE

CERTIFIED NURSE PRACTITIONER

CHILAKA, SAMUEL
License Type: NP
Provider ID: 100413130019
Provider Gender: Male
License Number: NP95017483
NPI: 1679140644
Provider English Spoken: Y
Provider Language(s) Spoken: Igbo
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

CHILAKA, SAMUEL
License Type: NP
Provider ID: 100413130019
Provider Gender: Male
License Number: NP95017483
NPI: 1679140644
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Provider Language(s) Spoken: Igbo
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Board Certified: No
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CHILAKA, SAMUEL
License Type: NP
Provider ID: 100413130019
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License Number: NP95017483
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Provider Language(s) Spoken: Igbo
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After Hours Phone: (760)

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631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

CHILAKA, SAMUEL
License Type: NP
Provider ID: 100413130019
Provider Gender: Male
License Number: NP95017483
NPI: 1679140644
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Provider Language(s) Spoken: Igbo
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
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CERTIFIED NURSE PRACTITIONER

CHILAKA, SAMUEL
License Type: NP
Provider ID: 100413130019
Provider Gender: Male
License Number: NP95017483
NPI: 1679140644
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Provider Language(s) Spoken: Igbo
Cultural Competency: N
Board Certified: No
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After Hours Phone: (760) 631-5000
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Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

CHILAKA, SAMUEL
License Type: NP
Provider ID: 100413130019
Provider Gender: Male
License Number: NP95017483
NPI: 1679140644
Provider English Spoken: Y
Provider Language(s) Spoken: Igbo
Cultural Competency: N
Board Certified: No
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After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

CORY, ALLISON

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License Type: NP
Provider ID: 100340242019
Provider Gender: Female
License Number: NP20497
NPI: 1194027706
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

CORY, ALLISON
License Type: NP
Provider ID: 100340242019
Provider Gender: Female
License Number: NP20497
NPI: 1194027706
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

CORY, ALLISON
License Type: NP
Provider ID: 100340242019
Provider Gender: Female
License Number: NP20497
NPI: 1194027706
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4700 N RIVER RD
OCEANSIDE, CA 92057
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After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

CORY, ALLISON
License Type: NP
Provider ID: 100340242019
Provider Gender: Female
License Number: NP20497
NPI: 1194027706
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB,

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IB, E, R, T)
Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

CORY, ALLISON
License Type: NP
Provider ID: 100340242019
Provider Gender: Female
License Number: NP20497
NPI: 1194027706
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
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CERTIFIED NURSE PRACTITIONER

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American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

HUERTA, STEVEN
License Type: NP
Provider ID: 100434266024
Provider Gender: Male
License Number: NP95003401
NPI: 1558607440
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

HUERTA, STEVEN
License Type: NP
Provider ID: 100434266024
Provider Gender: Male
License Number: NP95003401
NPI: 1558607440
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Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No

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IHP OF SOUTHERN CAL-PHP
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
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NPI: 1558607440
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Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
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After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
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CERTIFIED NURSE PRACTITIONER

HUERTA, STEVEN
License Type: NP
Provider ID: 100434266024
Provider Gender: Male
License Number: NP95003401
NPI: 1558607440
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4700 N RIVER RD
OCEANSIDE, CA 92057
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After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
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NPI: 1558607440
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Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
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After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

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American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

CERTIFIED NURSE PRACTITIONER

HUERTA, STEVEN

License Type: NP

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Provider Gender: Male

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Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified: No

IHP OF SOUTHERN CAL-PHP

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After Hours Phone: (760) 631-5000

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

FAMILY PRACTICE

ESPINOSA-SILVA, YAMINAH

License Type: DO

Provider ID: 100358800004

Provider Gender: Female

License Number: 20A12958

NPI: 1003172016

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

FAMILY PRACTICE

ESPINOSA-SILVA, YAMINAH

License Type: DO

Provider ID: 100358800004

Provider Gender: Female

License Number: 20A12958

NPI: 1003172016

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified: No

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Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

FAMILY PRACTICE

ESPINOSA-SILVA, YAMINAH

License Type: DO

Provider ID: 100358800004

Provider Gender: Female

License Number: 20A12958

NPI: 1003172016

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Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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Min/Max Age: 0\None
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Accessibility: Basic: (P, EB, IB, E, R, T)
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ESPINOSA-SILVA, YAMINAH
License Type: DO
Provider ID: 100358800004
Provider Gender: Female
License Number: 20A12958
NPI: 1003172016
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 9AM-4PM

FAMILY PRACTICE

ESPINOSA-SILVA, YAMINAH
License Type: DO
Provider ID: 100358800004
Provider Gender: Female
License Number: 20A12958
NPI: 1003172016
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
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NPI: 1003172016
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Hours: M-F 8AM-5PM
SA 9AM-4PM

FAMILY PRACTICE

FATLAND, SARAH
License Type: DO
Provider ID: 100368624007
Provider Gender: Female
License Number: 20A18374
NPI: 1831354026
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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Teleservice

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Teleservice

FAMILY PRACTICE

KETCHEL, CLINT
License Type: MD
Provider ID: 100248366003
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
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Hospital Affiliation: SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, TRI CITY MEDICAL CTR, WHITTIER HOSPITAL MEDICAL CENTER

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FAMILY PRACTICE

KURUKULASURIYA, DAYANTHITHI

License Type: DO
Provider ID: 100326148001
Provider Gender: Female
License Number: 20A15689
NPI: 1205246865
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054
Phone: (760) 757-4566
After Hours Phone: (760) 757-4566
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

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KURUKULASURIYA, DAYANTHITHI

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Board Certified: 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: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

MILLER, DIANA

License Type: DO
Provider ID: 100350934006
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: No
IHP OF SOUTHERN CAL-PHP
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
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Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
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American Sign Language (ASL): N
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Hours: M-F 8AM-5PM SA 9AM-4PM

FAMILY PRACTICE

NGUYEN, DANIELA
License Type: DO
Provider ID: 100425270015
Provider Gender: Female
License Number: 20A21066
NPI: 1891069662
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
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FAMILY PRACTICE

PANICKER, CIBU
License Type: MD
Provider ID: 100322969001
Provider Gender: Male
License Number: A149340
NPI: 1235492760
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
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برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

PANICKER, CIBU
License Type: MD
Provider ID: 100322969001
Provider Gender: Male
License Number: A149340
NPI: 1235492760
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

PANICKER, CIBU
License Type: MD
Provider ID: 100322969001
Provider Gender: Male
License Number: A149340
NPI: 1235492760
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
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Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

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Provider ID: 100322969001
Provider Gender: Male
License Number: A149340
NPI: 1235492760
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
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Website: www.vistacommunityclinic.org
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Min/Max Age: 0\None
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

SAFI, ROOZCHEHR
License Type: MD
Provider ID: 100201387011
Provider Gender: Female
License Number: A116562
NPI: 1659563641
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054
Phone: (760) 757-4566
Fax: (760) 757-3004
After Hours Phone: (760) 757-4566
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

SAFI, ROOZCHEHR
License Type: MD
Provider ID: 100201387011
Provider Gender: Female
License Number: A116562
NPI: 1659563641
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Provider Language(s) Spoken: Farsi
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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Phone: (760) 757-4566
Fax: (760) 757-3004
After Hours Phone: (760) 757-4566
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

SNYDER, OLE
License Type: MD
Provider ID: 100027775036
Provider Gender: Male
License Number: A60938
NPI: 1275557415

Provider English Spoken: Y
Provider Language(s) Spoken: Danish, Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM

FAMILY PRACTICE

SNYDER, OLE
License Type: MD
Provider ID: 100027775036
Provider Gender: Male
License Number: A60938
NPI: 1275557415

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Provider English Spoken: Y
Provider Language(s) Spoken: Danish, Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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Hours: M-W 8AM-5PM
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F 8AM-5PM
SA 9AM-4PM

FAMILY PRACTICE

SNYDER, OLE
License Type: MD
Provider ID: 100027775036
Provider Gender: Male
License Number: A60938
NPI: 1275557415

Provider English Spoken: Y
Provider Language(s) Spoken: Danish, Spanish
Cultural Competency: N
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Provider Language(s) Spoken: Danish, Spanish
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FAMILY PRACTICE

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

FAMILY PRACTICE

VIDAL, MONICA
License Type: DO
Provider ID: 100327876026
Provider Gender: Female
License Number: 20A8949
NPI: 1871791749

Provider English Spoken: Y
Provider Language(s) Spoken: Danish, Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4700 N RIVER RD
OCEANSIDE, CA 92057
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After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
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Hours: M-W 8AM-5PM
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FAMILY PRACTICE

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License Type: DO
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License Number: 20A8949
NPI: 1871791749

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
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Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 9AM-4PM
Teleservice

FAMILY PRACTICE

VIDAL, MONICA
License Type: DO
Provider ID: 100327876026
Provider Gender: Female
License Number: 20A8949
NPI: 1871791749
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No

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After Hours Phone: (760) 631-5000
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 9AM-4PM
Teleservice

FAMILY PRACTICE

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Teleservice

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

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Hours: M-F 8AM-5PM

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SA 9AM-4PM
Teleservice

FAMILY PRACTICE

VIDAL, MONICA
License Type: DO
Provider ID: 100327876026
Provider Gender: Female
License Number: 20A8949
NPI: 1871791749
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 9AM-4PM
Teleservice

FQHC

TRUECARE,
Provider ID: PG0092588009
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
Hours: M-F 8AM-5PM
SA 8AM-4:30PM

FQHC

TRUECARE,
Provider ID: PG0092590005
NPI: 1245246917
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058
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: Limited: (P, EB, IB, E)
Hours: M-F 8AM-5PM

FQHC

TRUECARE,
Provider ID: PG0065019005
NPI: 1245246917
Provider English Spoken: Y
Cultural Competency: N
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
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
SA 8AM-5PM

FQHC

TRUECARE,
Provider ID: PG0092588009
NPI: 1245246917
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
2210 MESA DR STE 300

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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

FQHC

TRUECARE,
Provider ID: PG0092590005
NPI: 1245246917
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
3220 MISSION AVE STE 1
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Phone: (760) 736-6767
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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: Limited: (P, EB, IB, E)
Hours: M-F 8AM-5PM

FQHC

TRUECARE,
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Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
605 CROUCH ST BLDG C
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
SA 8AM-5PM

FQHC

VISTA COMMUNITY CLINIC,
Provider ID: PG0072409009
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
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM

FQHC

VISTA COMMUNITY CLINIC,
Provider ID: PG0072409009
NPI: 1649662719
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
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Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 8AM-5PM
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FQHC

VISTA COMMUNITY CLINIC,

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Provider ID: PG0072409009
NPI: 1316501562
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
4700 N RIVER RD
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Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM

FQHC

VISTA COMMUNITY CLINIC,
Provider ID: PG0072409009
NPI: 1649662719
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM

FQHC

VISTA COMMUNITY CLINIC,
Provider ID: PG0072409009
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
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM

FQHC

VISTA COMMUNITY CLINIC,
Provider ID: PG0072409009
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
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM

FQHC

VISTA COMMUNITY CLINIC HORNE STREET,
Provider ID: PG0084639008
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R)
Hours: M-F 8AM-5PM

FQHC

VISTA COMMUNITY CLINIC HORNE STREET,
Provider ID: PG0084639008
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: Limited: (EB, IB, E, R)
Hours: M-F 8AM-5PM

FQHC

VISTA COMMUNITY CLINIC PIER VIEW WAY,
Provider ID: PG0084683008
NPI: 1629357355
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-TU 8AM-5PM
W 8AM-7PM
TH-F 8AM-5PM
SA 9AM-4PM

FQHC

VISTA COMMUNITY CLINIC PIER VIEW WAY,
Provider ID: PG0084683008
NPI: 1629357355
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-TU 8AM-5PM
W 8AM-7PM
TH-F 8AM-5PM
SA 9AM-4PM

INTERNAL MEDICINE

GOMEZ, DENISE
License Type: MD
Provider ID: 100101820004
Provider Gender: Female
License Number: A66289
NPI: 1407871817
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified: No
IHP OF SOUTHERN CAL-PHP
605 CROUCH ST BLDG C

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

OCEANSIDE, CA 92054
Phone: (760) 757-4566
Fax: (760) 757-3004
After Hours Phone: (760) 757-4566
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

INTERNAL MEDICINE

GOMEZ, DENISE
License Type: MD
Provider ID: 100101820004
Provider Gender: Female
License Number: A66289
NPI: 1407871817
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified: No
IHP OF SOUTHERN CAL-PHP
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054
Phone: (760) 757-4566
Fax: (760) 757-3004
After Hours Phone: (760) 757-4566
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

INTERNAL MEDICINE

HASSANI, FARZANEH
License Type: MD
Provider ID: 100331755014
Provider Gender: Female
License Number: C54458
NPI: 1942204979
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Farsi, Persian, Urdu
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 9AM-4PM

INTERNAL MEDICINE

HASSANI, FARZANEH
License Type: MD
Provider ID: 100331755014
Provider Gender: Female
License Number: C54458
NPI: 1942204979
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Farsi, Persian, Urdu
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 9AM-4PM

INTERNAL MEDICINE

HASSANI, FARZANEH

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Type: MD
Provider ID: 100331755014
Provider Gender: Female
License Number: C54458
NPI: 1942204979
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Farsi, Persian, Urdu
Cultural Competency: N
Board Certified: No
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Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 9AM-4PM

INTERNAL MEDICINE

HASSANI, FARZANEH
License Type: MD
Provider ID: 100331755014
Provider Gender: Female
License Number: C54458
NPI: 1942204979
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Farsi, Persian, Urdu
Cultural Competency: N
Board Certified: No
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After Hours Phone: (760) 631-5000
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 9AM-4PM

INTERNAL MEDICINE

HASSANI, FARZANEH
License Type: MD
Provider ID: 100331755014
Provider Gender: Female
License Number: C54458
NPI: 1942204979
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Farsi, Persian, Urdu
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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After Hours Phone: (760) 631-5000
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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 9AM-4PM

INTERNAL MEDICINE

HASSANI, FARZANEH
License Type: MD
Provider ID: 100331755014
Provider Gender: Female
License Number: C54458
NPI: 1942204979
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Phone: (760) 631-5000
After Hours Phone: (760) 631-5000

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 9AM-4PM

PEDIATRICS

CALHOUN, CHANELLE
License Type: MD
Provider ID: 100047644006
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: No
RADY CHILDRENS HEALTH NETWORK
2210 MESA DR STE 300
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

CALHOUN, CHANELLE
License Type: MD
Provider ID: 100047644005
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: 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

PEDIATRICS

CALHOUN, CHANELLE
License Type: MD
Provider ID: 100047644005
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: 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

PEDIATRICS

CURLEY, EDWARD
License Type: MD
Provider ID: 100085608007

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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

PEDIATRICS

CURLEY, EDWARD
License Type: MD
Provider ID: 100085608007
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: 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
Hours: M-F 8AM-5PM
SA 8AM-4:30PM

PEDIATRICS

CURLEY, EDWARD
License Type: MD
Provider ID: 100085608008
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: No
RADY CHILDRENS HEALTH NETWORK
2210 MESA DR STE 300
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-4:30PM

PEDIATRICS

DANIELS, SARAH
License Type: MD
Provider ID: 100245457006
Provider Gender: Female
NPI: 1730446527
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 130
OCEANSIDE, CA 92056
Phone: (760) 547-1010

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

After Hours Phone: (760) 547-1010
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

PEDIATRICS

GUNTA, SUJANA
License Type: MD
Provider ID: 100202524014
Provider Gender: Female
License Number: A109056
NPI: 1932304342
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Marathi, Spanish, Telugu
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: No
IHP OF SOUTHERN CAL-PHP
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

GUNTA, SUJANA
License Type: MD
Provider ID: 100202524014
Provider Gender: Female
License Number: A109056
NPI: 1932304342
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Marathi, Spanish, Telugu
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: No
IHP OF SOUTHERN CAL-PHP
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

KRAMER, MELISSA
License Type: MD
Provider ID: 100348246028
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: No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY BLDG B
OCEANSIDE, CA 92056
Phone: (760) 547-1010
Fax: (760) 547-1011
After Hours Phone: (760) 547-1010
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-12PM

PEDIATRICS

MAC, VICTOR

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Type: DO
Provider ID: 100383397009
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: 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
Hours: M-F 8AM-5PM
SA 8AM-4:30PM

PEDIATRICS

MAC, VICTOR
License Type: DO
Provider ID: 100383397009
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: No
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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
Hours: M-F 8AM-5PM
SA 8AM-4:30PM

PEDIATRICS

MACINTYRE, ELIZABETH
License Type: MD
Provider ID: 100374046003
Provider Gender: Female
NPI: 1336520766
Provider English Spoken: Y
Cultural Competency: N
Board Certified: Yes
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 130
OCEANSIDE, CA 92056
Phone: (760) 547-1010
Fax: (760) 547-1011
After Hours Phone: (760) 547-1010
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-12PM

PEDIATRICS

MCCAMMACK, BRADLEY
License Type: MD
Provider ID: 100246061003
Provider Gender: Male
License Number: A130883
NPI: 1629368857
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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

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Accessibility: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

MCCAMMACK, BRADLEY

License Type: MD
Provider ID: 100246061003
Provider Gender: Male
License Number: A130883
NPI: 1629368857
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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After Hours Phone: (760)

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631-5000
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Medi-Cal Open Panel: Yes
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American Sign Language (ASL): N
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Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

MILLER, DONALD
License Type: MD
Provider ID: 100061376022
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: No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 130
OCEANSIDE, CA 92056
Phone: (760) 547-1010
After Hours Phone: (760) 547-1010
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

NOVOTA, GABRIELA
License Type: MD
Provider ID: 100438531002
Provider Gender: Female
NPI: 1154520096
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
2210 MESA DR STE 300
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM SA 8AM-4:30PM

PEDIATRICS

PARK, RONALD
License Type: MD

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Provider ID: 100077687034
Provider Gender: Male
NPI: 1881695914
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-4:30PM

PEDIATRICS

PERKINS, RACHEL
License Type: MD
Provider ID: 100214912006
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: No
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Website: N/A
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Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

PEDIATRICS

RONAN, KEVIN
License Type: MD
Provider ID: 100207974020
Provider Gender: Male
License Number: G77176
NPI: 1225017353
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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PEDIATRICS

RONAN, KEVIN

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

PEDIATRICS

SEARCY, WILLIAM
License Type: MD
Provider ID: 100471940009
Provider Gender: Female
License Number: A48078
NPI: 1356329270
Provider English Spoken: Y
Provider Language(s) Spoken: French, Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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OCEANSIDE, CA 92057
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American Sign Language (ASL): N
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POWAY

FAMILY PRACTICE

KAUR, JATINDER

License Type: MD

Provider ID: 100315025008

Provider Gender: Female

License Number: A120771

NPI: 1912141391

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Hindi, Punjabi, Urdu*

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8AM-5PM*

FAMILY PRACTICE

KAUR, JATINDER

License Type: MD

Provider ID: 100315025008

Provider Gender: Female

License Number: A120771

NPI: 1912141391

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Hindi, Punjabi, Urdu*

Cultural Competency: N

Board Certified: No

IHP OF SOUTHERN CAL-PHP

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POWAY, CA 92064

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- *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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8AM-5PM*

FQHC

NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER,

Provider ID: PG0092632005

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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8AM-5PM*

FQHC

NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER,

Provider ID: PG0092632005

NPI: 1023518768

- *Provider English Spoken: Y*

Cultural Competency: N

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Hours: M-F 8AM-5PM

PEDIATRICS

CURET, ZULMA

License Type: MD
Provider ID: 100246070017
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: No
IHP OF SOUTHERN CAL-PHP
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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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

LINDBACK, SARAH

License Type: MD
Provider ID: 100192227006
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: 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: Limited: (P, EB, E)
Hours: M-F 8AM-5PM

PEDIATRICS

LOSTETTER, ADRIENNE

License Type: MD
Provider ID: 100188237012
Provider Gender: Female
NPI: 1881607984
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

DIEGO, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PALOMAR HEALTH, PALOMAR MEDICAL CENTER
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
15725 POMERADO RD STE 203
POWAY, CA 92064
Phone: (858) 673-3340
Fax: (858) 673-1075
After Hours Phone: (858) 673-3340
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E)
Hours: M-F 8AM-5PM

PEDIATRICS

MOREIRA, LUCILA
License Type: DO
Provider ID: 100320803012
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: No
RADY CHILDRENS HEALTH NETWORK
15725 POMERADO RD STE 203
POWAY, CA 92064
Phone: (858) 673-3340
Fax: (858) 673-1075
After Hours Phone: (858) 673-3340
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E)
Hours: SU-SA 8AM-5PM

PEDIATRICS

MORTIMER, DORI
License Type: MD
Provider ID: 100101440011
Provider Gender: Female
NPI: 1417928417
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PALOMAR HEALTH, PALOMAR MEDICAL CENTER
Board Certified: 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: Limited: (P, EB, E)
Hours: M-F 8AM-5PM

PEDIATRICS

RAMGREN, AILEEN
License Type: DO
Provider ID: 100287887011
Provider Gender: Female
NPI: 1356785505
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL

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CENTER
Board Certified: 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: Limited: (P, EB, E)
Hours: M-F 8AM-5PM

PEDIATRICS

TAI, KUANGKAI
License Type: MD
Provider ID: 100026577007
Provider Gender: Male
NPI: 1396744066
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, Mandarin, Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
15525 POMERADO RD STE B1
POWAY, CA 92064
Phone: (858) 487-8333
Fax: (858) 487-0856
After Hours Phone: (858) 484-4003
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5PM SA 8:30AM-12PM

RAMONA

FQHC

TRUECARE,
Provider ID: PG0025086045
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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM SA 8AM-12PM

FQHC

TRUECARE,
Provider ID: PG0025086045
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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM SA 8AM-12PM

INTERNAL MEDICINE

HO, LYSA
License Type: DO
Provider ID: 100437431003

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Gender: Female
License Number: 20A17507
NPI: 1821494337
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
SA 8AM-12PM

INTERNAL MEDICINE

HO, LYSA
License Type: DO
Provider ID: 100437431003
Provider Gender: Female
License Number: 20A17507
NPI: 1821494337
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
SA 8AM-12PM

INTERNAL MEDICINE

YUNG, DORIS
License Type: MD
Provider ID: 100036513002
Provider Gender: Female
License Number: A89893
NPI: 1730386863
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, Mandarin, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified: 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: Basic: (P, EB, IB, E, R)

INTERNAL MEDICINE

YUNG, DORIS
License Type: MD
Provider ID: 100036513002
Provider Gender: Female
License Number: A89893
NPI: 1730386863
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, Mandarin, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified: 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

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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)

SAN DIEGO

CERTIFIED NURSE PRACTITIONER

HILLIARD, THESALONICA
License Type: NP
Provider ID: 100376099003
Provider Gender: Female
License Number: NP95010585
NPI: 1861956724
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.opsam.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM

CERTIFIED NURSE PRACTITIONER

HILLIARD, THESALONICA
License Type: NP
Provider ID: 100376099003
Provider Gender: Female
License Number: NP95010585
NPI: 1861956724
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.opsam.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM

CERTIFIED NURSE PRACTITIONER

HOGAN, ROSELYNN JOY
License Type: NP
Provider ID: 100334478014
Provider Gender: Female
License Number: NP17852
NPI: 1205019510
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Thai
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

CERTIFIED NURSE PRACTITIONER

HOGAN, ROSELYNN JOY
License Type: NP
Provider ID: 100334478006
Provider Gender: Female
License Number: NP17852
NPI: 1205019510

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Thai
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8:30AM-5:30PM F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

HOGAN, ROSELYNN JOY
License Type: NP
Provider ID: 100334478006
Provider Gender: Female
License Number: NP17852
NPI: 1205019510
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Thai
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8:30AM-5:30PM F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

HOGAN, ROSELYNN JOY
License Type: NP
Provider ID: 100334478006
Provider Gender: Female
License Number: NP17852
NPI: 1205019510
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Thai
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8:30AM-5:30PM F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

HOGAN, ROSELYNN JOY
License Type: NP
Provider ID: 100334478006
Provider Gender: Female
License Number: NP17852
NPI: 1205019510
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Thai
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8:30AM-5:30PM F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

HOGAN, ROSELYNN JOY
License Type: NP
Provider ID: 100334478014
Provider Gender: Female
License Number: NP17852
NPI: 1205019510
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Thai
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

CERTIFIED NURSE PRACTITIONER

LU, TAMMY
License Type: NP
Provider ID: 100334811003
Provider Gender: Female
License Number: NP95007253
NPI: 1457879132
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

CERTIFIED NURSE PRACTITIONER

LU, TAMMY
License Type: NP
Provider ID: 100334811003
Provider Gender: Female
License Number: NP95007253
NPI: 1457879132
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

CERTIFIED NURSE PRACTITIONER

OCAMPO, ELAINE
License Type: NP
Provider ID: 100350015003
Provider Gender: Female
License Number: NP95003427

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NPI: 1063856805

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Mandarin, Yue Chinese*

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)*

CERTIFIED NURSE PRACTITIONER

OCAMPO, ELAINE

License Type: NP

Provider ID: 100350015003

Provider Gender: Female

License Number: NP95003427

NPI: 1063856805

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Mandarin, Yue Chinese*

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)*

CERTIFIED NURSE PRACTITIONER

ODA, THAGHAR

License Type: NPF

Provider ID: 100246139005

Provider Gender: Female

License Number: NP95000205

NPI: 1063835692

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Amharic, Arabic*

Cultural Competency: N

Board Certified: No

FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8AM-5:30PM SA 8AM-5PM*

CERTIFIED NURSE PRACTITIONER

ODA, THAGHAR

License Type: NPF

Provider ID: 100246139005

Provider Gender: Female

License Number: RN810863

NPI: 1063835692

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Amharic, Arabic*

Cultural Competency: N

Board Certified: No

FAMILY HEALTH CENTERS 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):

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

CERTIFIED NURSE PRACTITIONER

ODA, THAGHAR

License Type: NPF

Provider ID: 100246139005

Provider Gender: Female

License Number: RN810863

NPI: 1063835692

Provider English Spoken: Y

Provider Language(s) Spoken: Amharic, Arabic

Cultural Competency: N

Board Certified: No

FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)

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

CERTIFIED NURSE PRACTITIONER

ODA, THAGHAR

License Type: NPF

Provider ID: 100246139006

Provider Gender: Female

License Number: NP95000205

NPI: 1063835692

Provider English Spoken: Y

Provider Language(s) Spoken: Amharic, Arabic

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

CERTIFIED NURSE PRACTITIONER

ODA, THAGHAR

License Type: NPF

Provider ID: 100246139006

Provider Gender: Female

License Number: RN810863

NPI: 1063835692

Provider English Spoken: Y

Provider Language(s) Spoken: Amharic, Arabic

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

CERTIFIED NURSE PRACTITIONER

ODA, THAGHAR

License Type: NPF

Provider ID: 100246139005

Provider Gender: Female

License Number: NP95000205

NPI: 1063835692

Provider English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Language(s) Spoken: Amharic, Arabic
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

CERTIFIED NURSE PRACTITIONER

ODA, THAGHAR
License Type: NPF
Provider ID: 100246139006
Provider Gender: Female
License Number: RN810863
NPI: 1063835692
Provider English Spoken: Y
Provider Language(s) Spoken: Amharic, Arabic
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

ODA, THAGHAR
License Type: NPF
Provider ID: 100246139006
Provider Gender: Female
License Number: NP95000205
NPI: 1063835692
Provider English Spoken: Y
Provider Language(s) Spoken: Amharic, Arabic
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

OWEN, MICHAEL
License Type: NP
Provider ID: 100334005006
Provider Gender: Female
License Number: NP95001492
NPI: 1073869145
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

OWEN, MICHAEL
License Type: NP
Provider ID: 100334005006
Provider Gender: Female
License Number: NP95001492
NPI: 1073869145
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

OWEN, MICHAEL
License Type: NP
Provider ID: 100334005003
Provider Gender: Female
License Number: NP95001492
NPI: 1073869145
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8:30AM-5:30PM F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

OWEN, MICHAEL
License Type: NP
Provider ID: 100334005003
Provider Gender: Female
License Number: NP95001492
NPI: 1073869145
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8:30AM-5:30PM F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

OWEN, MICHAEL
License Type: NP
Provider ID: 100334005003
Provider Gender: Female
License Number: NP95001492

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NPI: 1073869145
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8:30AM-5:30PM F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

OWEN, MICHAEL
License Type: NP
Provider ID: 100334005003
Provider Gender: Female
License Number: NP95001492
NPI: 1073869145
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8:30AM-5:30PM F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

PADILLA, MICHELE
License Type: NP
Provider ID: 100408922001
Provider Gender: Female
License Number: NP95020636
NPI: 1356083828
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Board Certified: 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: Limited: (EB, IB, E)
Hours: M-F 8AM-5:30PM

CERTIFIED NURSE PRACTITIONER

PADILLA, MICHELE
License Type: NP
Provider ID: 100408922001
Provider Gender: Female
License Number: NP95020636
NPI: 1356083828
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E)
Hours: M-F 8AM-5:30PM

CERTIFIED NURSE PRACTITIONER

PASTERNAK, ANNA
License Type: NP
Provider ID: 100369489023
Provider Gender: Female
License Number: NP95016490
NPI: 1508459496
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: 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
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM

CERTIFIED NURSE PRACTITIONER

PASTERNAK, ANNA
License Type: NP
Provider ID: 100369489023
Provider Gender: Female
License Number: NP95016490
NPI: 1508459496
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: 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
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM

CERTIFIED NURSE PRACTITIONER

PASTERNAK, ANNA
License Type: NP
Provider ID: 100369489022
Provider Gender: Female
License Number: NP95016490
NPI: 1508459496
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

PASTERNAK, ANNA
License Type: NP
Provider ID: 100369489022
Provider Gender: Female
License Number: NP95016490
NPI: 1508459496
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: 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: Limited: (EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

PATEL, KELLY
License Type: NP
Provider ID: 100334546001
Provider Gender: Female
License Number: NP95004735
NPI: 1033493747
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

PATEL, KELLY
License Type: NP
Provider ID: 100334546001
Provider Gender: Female
License Number: NP95004735
NPI: 1033493747
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

RILEY, JEREN

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Type: NP
Provider ID: 100390228002
Provider Gender: Male
License Number: NP95012588
NPI: 1932742376
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM
Indian Health Services: Indian Health Services: Y

CERTIFIED NURSE PRACTITIONER

RILEY, JEREN
License Type: NP
Provider ID: 100390228002
Provider Gender: Male
License Number: NP95012588
NPI: 1932742376
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM
Indian Health Services: Indian Health Services: Y

CERTIFIED NURSE PRACTITIONER

ROGERS, TANYA
License Type: NP
Provider ID: 100333497005
Provider Gender: Female
License Number: NP95004443
NPI: 1558710038
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

ROGERS, TANYA
License Type: NP
Provider ID: 100333497005
Provider Gender: Female
License Number: NP95004443
NPI: 1558710038
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

ROSS, CRYSTAL
License Type: NP
Provider ID: 100367518024
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: 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: Limited: (EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

ROSS, CRYSTAL
License Type: NP
Provider ID: 100367518024
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: 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: Limited: (EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

SEBRING, JAN
License Type: NP
Provider ID: 100022485005
Provider Gender: Female
License Number: RN486421
NPI: 1295750339
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

CERTIFIED NURSE PRACTITIONER

SEBRING, JAN
License Type: NP

Provider ID: 100022485005
Provider Gender: Female
License Number: NP10906
NPI: 1295750339
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

CERTIFIED NURSE PRACTITIONER

SEBRING, JAN
License Type: NP
Provider ID: 100022485005
Provider Gender: Female
License Number: RN486421
NPI: 1295750339
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

CERTIFIED NURSE PRACTITIONER

SEBRING, JAN
License Type: NP
Provider ID: 100022485005
Provider Gender: Female
License Number: NP10906
NPI: 1295750339
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

CERTIFIED NURSE PRACTITIONER

SIETSMA, ALEXANDRA
License Type: NP
Provider ID: 100334288032
Provider Gender: Female
License Number: NP95002705
NPI: 1932522778
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

SIETSMA, ALEXANDRA
License Type: NP
Provider ID: 100334288032
Provider Gender: Female
License Number: NP95002705
NPI: 1932522778
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

TAYLOR, KAYLA
License Type: NP
Provider ID: 100333789002
Provider Gender: Female
License Number: NP95006792
NPI: 1730604414
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

TAYLOR, KAYLA
License Type: NP
Provider ID: 100333789002
Provider Gender: Female
License Number: NP95006792
NPI: 1730604414
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

TAYLOR, KAYLA
License Type: NP
Provider ID: 100333789002
Provider Gender: Female
License Number: NP95006792
NPI: 1730604414
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS OF

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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: Basic: (P, EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

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License Type: NP
Provider ID: 100333789002
Provider Gender: Female
License Number: NP95006792
NPI: 1730604414
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

TAYLOR, KAYLA
License Type: NP
Provider ID: 100333789001
Provider Gender: Female
License Number: NP95006792
NPI: 1730604414
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

TAYLOR, KAYLA
License Type: NP
Provider ID: 100333789001
Provider Gender: Female
License Number: NP95006792
NPI: 1730604414
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

WOLF, CELIA
License Type: NP
Provider ID: 100378255001
Provider Gender: Female
License Number: NP95001899

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NPI: 1245635564
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM
F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

WOLF, CELIA
License Type: NP
Provider ID: 100378255001
Provider Gender: Female
License Number: NP95001899
NPI: 1245635564
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM
F 8AM-5PM

CLINIC OUTPATIENT

OPERATION SAMAHAN RANCHO PENASQUITOS,
Provider ID: PG0083903002
NPI: 1699216622
Provider English Spoken: Y
Cultural Competency: N
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129
Phone: (844) 200-2426
Fax: (858) 695-9074
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-TU 8:30AM-5:30PM
W 10AM-7PM
TH-F 8:30AM-5:30PM

CLINIC OUTPATIENT

OPERATION SAMAHAN RANCHO PENASQUITOS,
Provider ID: PG0083903002
NPI: 1699216622
Provider English Spoken: Y
Cultural Competency: N
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129
Phone: (844) 200-2426
Fax: (858) 695-9074
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-TU 8:30AM-5:30PM
W 10AM-7PM
TH-F 8:30AM-5:30PM

FAMILY PRACTICE

ABDALLAH, ALI
License Type: DO
Provider ID: 100334426003
Provider Gender: Male

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License Number: 20A15471
NPI: 1649699968
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

ABDALLAH, ALI
License Type: DO
Provider ID: 100334426003
Provider Gender: Male
License Number: 20A15471
NPI: 1649699968
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

ALDERSON, CHEVON
License Type: MD
Provider ID: 100454419004
Provider Gender: Female
License Number: A155746
NPI: 1396124145
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM
Indian Health Services: Indian Health Services: Y

FAMILY PRACTICE

ALDERSON, CHEVON
License Type: MD
Provider ID: 100454419004
Provider Gender: Female
License Number: A155746
NPI: 1396124145
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Limited: (P, EB,

E, T)
Hours: M-F 8AM-5PM
Indian Health Services: Indian Health Services: Y

FAMILY PRACTICE

ALVAREZ-ESTRADA, MIGUEL
License Type: MD
Provider ID: 100360099005
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: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

ALVAREZ-ESTRADA, MIGUEL
License Type: MD
Provider ID: 100360099005
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: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

BACHARACH, REBECCA
License Type: DO
Provider ID: 100378244002
Provider Gender: Female
License Number: 20A15459
NPI: 1225442643
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

FAMILY PRACTICE

BACHARACH, REBECCA
License Type: DO
Provider ID: 100378244002
Provider Gender: Female
License Number: 20A15459
NPI: 1225442643

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Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

FAMILY PRACTICE

BAHRAMZI, MARIA
License Type: MD
Provider ID: 100378193002
Provider Gender: Female
License Number: A173486
NPI: 1588141865
Provider English Spoken: Y
Provider Language(s) Spoken: Pashto
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

BAHRAMZI, MARIA
License Type: MD
Provider ID: 100378193001
Provider Gender: Female
License Number: A173486
NPI: 1588141865
Provider English Spoken: Y
Provider Language(s) Spoken: Pashto
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

BAHRAMZI, MARIA
License Type: MD
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Provider Gender: Female
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NPI: 1588141865
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Provider Language(s) Spoken: Pashto
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Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
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Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

BAHRAMZI, MARIA
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Cultural Competency: N
Board Certified: No
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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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

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License Type: MD
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Provider Gender: Female
License Number: A173486
NPI: 1588141865
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Provider Language(s) Spoken: Pashto
Cultural Competency: N
Board Certified: No
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FAMILY PRACTICE

BAHRAMZI, MARIA
License Type: MD
Provider ID: 100378193001
Provider Gender: Female
License Number: A173486
NPI: 1588141865
Provider English Spoken: Y
Provider Language(s) Spoken: Pashto
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

BAIN, NATALIE
License Type: MD
Provider ID: 100430314001
Provider Gender: Female
License Number: A183464
NPI: 1821677584
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)

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

FAMILY PRACTICE

BAIN, NATALIE

License Type: MD

Provider ID: 100430314001

Provider Gender: Female

License Number: A183464

NPI: 1821677584

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified: No

FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)

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

FAMILY PRACTICE

BELL, TRACY

License Type: MD

Provider ID: 100424087006

Provider Gender: Female

License Number: G188438

NPI: 1497821318

Provider English Spoken: Y

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

FAMILY PRACTICE

BELL, TRACY

License Type: MD

Provider ID: 100424087006

Provider Gender: Female

License Number: G188438

NPI: 1497821318

Provider English Spoken: Y

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

FAMILY PRACTICE

BELL, TRACY

License Type: MD

Provider ID: 100424087007

Provider Gender: Female

License Number: G188438

NPI: 1497821318

Provider English Spoken: Y

Cultural Competency: N

Board Certified: 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

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Website: www.sdfamilycare .org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)

FAMILY PRACTICE

BELL, TRACY
License Type: MD
Provider ID: 100424087006
Provider Gender: Female
License Number: G188438
NPI: 1497821318
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

FAMILY PRACTICE

BELL, TRACY
License Type: MD
Provider ID: 100424087006
Provider Gender: Female
License Number: G188438
NPI: 1497821318
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

FAMILY PRACTICE

BELL, TRACY
License Type: MD
Provider ID: 100424087007
Provider Gender: Female
License Number: G188438
NPI: 1497821318
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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
Website: www.sdfamilycare .org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)

FAMILY PRACTICE

BISHOP, MELISSA
License Type: MD
Provider ID: 100245799016
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: No
IHP OF SOUTHERN CAL-PHP
1501 IMPERIAL AVE
SAN DIEGO, CA 92101

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Limited: (EB, IB, E)
Hours: M-F 8AM-5:30PM

FAMILY PRACTICE

BISHOP, MELISSA
License Type: MD
Provider ID: 100245799016
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: 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: Limited: (EB, IB, E)
Hours: M-F 8AM-5:30PM

FAMILY PRACTICE

BLANDO, ELLEN
License Type: MD
Provider ID: 100057480017
Provider Gender: Female
License Number: A65631
NPI: 1396711644
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.opsam.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

BLANDO, ELLEN
License Type: MD
Provider ID: 100057480017
Provider Gender: Female
License Number: A65631
NPI: 1396711644
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.opsam.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

BRODSKY, MARK
License Type: MD
Provider ID: 100038468003
Provider Gender: Male
License Number: C53623
NPI: 1346337904
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM

FAMILY PRACTICE

BRODSKY, MARK
License Type: MD
Provider ID: 100038468003
Provider Gender: Male
License Number: C53623
NPI: 1346337904
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM

FAMILY PRACTICE

BROWN, BRANDON
License Type: MD
Provider ID: 100332143005
Provider Gender: Male
License Number: A148499
NPI: 1013399559
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

FAMILY PRACTICE

BROWN, BRANDON
License Type: MD
Provider ID: 100332143005
Provider Gender: Male
License Number: A148499
NPI: 1013399559
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

FAMILY PRACTICE

BURTON, LUCAS

License Type: DO

Provider ID: 100416070003

Provider Gender: Male

License Number: 20A20786

NPI: 1376171520

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

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8:30AM-5:30PM*

FAMILY PRACTICE

BURTON, LUCAS

License Type: DO

Provider ID: 100416070003

Provider Gender: Male

License Number: 20A20786

NPI: 1376171520

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

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8:30AM-5:30PM*

FAMILY PRACTICE

BURTON, LUCAS

License Type: DO

Provider ID: 100416070003

Provider Gender: Male

License Number: 20A20786

NPI: 1376171520

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

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8:30AM-5:30PM*

FAMILY PRACTICE

BURTON, LUCAS

License Type: DO

Provider ID: 100416070003

Provider Gender: Male

License Number: 20A20786

NPI: 1376171520

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

Cultural Competency: N

Board Certified: No

FAMILY HEALTH CENTERS OF SAN DIEGO

3544 30TH ST
SAN DIEGO, CA 92104

- *Phone: (619) 515-2424*

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

CAMPBELL, BRIANNA
License Type: MD
Provider ID: 100360159009
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: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-12PM

FAMILY PRACTICE

CAMPBELL, BRIANNA
License Type: MD
Provider ID: 100360159009
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: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-12PM

FAMILY PRACTICE

CARRIEDO-CENICEROS, MARIA
License Type: MD
Provider ID: 100066452009
Provider Gender: Female
License Number: A78373
NPI: 1295746618
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

CARRIEDO-CENICEROS, MARIA
License Type: MD
Provider ID: 100066452009

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Gender: Female
License Number: A78373
NPI: 1295746618
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

CLARK, DONIA
License Type: MD
Provider ID: 100391055006
Provider Gender: Female
License Number: A178849
NPI: 1689238560
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
2325 COMMERCIAL ST STE 1400
SAN DIEGO, CA 92113
Phone: (619) 515-2422
After Hours Phone: (619) 515-2422
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

CLARK, DONIA
License Type: MD
Provider ID: 100391055006
Provider Gender: Female
License Number: A178849
NPI: 1689238560
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
2325 COMMERCIAL ST STE 1400
SAN DIEGO, CA 92113
Phone: (619) 515-2422
After Hours Phone: (619) 515-2422
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

CORMAN, DANIEL
License Type: DO
Provider ID: 100334102002
Provider Gender: Male
License Number: 20A13060
NPI: 1629339593
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM

FAMILY PRACTICE

CORMAN, DANIEL
License Type: DO
Provider ID: 100334102002
Provider Gender: Male
License Number: 20A13060
NPI: 1629339593
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM

FAMILY PRACTICE

DAPPEN, AMANDA
License Type: MD
Provider ID: 100347310004
Provider Gender: Female
License Number: A153414
NPI: 1689037111
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

DAPPEN, AMANDA
License Type: MD
Provider ID: 100347310004
Provider Gender: Female
License Number: A153414
NPI: 1689037111
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

DAVIS, DEIRDRE
License Type: MD
Provider ID: 100375869003
Provider Gender: Female
License Number: A165432
NPI: 1265921365
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
950 S EUCLID AVE
SAN DIEGO, CA 92114
Phone: (619) 662-4100
After Hours Phone: (619)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-12PM

FAMILY PRACTICE

DAVIS, DEIRDRE
License Type: MD
Provider ID: 100375869003
Provider Gender: Female
License Number: A165432
NPI: 1265921365
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-12PM

FAMILY PRACTICE

FAMBRO, CYNTHIA
License Type: MD
Provider ID: 100350838003
Provider Gender: Female
License Number: A153223
NPI: 1710331707
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-12PM

FAMILY PRACTICE

FAMBRO, CYNTHIA
License Type: MD
Provider ID: 100350838003
Provider Gender: Female
License Number: A153223
NPI: 1710331707
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-12PM

FAMILY PRACTICE

FLORES, JOE
License Type: MD
Provider ID: 100398051002
Provider Gender: Male
License Number: A171135
NPI: 1033647409
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM

FAMILY PRACTICE

FLORES, JOE
License Type: MD
Provider ID: 100398051001
Provider Gender: Male
License Number: A171135
NPI: 1033647409
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

FAMILY PRACTICE

FLORES, JOE
License Type: MD
Provider ID: 100398051002
Provider Gender: Male
License Number: A171135
NPI: 1033647409
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM

FAMILY PRACTICE

FLORES, JOE
License Type: MD
Provider ID: 100398051001
Provider Gender: Male
License Number: A171135
NPI: 1033647409
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

FAMILY PRACTICE

GLEASON-ROHRER, GWEN
License Type: MD
Provider ID: 100216048003
Provider Gender: Female
License Number: A112176
NPI: 1710140462
Provider English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Board Certified: 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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM

FAMILY PRACTICE

GLEASON-ROHRER, GWEN
License Type: MD
Provider ID: 100216048003
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: 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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM

FAMILY PRACTICE

GRIFFITHS, KENNETH
License Type: MD
Provider ID: 100031582004
Provider Gender: Male
License Number: C52451
NPI: 1760563068
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Board Certified: 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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM

FAMILY PRACTICE

GRIFFITHS, KENNETH
License Type: MD
Provider ID: 100031582004
Provider Gender: Male
License Number: C52451
NPI: 1760563068
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

FAMILY PRACTICE

GRIFFITHS, KENNETH
License Type: MD
Provider ID: 100031582004
Provider Gender: Male
License Number: C52451
NPI: 1760563068
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Board Certified: No
FAMILY HEALTH CENTERS 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Hours: M-TH 8AM-9PM F 8AM-5PM

FAMILY PRACTICE

GUTIERREZ, TANIA

License Type: DO

Provider ID: 100395515002

Provider Gender: Female

License Number: 20A19345

NPI: 1285196311

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

FAMILY PRACTICE

GUTIERREZ, TANIA

License Type: DO

Provider ID: 100395515002

Provider Gender: Female

License Number: 20A19345

NPI: 1285196311

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

FAMILY PRACTICE

HAMILTON, LISA MARIE

License Type: DO

Provider ID: 100333820001

Provider Gender: Female

License Number: 20A14772

NPI: 1235576059

Provider English Spoken: Y

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

FAMILY PRACTICE

HAMILTON, LISA MARIE

License Type: DO

Provider ID: 100333820001

Provider Gender: Female

License Number: 20A14772

NPI: 1235576059

Provider English Spoken: Y

Cultural Competency: N

Board Certified: No

FAMILY HEALTH CENTERS OF SAN DIEGO

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

HENDRIX, JEFFERSON
License Type: MD
Provider ID: 100331671011
Provider Gender: Male
License Number: A32571
NPI: 1235142738
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

HERNANDEZ, RALPH
License Type: MD
Provider ID: 100080408029
Provider Gender: Male
License Number: C42207
NPI: 1285782151
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

HENDRIX, JEFFERSON
License Type: MD
Provider ID: 100331671011
Provider Gender: Male
License Number: A32571
NPI: 1235142738
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

HERNANDEZ, RALPH
License Type: MD
Provider ID: 100080408029
Provider Gender: Male
License Number: C42207
NPI: 1285782151
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

HUANG, CRYSTAL
License Type: MD
Provider ID: 100443976009
Provider Gender: Female
License Number: A183903
NPI: 1043898497
Provider English Spoken: Y
Provider Language(s) Spoken: Mandarin
Cultural Competency: N
Board Certified: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-12PM

FAMILY PRACTICE

HUANG, CRYSTAL
License Type: MD
Provider ID: 100443976009
Provider Gender: Female
License Number: A183903
NPI: 1043898497
Provider English Spoken: Y
Provider Language(s) Spoken: Mandarin
Cultural Competency: N
Board Certified: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-12PM

FAMILY PRACTICE

KAUFMAN, JENNIFER
License Type: MD
Provider ID: 100334427002
Provider Gender: Female
License Number: G149974
NPI: 1407818768
Provider English Spoken: Y
Provider Language(s) Spoken: Mandarin
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

KAUFMAN, JENNIFER

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Type: MD
Provider ID: 100334427002
Provider Gender: Female
License Number: G149974
NPI: 1407818768
Provider English Spoken: Y
Provider Language(s) Spoken: Mandarin
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

KEFLEZIGHI, BAHGHI
License Type: MD
Provider ID: 100106751002
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
Fax: (619) 263-2499
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

KEFLEZIGHI, BAHGHI
License Type: MD
Provider ID: 100106751002
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
Fax: (619) 263-2499
After Hours Phone: (619) 515-2560
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

KIDDER, BRENDAN
License Type: MD
Provider ID: 100334556002
Provider Gender: Male
License Number: A112379
NPI: 1275793929

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

KIDDER, BRENDAN
License Type: MD
Provider ID: 100334556002
Provider Gender: Male
License Number: A112379
NPI: 1275793929
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

LEE, SANDRINE
License Type: DO
Provider ID: 100341199006
Provider Gender: Female
License Number: 20A15068
NPI: 1073909651
Provider English Spoken: Y
Provider Language(s) Spoken: French
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

LEE, SANDRINE
License Type: DO
Provider ID: 100341199006
Provider Gender: Female
License Number: 20A15068
NPI: 1073909651
Provider English Spoken: Y
Provider Language(s) Spoken: French
Cultural Competency: N
Board Certified: 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: Basic: (P, EB,

IB, E, R, T)

FAMILY PRACTICE

LEE, SANDRINE

License Type: DO

Provider ID: 100341199006

Provider Gender: Female

License Number: 20A15068

NPI: 1073909651

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: French*

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

LEE, SANDRINE

License Type: DO

Provider ID: 100341199006

Provider Gender: Female

License Number: 20A15068

NPI: 1073909651

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: French*

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

LINDEMAN, KURTIS

License Type: MD

Provider ID: 100042713008

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: 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: Limited: (EB, IB, E)

Hours: M-F 8AM-5PM

FAMILY PRACTICE

LINDEMAN, KURTIS

License Type: MD

Provider ID: 100042713008

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: No

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Limited: (EB, IB, E)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

LUAN, GORDON
License Type: MD
Provider ID: 100012685022
Provider Gender: Male
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, Mandarin
C1 SAN DIEGO COUNTY MEDI-CAL
7808 CLAIREMONT MESA BLVD
SAN DIEGO, CA 92111
Phone: (858) 598-6789
After Hours Phone: (858) 598-6789
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

FAMILY PRACTICE

MANDOYAN, AUSTIN
License Type: MD
Provider ID: 100344918001
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

FAMILY PRACTICE

MANDOYAN, AUSTIN
License Type: MD
Provider ID: 100344918001
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

FAMILY PRACTICE

MARSTON, JACQUELINE
License Type: DO
Provider ID: 100242887003
Provider Gender: Female

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Number: 20A12402
NPI: 1417205055
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese*

Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

FAMILY PRACTICE

MARSTON, JACQUELINE
License Type: DO
Provider ID: 100242887003
Provider Gender: Female
License Number: 20A12402
NPI: 1417205055
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese*

Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

FAMILY PRACTICE

MARSTON, JACQUELINE
License Type: DO
Provider ID: 100242887013
Provider Gender: Female
License Number: 20A12402
NPI: 1417205055
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese*

Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

MARSTON, JACQUELINE
License Type: DO
Provider ID: 100242887013
Provider Gender: Female
License Number: 20A12402
NPI: 1417205055
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese*

Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

MARSTON, JACQUELINE
License Type: DO
Provider ID: 100242887003
Provider Gender: Female
License Number: 20A12402
NPI: 1417205055
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

FAMILY PRACTICE

MARSTON, JACQUELINE
License Type: DO
Provider ID: 100242887003
Provider Gender: Female
License Number: 20A12402
NPI: 1417205055
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

FAMILY PRACTICE

MATICH, BRANKO
License Type: MD
Provider ID: 100386473001
Provider Gender: Male
License Number: C174985
NPI: 1023437704
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

FAMILY PRACTICE

MATICH, BRANKO
License Type: MD
Provider ID: 100386473005
Provider Gender: Male

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Number: C174985
NPI: 1023437704
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)

FAMILY PRACTICE

MATICH, BRANKO
License Type: MD
Provider ID: 100386473001
Provider Gender: Male
License Number: C174985
NPI: 1023437704
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

FAMILY PRACTICE

MATICH, BRANKO
License Type: MD
Provider ID: 100386473002
Provider Gender: Male
License Number: C174985
NPI: 1023437704
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9AM-4PM

FAMILY PRACTICE

MATICH, BRANKO
License Type: MD
Provider ID: 100386473002
Provider Gender: Male
License Number: C174985
NPI: 1023437704
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9AM-4PM

FAMILY PRACTICE

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

MATICH, BRANKO
License Type: MD
Provider ID: 100386473001
Provider Gender: Male
License Number: C174985
NPI: 1023437704
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

FAMILY PRACTICE

MATICH, BRANKO
License Type: MD
Provider ID: 100386473005
Provider Gender: Male
License Number: C174985
NPI: 1023437704
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)

FAMILY PRACTICE

MATICH, BRANKO
License Type: MD
Provider ID: 100386473001
Provider Gender: Male
License Number: C174985
NPI: 1023437704
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

FAMILY PRACTICE

MELGAR, MONICA
License Type: MD
Provider ID: 100361542001
Provider Gender: Female
License Number: A154399
NPI: 1629432174
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM

FAMILY PRACTICE

MELGAR, MONICA

License Type: MD
Provider ID: 100361542001
Provider Gender: Female
License Number: A154399
NPI: 1629432174
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM

FAMILY PRACTICE

MORALES, ALEJANDRA

License Type: MD
Provider ID: 100363732002
Provider Gender: Female
License Number: A162332
NPI: 1063945657
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

MORALES, ALEJANDRA

License Type: MD
Provider ID: 100363732002
Provider Gender: Female
License Number: A162332
NPI: 1063945657
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

NAVARRO, VANESSA MARIA

License Type: MD
Provider ID: 100173914018
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: No
IHP OF SOUTHERN CAL-PHP
1666 PRECISION PARK LN

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

NAVARRO, VANESSA MARIA
License Type: MD
Provider ID: 100173914018
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

NGUYEN, NGOC
License Type: MD
Provider ID: 100228458021
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

NGUYEN, NGOC
License Type: MD
Provider ID: 100228458021
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Teleservice

FAMILY PRACTICE

NGUYEN, NGOC
License Type: MD
Provider ID: 100228458021
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Teleservice

FAMILY PRACTICE

NGUYEN-CLEARY, THAI

License Type: MD

Provider ID: 100082824003

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: No

FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-TH 8AM-9PM F 8AM-5PM*

FAMILY PRACTICE

NGUYEN-CLEARY, THAI

License Type: MD

Provider ID: 100082824003

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: No

FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-TH 8AM-9PM F 8AM-5PM*

FAMILY PRACTICE

NIAZI, HARRIS

License Type: MD

Provider ID: 100334378002

Provider Gender: Male

License Number: A146111

NPI: 1174905871

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Farsi*

Cultural Competency: N

Board Certified: No

FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8AM-5:30PM SA 8AM-5PM*

FAMILY PRACTICE

NIAZI, HARRIS

License Type: MD

Provider ID: 100334378002

Provider Gender: Male

License Number: A146111

NPI: 1174905871

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Farsi*

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

FAMILY PRACTICE

NORRIS, JEFFREY
License Type: MD
Provider ID: 100334872001
Provider Gender: Male
License Number: A136275
NPI: 1073870374
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Limited: (EB, IB, E)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

NORRIS, JEFFREY
License Type: MD
Provider ID: 100334872001
Provider Gender: Male
License Number: A136275
NPI: 1073870374
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Limited: (EB, IB, E)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

NORTON, LISA
License Type: MD
Provider ID: 100377832006
Provider Gender: Female
License Number: C159591
NPI: 1720181084
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM

FAMILY PRACTICE

NORTON, LISA
License Type: MD
Provider ID: 100377832006
Provider Gender: Female

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Number: C159591
NPI: 1720181084
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM

FAMILY PRACTICE

NUQUI, JOSIE
License Type: MD
Provider ID: 100334732002
Provider Gender: Female
License Number: A71544
NPI: 1184773673
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Board Certified: No
OPERATION SAMAHAN
9855 ERMA RD STE 105
SAN DIEGO, CA 92131
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.opsam.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5PM
SA 8:30AM-5PM

FAMILY PRACTICE

NUQUI, JOSIE
License Type: MD
Provider ID: 100334732002
Provider Gender: Female
License Number: A71544
NPI: 1184773673
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Board Certified: No
OPERATION SAMAHAN
9855 ERMA RD STE 105
SAN DIEGO, CA 92131
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.opsam.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5PM
SA 8:30AM-5PM

FAMILY PRACTICE

OROZCO, KATHILEEN
License Type: DO
Provider ID: 100414018023
Provider Gender: Female
License Number: 20A21632
NPI: 1871122473
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
316 25TH ST
SAN DIEGO, CA 92102
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
Hours: M-F 8AM-5PM

FAMILY PRACTICE

OROZCO, KATHILEEN
License Type: DO
Provider ID: 100414018023

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Gender: Female
License Number: 20A21632
NPI: 1871122473
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
316 25TH ST
SAN DIEGO, CA 92102
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
Hours: M-F 8AM-5PM

FAMILY PRACTICE

PEREZ, PERLITA
License Type: MD
Provider ID: 100337666002
Provider Gender: Female
License Number: A119689
NPI: 1174810972
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

PEREZ, PERLITA
License Type: MD
Provider ID: 100337666002
Provider Gender: Female
License Number: A119689
NPI: 1174810972
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

PROPST, TOBE
License Type: MD
Provider ID: 100235534008
Provider Gender: Male
License Number: A82123
NPI: 1194814277
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Limited: (EB, IB, E)

FAMILY PRACTICE

PROPST, TOBE

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Type: MD
Provider ID: 100235534008
Provider Gender: Male
License Number: A82123
NPI: 1194814277
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Limited: (EB, IB, E)

FAMILY PRACTICE

RAGUVEER, VISHAKA
License Type: MD
Provider ID: 100402320003
Provider Gender: Female
License Number: A172736
NPI: 1740609387
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129
Phone: (916) 419-7292
After Hours Phone: (916) 419-7292
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM

FAMILY PRACTICE

RAGUVEER, VISHAKA
License Type: MD
Provider ID: 100402320003
Provider Gender: Female
License Number: A172736
NPI: 1740609387
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129
Phone: (916) 419-7292
After Hours Phone: (916) 419-7292
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM

FAMILY PRACTICE

RAGUVEER, VISHAKA
License Type: MD
Provider ID: 100402320008
Provider Gender: Female
NPI: 1740609387
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
COMMUNITY CARE IPA LLC
9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129
Phone: (844) 200-2426
Fax: (858) 240-6470
After Hours Phone: (844) 200-2426
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

FAMILY PRACTICE

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

RASHID, SAMAR
License Type: DO
Provider ID: 100326087045
Provider Gender: Female
License Number: 20A14646
NPI: 1811394869
Provider English Spoken: Y
Provider Language(s) Spoken: French, Urdu
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Board Certified: 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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM

FAMILY PRACTICE

RASHID, SAMAR
License Type: DO
Provider ID: 100326087045
Provider Gender: Female
License Number: 20A14646
NPI: 1811394869
Provider English Spoken: Y
Provider Language(s) Spoken: French, Urdu
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Board Certified: 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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM

FAMILY PRACTICE

RIDGE, NEAL
License Type: DO
Provider ID: 100356750011
Provider Gender: Male
License Number: 20A6920
NPI: 1053381004
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

RIDGE, NEAL
License Type: DO
Provider ID: 100356750011
Provider Gender: Male
License Number: 20A6920
NPI: 1053381004
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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

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American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

RODRIGUEZ, SEAN
License Type: MD
Provider ID: 100197884007
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: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

RODRIGUEZ, SEAN
License Type: MD
Provider ID: 100197884007
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: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

ROSADO, IVAN
License Type: MD
Provider ID: 100365788011
Provider Gender: Male
License Number: A169434
NPI: 1316479603
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
316 25TH ST
SAN DIEGO, CA 92102
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
Hours: M-F 8AM-5PM

FAMILY PRACTICE

ROSADO, IVAN
License Type: MD
Provider ID: 100365788011
Provider Gender: Male
License Number: A169434
NPI: 1316479603
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
316 25TH ST
SAN DIEGO, CA 92102
Phone: (619) 662-4100
After Hours Phone: (619)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

FAMILY PRACTICE

SCOTT, RYLEE
License Type: MD
Provider ID: 100361816001
Provider Gender: Male
License Number: A162946
NPI: 1457887911
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM
TH 9AM-6PM
F 8:30AM-5:30PM

FAMILY PRACTICE

SCOTT, RYLEE
License Type: MD
Provider ID: 100361816001
Provider Gender: Male
License Number: A162946
NPI: 1457887911
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM
TH 9AM-6PM
F 8:30AM-5:30PM

FAMILY PRACTICE

SHEIKH, ZARA
License Type: MD
Provider ID: 100386354001
Provider Gender: Female
License Number: A163512
NPI: 1952808727
Provider English Spoken: Y
Provider Language(s) Spoken: Urdu
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM

FAMILY PRACTICE

SHEIKH, ZARA
License Type: MD
Provider ID: 100386354002
Provider Gender: Female
License Number: A163512
NPI: 1952808727
Provider English Spoken: Y
Provider Language(s)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Spoken: Urdu
Cultural Competency: N
Board Certified: 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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM

FAMILY PRACTICE

SHEIKH, ZARA
License Type: MD
Provider ID: 100386354001
Provider Gender: Female
License Number: A163512
NPI: 1952808727
Provider English Spoken: Y
Provider Language(s) Spoken: Urdu
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM

FAMILY PRACTICE

SHEIKH, ZARA
License Type: MD
Provider ID: 100386354002
Provider Gender: Female
License Number: A163512
NPI: 1952808727
Provider English Spoken: Y
Provider Language(s) Spoken: Urdu
Cultural Competency: N
Board Certified: 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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM

FAMILY PRACTICE

SHIRAKI, JEAN
License Type: DO
Provider ID: 100352423002
Provider Gender: Female
License Number: 20A17577
NPI: 1144684382
Provider English Spoken: Y
Provider Language(s) Spoken: Japanese
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

8:30AM-5:30PM

FAMILY PRACTICE

SHIRAKI, JEAN

License Type: DO

Provider ID: 100352423002

Provider Gender: Female

License Number: 20A17577

NPI: 1144684382

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Japanese*

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8:30AM-5:30PM*

FAMILY PRACTICE

SMOOT, CHARLES

License Type: MD

Provider ID: 100334463002

Provider Gender: Male

License Number: A97036

NPI: 1245490358

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

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)*

FAMILY PRACTICE

SMOOT, CHARLES

License Type: MD

Provider ID: 100334463001

Provider Gender: Male

License Number: A97036

NPI: 1245490358

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

Cultural Competency: N

Board Certified: No

FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8AM-5:30PM SA 8AM-5PM*

FAMILY PRACTICE

SMOOT, CHARLES

License Type: MD

Provider ID: 100334463002

Provider Gender: Male

License Number: A97036

NPI: 1245490358

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

Cultural Competency: N

Board Certified: No

FAMILY HEALTH CENTERS OF SAN DIEGO

2391 ISLAND AVE
SAN DIEGO, CA 92102

- *Phone: (619) 515-2435*
- *After Hours Phone: (619)*

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

515-2435
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

SMOOT, CHARLES
License Type: MD
Provider ID: 100334463001
Provider Gender: Male
License Number: A97036
NPI: 1245490358
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

FAMILY PRACTICE

SNYDER, CHRISTOPHER
License Type: DO
Provider ID: 100024789051
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Teleservice

FAMILY PRACTICE

SNYDER, CHRISTOPHER
License Type: DO
Provider ID: 100024789051
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: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Teleservice

FAMILY PRACTICE

SWARTZ, JOHN
License Type: MD
Provider ID: 100097829006
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: 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: Limited: (EB, IB, E)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

SWARTZ, JOHN
License Type: MD
Provider ID: 100097829006
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: 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: Limited: (EB, IB, E)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

TEGUH, COLLIN
License Type: DO
Provider ID: 100089123008
Provider Gender: Male
Provider English Spoken: Y
Provider Language(s) Spoken: German, Indonesian, Malayalam, Mandarin, Spanish
C1 SAN DIEGO COUNTY MEDI-CAL
2045 ADAMS AVE
SAN DIEGO, CA 92116
Phone: (619) 281-8988
After Hours Phone: (619) 281-8988
Website: N/A
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M-F 9AM-5PM
Teleservice

FAMILY PRACTICE

THAI, JUSTIN
License Type: MD

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100400371001
Provider Gender: Male
License Number: A177462
NPI: 1093276198
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

FAMILY PRACTICE

THAI, JUSTIN
License Type: MD
Provider ID: 100400371002
Provider Gender: Male
License Number: A177462
NPI: 1093276198
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

FAMILY PRACTICE

THAI, JUSTIN
License Type: MD
Provider ID: 100400371001
Provider Gender: Male
License Number: A177462
NPI: 1093276198
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

FAMILY PRACTICE

THAI, JUSTIN
License Type: MD
Provider ID: 100400371002
Provider Gender: Male
License Number: A177462
NPI: 1093276198
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

FAMILY PRACTICE

THOMAS, ZACHARY
License Type: MD
Provider ID: 100334749002
Provider Gender: Male
License Number: A145023
NPI: 1326453119
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

THOMAS, ZACHARY
License Type: MD
Provider ID: 100334749002
Provider Gender: Male
License Number: A145023
NPI: 1326453119
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

TRAN, UYEN-THAO
License Type: MD
Provider ID: 100105627004
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
Fax: (619) 795-2756
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

FAMILY PRACTICE

TRAN, UYEN-THAO
License Type: MD
Provider ID: 100105627004
Provider Gender: Female
License Number: A76709
NPI: 1891720355

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
Fax: (619) 795-2756
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

FAMILY PRACTICE

TRUONG, NHA
License Type: DO
Provider ID: 100395735004
Provider Gender: Female
License Number: 20A17836
NPI: 1760975833
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

FAMILY PRACTICE

TRUONG, NHA
License Type: DO
Provider ID: 100395735004
Provider Gender: Female
License Number: 20A17836
NPI: 1760975833
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

FAMILY PRACTICE

TSUCHIYA, KIMIKO
License Type: DO
Provider ID: 100401489005
Provider Gender: Female
License Number: 20A19610
NPI: 1629637285
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101
Phone: (619) 515-2430
After Hours Phone: (619) 515-2430
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

TSUCHIYA, KIMIKO
License Type: DO
Provider ID: 100401489005
Provider Gender: Female
License Number: 20A19610
NPI: 1629637285
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101
Phone: (619) 515-2430
After Hours Phone: (619) 515-2430
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

VALENZUELA, TRICIA
License Type: MD
Provider ID: 100363737001
Provider Gender: Female
License Number: A161373
NPI: 1346776358
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

VALENZUELA, TRICIA
License Type: MD
Provider ID: 100363737001
Provider Gender: Female
License Number: A161373
NPI: 1346776358
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

WANG, REGINA
License Type: MD
Provider ID: 100145123010
Provider Gender: Female
License Number: A109828
NPI: 1154554871
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: LONG BEACH MEMORIAL MED CTR, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

THORNTON
Board Certified: 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: Limited: (EB, IB, E)
Hours: M-F 8AM-5:30PM

FAMILY PRACTICE

WANG, REGINA
License Type: MD
Provider ID: 100145123010
Provider Gender: Female
License Number: A109828
NPI: 1154554871
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: LONG BEACH MEMORIAL MED CTR, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Board Certified: 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: Limited: (EB, IB, E)
Hours: M-F 8AM-5:30PM

FAMILY PRACTICE

WU, JENNIFER
License Type: MD
Provider ID: 100017400008
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: 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: Limited: (EB, IB, E)
Hours: M-F 8AM-5:30PM

FAMILY PRACTICE

WU, JENNIFER
License Type: MD
Provider ID: 100017400008
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: 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: Limited: (EB, IB, E)
Hours: M-F 8:30AM-5PM

FAMILY PRACTICE

WU, JENNIFER
License Type: MD
Provider ID: 100017400008
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: 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):

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

N

Accessibility: Limited: (EB, IB, E)

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

FAMILY PRACTICE

ZAHLER, MARVIN

License Type: DO

Provider ID: 100320547007

Provider Gender: Male

License Number: 20A11612

NPI: 1134380710

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL

Board Certified: No

FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)

Hours: M-TH 8AM-9PM F 8AM-5PM

FAMILY PRACTICE

ZAHLER, MARVIN

License Type: DO

Provider ID: 100320547007

Provider Gender: Male

License Number: 20A11612

NPI: 1134380710

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL

Board Certified: No

FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)

Hours: M-TH 8AM-9PM F 8AM-5PM

FAMILY PRACTICE

ZINK, IRENE

License Type: MD

Provider ID: 100324255004

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: 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: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (P, IB, E, T)

Hours: M-F 8AM-5PM

FAMILY PRACTICE

ZINK, IRENE

License Type: MD

Provider ID: 100324255004

Provider Gender: Female

License Number: C54198

NPI: 1215959549

Provider English Spoken: Y

Provider Language(s) Spoken: German

Cultural Competency: N

Hospital Affiliation: SCRIPPS

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MEMORIAL HOSPITAL
Board Certified: 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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM

FQHC

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC,
Provider ID: PG0025044020
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FQHC

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC,
Provider ID: PG0025044020
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FQHC

DOWNTOWN FAMILY CTR AT CONNECTIONS,
Provider ID: PG0084437002
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
Hours: M-F 8AM-5PM

FQHC

DOWNTOWN FAMILY CTR AT CONNECTIONS,
Provider ID: PG0084437002
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

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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

FQHC

FAMILY HEALTH CTR IBARRA,
Provider ID: PG0084517002
NPI: 1477953933
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 515-2426
Fax: (619) 255-8002
After Hours Phone: (619) 515-2426
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FQHC

FAMILY HEALTH CTR IBARRA,
Provider ID: PG0084517002
NPI: 1477953933
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 515-2426
Fax: (619) 255-8002
After Hours Phone: (619) 515-2426
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FQHC

FAMILY HEALTH CTR OF SD-ELM ST,
Provider ID: PG0083911002
NPI: 1316419070
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101
Phone: (619) 515-2520
Fax: (619) 231-0431
After Hours Phone: (619) 515-2520
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R)
Hours: M-F 8AM-5PM

FQHC

FAMILY HEALTH CTR OF SD-ELM ST,
Provider ID: PG0083911002
NPI: 1316419070
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101
Phone: (619) 515-2520
Fax: (619) 231-0431
After Hours Phone: (619) 515-2520
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R)
Hours: M-F 8AM-5PM

FQHC

FAMILY HLTH CTR OF SD SAN

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DIEGO COMMERCIAL,
Provider ID: PG0083950002
NPI: 1235521782
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
2325 COMMERCIAL ST STE 1400
SAN DIEGO, CA 92113
Phone: (619) 515-2422
Fax: (619) 269-0053
After Hours Phone: (619) 515-2422
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM

FQHC

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL,
Provider ID: PG0083950002
NPI: 1235521782
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
2325 COMMERCIAL ST STE 1400
SAN DIEGO, CA 92113
Phone: (619) 515-2422
Fax: (619) 269-0053
After Hours Phone: (619) 515-2422
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM

FQHC

FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE,
Provider ID: PG0085338002
NPI: 1356750376
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101
Phone: (619) 515-2525
Fax: (619) 501-5814
After Hours Phone: (619) 515-2525
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Hours: M-F 8:30AM-5:30PM

FQHC

FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE,
Provider ID: PG0085338002
NPI: 1356750376
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101
Phone: (619) 515-2525
Fax: (619) 501-5814
After Hours Phone: (619) 515-2525
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Hours: M-F 8:30AM-5:30PM

FQHC

FAMILY HLTH CTR SAN DIEGO-BEACH AREA,
Provider ID: PG0083156002
NPI: 1386689701
Provider English Spoken: Y
Cultural Competency: N

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FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
Fax: (858) 488-1394
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM
TH 9AM-6PM
F 8:30AM-5:30PM

FQHC

FAMILY HLTH CTR SAN DIEGO-BEACH AREA,
Provider ID: PG0083156002
NPI: 1386689701
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
Fax: (858) 488-1394
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM
TH 9AM-6PM
F 8:30AM-5:30PM

FQHC

FAMILY HLTH CTR SD HILLCREST,
Provider ID: PG0084516002
NPI: 1629456900
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
Fax: (619) 501-9645
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-TH 8AM-9PM
F 8AM-5PM

FQHC

FAMILY HLTH CTR SD HILLCREST,
Provider ID: PG0084516002
NPI: 1629456900
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
Fax: (619) 501-9645
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-TH 8AM-9PM
F 8AM-5PM

FQHC

KING CHAVEZ HEALTH CENTER,
Provider ID: PG0047560011
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
After Hours Phone: (619)

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662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-12PM

FQHC

KING CHAVEZ HEALTH CENTER,
Provider ID: PG0047560011
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
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-12PM

FQHC

LA MAESTRA COMMUNITY HEALTH CENTERS - 4074 FAIRMOUNT,
Provider ID: PG0135214003
NPI: 1609849074
Provider English Spoken: Y
Cultural Competency: N
LA MAESTRA FAMILY CLINIC
4074 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 312-0347
Fax: (619) 510-4649
After Hours Phone: (619) 312-0347
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

FQHC

LA MAESTRA COMMUNITY HEALTH CENTERS - 4074 FAIRMOUNT,
Provider ID: PG0135214003
NPI: 1609849074
Provider English Spoken: Y
Cultural Competency: N
LA MAESTRA FAMILY CLINIC
4074 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 312-0347
Fax: (619) 510-4649
After Hours Phone: (619) 312-0347
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

FQHC

LINDA VISTA HEALTH CARE CTR,
Provider ID: PG0024858006
NPI: 1609905215
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

FQHC

LINDA VISTA HEALTH CARE CTR,
Provider ID: PG0024858006
NPI: 1780665877

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

FQHC

LINDA VISTA HEALTH CARE CTR,
Provider ID: PG0024858006
NPI: 1609905215
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

FQHC

LINDA VISTA HEALTH CARE CTR,
Provider ID: PG0024858006
NPI: 1780665877
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

FQHC

LOGAN HEIGHTS FAMILY HEALTH CENTER,
Provider ID: PG0025044019
NPI: 1447281936
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
Fax: (619) 234-2447
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: (T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

FQHC

LOGAN HEIGHTS FAMILY HEALTH CENTER,
Provider ID: PG0025044045
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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

FQHC

LOGAN HEIGHTS FAMILY HEALTH CENTER,
Provider ID: PG0025044019
NPI: 1447281936
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
Fax: (619) 234-2447
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: (T)
Hours: M-F 8AM-5:30PM
SA 8AM-5PM

FQHC

LOGAN HEIGHTS FAMILY HEALTH CENTER,
Provider ID: PG0025044045
NPI: 1447281936
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2355
Fax: (619) 232-7011
After Hours Phone: (619) 515-2355
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

FQHC

MID-CITY COMMUNITY CLINIC,
Provider ID: PG0049261012
NPI: 1962483040
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
Fax: (858) 633-4681
After Hours Phone: (619) 563-0250
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R)
Hours: M-F 8AM-5PM
SA 8AM-2PM

FQHC

MID-CITY COMMUNITY CLINIC,
Provider ID: PG0049261011
NPI: 1962483040
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2058
Fax: (858) 633-4682
After Hours Phone: (619) 280-2058
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
SA 8AM-2PM

FQHC

MID-CITY COMMUNITY CLINIC,

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: PG0049261012
NPI: 1962483040
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
Fax: (858) 633-4681
After Hours Phone: (619) 563-0250
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R)
Hours: M-F 8AM-5PM SA 8AM-2PM

FQHC

MID-CITY COMMUNITY CLINIC,
Provider ID: PG0049261011
NPI: 1962483040
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2058
Fax: (858) 633-4682
After Hours Phone: (619) 280-2058
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM SA 8AM-2PM

FQHC

NORTH PARK FAMILY HEALTH CENTERS,
Provider ID: PG0025044022
NPI: 1184169963
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
Fax: (619) 501-0627
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

FQHC

NORTH PARK FAMILY HEALTH CENTERS,
Provider ID: PG0084186002
NPI: 1700821303
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
Fax: (619) 683-7586
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM

FQHC

NORTH PARK FAMILY HEALTH CENTERS,
Provider ID: PG0025044022
NPI: 1700821303
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
Fax: (619) 501-0627
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

FQHC

NORTH PARK FAMILY HEALTH CENTERS,
Provider ID: PG0025044022
NPI: 1184169963
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
Fax: (619) 501-0627
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

FQHC

NORTH PARK FAMILY HEALTH CENTERS,
Provider ID: PG0084186002
NPI: 1700821303
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
Fax: (619) 683-7586
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM

FQHC

NORTH PARK FAMILY HEALTH CENTERS,
Provider ID: PG0025044022
NPI: 1700821303
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
Fax: (619) 501-0627
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

FQHC

OPERATION SAMAHAN - MIRA MESA,
Provider ID: PG0083606004
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.opsam.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB,

IB, E, R, T)

FQHC

OPERATION SAMAHAN - MIRA MESA,

Provider ID: PG0083606002

NPI: 1871680397

Provider English Spoken: Y

Cultural Competency: N

OPERATION SAMAHAN

10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844) 200-2426

Website: www.opsam.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (P, IB, E, R, T)

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

FQHC

OPERATION SAMAHAN - MIRA MESA,

Provider ID: PG0083606004

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.opsam.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

FQHC

OPERATION SAMAHAN - MIRA MESA,

Provider ID: PG0083606002

NPI: 1871680397

Provider English Spoken: Y

Cultural Competency: N

OPERATION SAMAHAN

10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844) 200-2426

Website: www.opsam.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (P, IB, E, R, T)

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

FQHC

OPERATION SAMAHAN RANCHO PENASQUITOS,

Provider ID: PG0083903002

NPI: 1699216622

Provider English Spoken: Y

Cultural Competency: N

OPERATION SAMAHAN

9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129

Phone: (844) 200-2426

Fax: (858) 695-9074

After Hours Phone: (844) 200-2426

Website: www.operationsamahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

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

FQHC

OPERATION SAMAHAN RANCHO PENASQUITOS,

Provider ID: PG0083903002

NPI: 1699216622

Provider English Spoken: Y

Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129
Phone: (844) 200-2426
Fax: (858) 695-9074
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-TU 8:30AM-5:30PM
W 10AM-7PM
TH-F 8:30AM-5:30PM

FQHC

OPSAM HEALTH CITY HEIGHTS,
Provider ID: PG0137972003
NPI: 1801907449
Provider English Spoken: Y
Cultural Competency: N
OPERATION SAMAHAN
5296 UNIVERSITY AVE STE F
SAN DIEGO, CA 92105
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

FQHC

OPSAM HEALTH CITY HEIGHTS,
Provider ID: PG0137972003
NPI: 1801907449
Provider English Spoken: Y
Cultural Competency: N
OPERATION SAMAHAN
5296 UNIVERSITY AVE STE F
SAN DIEGO, CA 92105
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

FQHC

SAN DIEGO AMERICAN INDIAN HEALTH CENTER,
Provider ID: PG0025869018
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: Limited: (P, EB, E)
Hours: M-F 8AM-5PM
Indian Health Services: Indian Health Services: Y

FQHC

SAN DIEGO AMERICAN INDIAN HEALTH CENTER,
Provider ID: PG0025869018
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: Limited: (P, EB,

E)
Hours: M-F 8AM-5PM
Indian Health Services: Indian Health Services: Y

FQHC

SAN DIEGO FAMILY CARE,
Provider ID: PG0092672005
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: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9AM-4PM

FQHC

SAN DIEGO FAMILY CARE,
Provider ID: PG0092672005
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: Basic: (P, EB, IB, E, R, T)
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: PG0094135002
NPI: 1598308926
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
316 25TH ST
SAN DIEGO, CA 92102
Phone: (619) 662-4100
Fax: (619) 238-5551
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
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE,
Provider ID: PG0094135002
NPI: 1598308926
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
316 25TH ST
SAN DIEGO, CA 92102
Phone: (619) 662-4100
Fax: (619) 238-5551
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
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH CHC - OCEAN VIEW,
Provider ID: PG0047560008
NPI: 1326225632
Provider English Spoken: Y
Cultural Competency: N

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IHP OF SOUTHERN CAL-PHP
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Phone: (619) 662-4100
Fax: (619) 232-5922
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH CHC - OCEAN VIEW,
Provider ID: PG0047560008
NPI: 1326225632
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Phone: (619) 662-4100
Fax: (619) 232-5922
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED,
Provider ID: PG0094138002
NPI: 1205477841
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
4690 EL CAJON BLVD
SAN DIEGO, CA 92115
Phone: (619) 662-4100
Fax: (619) 824-9076
After Hours Phone: (619) 662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED,
Provider ID: PG0094138002
NPI: 1205477841
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
4690 EL CAJON BLVD
SAN DIEGO, CA 92115
Phone: (619) 662-4100
Fax: (619) 824-9076
After Hours Phone: (619) 662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH PRECISION PARK,
Provider ID: PG0128177003
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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

FQHC

SAN YSIDRO HEALTH PRECISION PARK,
Provider ID: PG0128177003
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
Hours: M-F 8AM-5PM

FQHC

SHERMAN HEIGHTS FAMILY HLTH CTRS INC,
Provider ID: PG0082766002
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: Basic: (P, EB, IB, E, R, T)

FQHC

SHERMAN HEIGHTS FAMILY HLTH CTRS INC,
Provider ID: PG0082766002
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: Basic: (P, EB, IB, E, R, T)

FQHC

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER,
Provider ID: PG0086361007
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
Hours: M-F 8AM-5:30PM

FQHC

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER,
Provider ID: PG0086361007
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)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5:30PM

GENERAL PRACTICE

ALONZO, SHIRIN
License Type: MD
Provider ID: 100199975008
Provider Gender: Male
License Number: A119906
NPI: 1225318041
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, CEDARS SINAI MEDICAL CENTER
Board Certified: 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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM

GENERAL PRACTICE

ALONZO, SHIRIN
License Type: MD
Provider ID: 100199975008
Provider Gender: Male
License Number: A119906
NPI: 1225318041
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, CEDARS SINAI MEDICAL CENTER
Board Certified: 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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM

GENERAL PRACTICE

DOAN STEPHENS, CRYSTAL
License Type: MD
Provider ID: 100350009009
Provider Gender: Female
License Number: A152267
NPI: 1730570144
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

GENERAL PRACTICE

DOAN STEPHENS, CRYSTAL

License Type: MD

Provider ID: 100350009002

Provider Gender: Female

License Number: A152267

NPI: 1730570144

Provider English Spoken: Y

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

GENERAL PRACTICE

DOAN STEPHENS, CRYSTAL

License Type: MD

Provider ID: 100350009002

Provider Gender: Female

License Number: A152267

NPI: 1730570144

Provider English Spoken: Y

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

GENERAL PRACTICE

DOAN STEPHENS, CRYSTAL

License Type: MD

Provider ID: 100350009009

Provider Gender: Female

License Number: A152267

NPI: 1730570144

Provider English Spoken: Y

Cultural Competency: N

Board Certified: 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

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (EB, IB, E, R, T)

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

GENERAL PRACTICE

DOAN STEPHENS, CRYSTAL

License Type: MD

Provider ID: 100350009010

Provider Gender: Female

License Number: A152267

NPI: 1730570144

Provider English Spoken: Y

Cultural Competency: N

Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

GENERAL PRACTICE

DOAN STEPHENS, CRYSTAL
License Type: MD
Provider ID: 100350009010
Provider Gender: Female
License Number: A152267
NPI: 1730570144
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

GENERAL PRACTICE

ROMERO, CAMILA
License Type: MD
Provider ID: 100223295002
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

GENERAL PRACTICE

ROMERO, CAMILA
License Type: MD
Provider ID: 100223295002
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

GENERAL PRACTICE

ROMERO, CAMILA
License Type: MD
Provider ID: 100223295002
Provider Gender: Female
License Number: A93812
NPI: 1508912130
Provider English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Language(s) Spoken: French, Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, UCSD MEDICAL CTR
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

GENERAL PRACTICE

ROMERO, CAMILA
License Type: MD
Provider ID: 100223295002
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

GENERAL PRACTICE

ROMERO, CAMILA
License Type: MD
Provider ID: 100223295017
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: 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
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM

GENERAL PRACTICE

ROMERO, CAMILA
License Type: MD
Provider ID: 100223295017
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

WOMEN AND NEWBORNS, UCSD MEDICAL CTR
Board Certified: 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
Website: www.sdfamilycare .org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM

INTERNAL MEDICINE

ALASSIL, SALLY
License Type: MD
Provider ID: 100315023004
Provider Gender: Female
License Number: A122238
NPI: 1982044483
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

INTERNAL MEDICINE

ALASSIL, SALLY
License Type: MD
Provider ID: 100315023005
Provider Gender: Female
License Number: A122238
NPI: 1982044483
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
2325 COMMERCIAL ST STE 1400
SAN DIEGO, CA 92113
Phone: (619) 515-2422
After Hours Phone: (619) 515-2422
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

ALASSIL, SALLY
License Type: MD
Provider ID: 100315023004
Provider Gender: Female
License Number: A122238
NPI: 1982044483
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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

INTERNAL MEDICINE

ALASSIL, SALLY

License Type: MD

Provider ID: 100315023005

Provider Gender: Female

License Number: A122238

NPI: 1982044483

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Arabic*

Cultural Competency: N

Board Certified: No

FAMILY HEALTH CENTERS OF SAN DIEGO

2325 COMMERCIAL ST STE 1400
SAN DIEGO, CA 92113

Phone: (619) 515-2422

After Hours Phone: (619) 515-2422

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

INTERNAL MEDICINE

ALDOUS, JEANNETTE

License Type: MD

Provider ID: 100134749005

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: 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

INTERNAL MEDICINE

ALDOUS, JEANNETTE

License Type: MD

Provider ID: 100134749005

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: 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

INTERNAL MEDICINE

ARGOUD, GEORGES

License Type: MD

Provider ID: 100053174110

Provider Gender: Male

License Number: G61898

NPI: 1144303538

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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Cultural Competency: N
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SHARP CHULA VISTA MED CTR, PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, TRI CITY MEDICAL CTR
Board Certified: No
LA MAESTRA FAMILY CLINIC
4074 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 312-0347
After Hours Phone: (619) 312-0347
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

INTERNAL MEDICINE

ARGOUD, GEORGES
License Type: MD
Provider ID: 100053174110
Provider Gender: Male
License Number: G61898
NPI: 1144303538
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SHARP CHULA VISTA MED CTR, PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, TRI CITY MEDICAL CTR
Board Certified: No
LA MAESTRA FAMILY CLINIC
4074 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 312-0347
After Hours Phone: (619) 312-0347
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

INTERNAL MEDICINE

BALL, SHELDON
License Type: MD
Provider ID: 100394482008
Provider Gender: Male
License Number: G61521
NPI: 1689646275
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

INTERNAL MEDICINE

BALL, SHELDON
License Type: MD
Provider ID: 100394482008
Provider Gender: Male
License Number: G61521
NPI: 1689646275
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

INTERNAL MEDICINE

BALL, SHELDON
License Type: MD
Provider ID: 100394482009
Provider Gender: Male
License Number: G61521
NPI: 1689646275
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)

INTERNAL MEDICINE

BALL, SHELDON
License Type: MD
Provider ID: 100394482009
Provider Gender: Male
License Number: G61521
NPI: 1689646275
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)

INTERNAL MEDICINE

BALL, SHELDON
License Type: MD
Provider ID: 100394482008
Provider Gender: Male
License Number: G61521
NPI: 1689646275
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

INTERNAL MEDICINE

BALL, SHELDON
License Type: MD
Provider ID: 100394482008
Provider Gender: Male
License Number: G61521
NPI: 1689646275
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

INTERNAL MEDICINE

CHAN, ANDY
License Type: DO
Provider ID: 100419543001
Provider Gender: Male
License Number: 20A20352
NPI: 1104480912
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM
F 8AM-5PM

INTERNAL MEDICINE

CHAN, ANDY
License Type: DO
Provider ID: 100419543001
Provider Gender: Male
License Number: 20A20352
NPI: 1104480912
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM
F 8AM-5PM

INTERNAL MEDICINE

CHANDRADAS, SAJIV
License Type: MD
Provider ID: 100287988012
Provider Gender: Male
License Number: A122474
NPI: 1720350465
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM
F 8AM-5PM

INTERNAL MEDICINE

CHANDRADAS, SAJIV
License Type: MD
Provider ID: 100287988012

Provider Gender: Male
License Number: A122474
NPI: 1720350465
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

CHAU, JOHN
License Type: MD
Provider ID: 100391940008
Provider Gender: Male
License Number: A52498
NPI: 1740375070
Provider English Spoken: Y
Provider Language(s) Spoken: Yue Chinese
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

INTERNAL MEDICINE

CHAU, JOHN
License Type: MD
Provider ID: 100391940008
Provider Gender: Male
License Number: A52498
NPI: 1740375070
Provider English Spoken: Y
Provider Language(s) Spoken: Yue Chinese
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

INTERNAL MEDICINE

CHEN, JAMES
License Type: MD
Provider ID: 100095895007
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

515-2545
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

CHEN, JAMES
License Type: MD
Provider ID: 100095895007
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

CSAPOCZI, PETER
License Type: MD
Provider ID: 100187372007
Provider Gender: Male
License Number: A96919
NPI: 1841357118
Provider English Spoken: Y
Provider Language(s) Spoken: Hungarian, Spanish, Ukrainian
Cultural Competency: N
Board Certified: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-12PM

INTERNAL MEDICINE

CSAPOCZI, PETER
License Type: MD
Provider ID: 100187372007
Provider Gender: Male
License Number: A96919
NPI: 1841357118
Provider English Spoken: Y
Provider Language(s) Spoken: Hungarian, Spanish, Ukrainian
Cultural Competency: N
Board Certified: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-12PM

INTERNAL MEDICINE

CUMMINS, ANDREW

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Type: MD
Provider ID: 100015743017
Provider Gender: Male
License Number: A102764
NPI: 1699917096
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

CUMMINS, ANDREW
License Type: MD
Provider ID: 100015743017
Provider Gender: Male
License Number: A102764
NPI: 1699917096
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

DAHMS, ERIC
License Type: MD
Provider ID: 100010664005
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

DAHMS, ERIC
License Type: MD
Provider ID: 100010664005
Provider Gender: Male
License Number: G80316
NPI: 1306808464
- *Provider English Spoken: Y*

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Provider Language(s) Spoken: German
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

DIEP, KEVIN
License Type: DO
Provider ID: 100376039004
Provider Gender: Male
License Number: 20A17657
NPI: 1083117865
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

DIEP, KEVIN
License Type: DO
Provider ID: 100376039004
Provider Gender: Male
License Number: 20A17657
NPI: 1083117865
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

DODGE, JOHN
License Type: MD
Provider ID: 100025699006
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

DODGE, JOHN
License Type: MD
Provider ID: 100025699006
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

EL-GHONEIMY, AHMED
License Type: MD
Provider ID: 100103500017
Provider Gender: Male
License Number: A93235
NPI: 1942257852
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, French, Italian
Cultural Competency: N
Hospital Affiliation: MARINHEALTH AND MARINHEALTH MEDICAL CENTER, NOVATO COMMUNITY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: No
LA MAESTRA FAMILY CLINIC
4074 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 312-0347
After Hours Phone: (619) 312-0347
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

INTERNAL MEDICINE

EL-GHONEIMY, AHMED
License Type: MD
Provider ID: 100103500017
Provider Gender: Male
License Number: A93235
NPI: 1942257852
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, French, Italian
Cultural Competency: N
Hospital Affiliation: MARINHEALTH AND MARINHEALTH MEDICAL CENTER, NOVATO COMMUNITY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: No
LA MAESTRA FAMILY CLINIC
4074 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 312-0347
After Hours Phone: (619)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

312-0347
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

INTERNAL MEDICINE

FAKHRO, SAMEEH
License Type: MD
Provider ID: 100379921005
Provider Gender: Male
Provider English Spoken: Y
C1 SAN DIEGO COUNTY MEDI-CAL
3490 PALM AVE
SAN DIEGO, CA 92154
Phone: (619) 423-5616
After Hours Phone: (619) 423-5616
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

INTERNAL MEDICINE

FRENETTE, CATHERINE
License Type: MD
Provider ID: 100035924018
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

FRENETTE, CATHERINE
License Type: MD
Provider ID: 100035924018
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

GEHR, MARC
License Type: MD
Provider ID: 100025139006
Provider Gender: Male
License Number: G67338
NPI: 1306800180

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

GEHR, MARC
License Type: MD
Provider ID: 100025139006
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

GERWER, JOHANNA
License Type: MD
Provider ID: 100398013002
Provider Gender: Female
License Number: A169752
NPI: 1043742588
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

INTERNAL MEDICINE

GERWER, JOHANNA
License Type: MD
Provider ID: 100398013002
Provider Gender: Female
License Number: A169752
NPI: 1043742588
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB,

IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

INTERNAL MEDICINE

HAN, PAUL
License Type: MD
Provider ID: 100172130007
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

HAN, PAUL
License Type: MD
Provider ID: 100172130007
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
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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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

HAZELBAKER, PAUL
License Type: DO
Provider ID: 100069413006
Provider Gender: Male
License Number: 20A7147
NPI: 1831106103
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101
Phone: (619) 515-2430
After Hours Phone: (619) 515-2430
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

HAZELBAKER, PAUL
License Type: DO
Provider ID: 100069413006
Provider Gender: Male
License Number: 20A7147
NPI: 1831106103
Provider English Spoken: Y

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Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101
Phone: (619) 515-2430
After Hours Phone: (619) 515-2430
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

HENDERSON, PHILIP
License Type: MD
Provider ID: 100334998001
Provider Gender: Male
License Number: A140324
NPI: 1447678834
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM
F 8AM-5PM

INTERNAL MEDICINE

HENDERSON, PHILIP
License Type: MD
Provider ID: 100334998001
Provider Gender: Male
License Number: A140324
NPI: 1447678834
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM
F 8AM-5PM

INTERNAL MEDICINE

HIGGINSON, MICHELLE
License Type: MD
Provider ID: 100009035002
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
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INTERNAL MEDICINE

HIGGINSON, MICHELLE

License Type: MD
Provider ID: 100009035002
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
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SAN DIEGO, CA 92103
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

JACKSON, GAVIN

License Type: MD
Provider ID: 100342526001
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

JACKSON, GAVIN

License Type: MD
Provider ID: 100342526001
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
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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

JAMISON, KAREN

License Type: MD
Provider ID: 100061915005
Provider Gender: Female
License Number: A95356
NPI: 1285830505
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL

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Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

JAMISON, KAREN
License Type: MD
Provider ID: 100061915005
Provider Gender: Female
License Number: A95356
NPI: 1285830505
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
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SAN DIEGO, CA 92103
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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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

KARCHES, KELLI
License Type: MD
Provider ID: 100133605006
Provider Gender: Female
License Number: A80931
NPI: 1891997631
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

KARCHES, KELLI
License Type: MD
Provider ID: 100133605006
Provider Gender: Female
License Number: A80931
NPI: 1891997631
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

KARCHES, KELLI
License Type: MD
Provider ID: 100133605006
Provider Gender: Female
License Number: A80931
NPI: 1891997631
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
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SAN DIEGO, CA 92103

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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

KRIJGER, LISA
License Type: MD
Provider ID: 100026606002
Provider Gender: Female
License Number: A67762
NPI: 1932278710
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Limited: (EB, IB, E)
Hours: M-F 8AM-5:30PM

INTERNAL MEDICINE

KRIJGER, LISA
License Type: MD
Provider ID: 100026606002
Provider Gender: Female
License Number: A67762
NPI: 1932278710
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Limited: (EB, IB, E)
Hours: M-F 8AM-5:30PM

INTERNAL MEDICINE

LALITHAKUMARI, ARYA
License Type: MD
Provider ID: 100291908014
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: 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: Basic: (P, EB, IB, E, R, T)

INTERNAL MEDICINE

LALITHAKUMARI, ARYA
License Type: MD
Provider ID: 100291908014
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

INTERNAL MEDICINE

LALITHAKUMARI, ARYA
License Type: MD
Provider ID: 100291908014
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: 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: Basic: (P, EB, IB, E, R, T)

INTERNAL MEDICINE

LALITHAKUMARI, ARYA
License Type: MD
Provider ID: 100291908014
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: 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: Basic: (P, EB, IB, E, R, T)

INTERNAL MEDICINE

LAMANTIA, MICHELE
License Type: MD
Provider ID: 100067581006
Provider Gender: Female
License Number: G71855
NPI: 1124176102
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-12PM

INTERNAL MEDICINE

LAMANTIA, MICHELE
License Type: MD

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100067581006
Provider Gender: Female
License Number: G71855
NPI: 1124176102
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Board Certified: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-12PM

INTERNAL MEDICINE

MAI, KENNY
License Type: DO
Provider ID: 100169616006
Provider Gender: Male
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Vietnamese*

C1 SAN DIEGO COUNTY MEDI-CAL
8901 ACTIVITY RD STE 205
SAN DIEGO, CA 92126
Phone: (858) 779-9919
After Hours Phone: (858) 779-9919
Website: N/A
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

MARQUARDT, DIANA
License Type: MD
Provider ID: 100216050002
Provider Gender: Female
License Number: G44220
NPI: 1114909454
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: French, German, Spanish*

Cultural Competency: N
Board Certified: Yes
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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM

INTERNAL MEDICINE

MARQUARDT, DIANA
License Type: MD
Provider ID: 100216050002
Provider Gender: Female
License Number: G44220
NPI: 1114909454
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: French, German, Spanish*

Cultural Competency: N
Board Certified: Yes
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: Limited: (EB,

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM

INTERNAL MEDICINE

MCFARLAND, NATHAN
License Type: MD
Provider ID: 100216268014
Provider Gender: Male
License Number: A75411
NPI: 1265462196
Provider English Spoken: Y
Provider Language(s) Spoken: Italian, Spanish
Cultural Competency: N
Board Certified: 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: Limited: (EB, IB, E)
Hours: M-F 8AM-5:30PM

INTERNAL MEDICINE

MCFARLAND, NATHAN
License Type: MD
Provider ID: 100216268014
Provider Gender: Male
License Number: A75411
NPI: 1265462196
Provider English Spoken: Y
Provider Language(s) Spoken: Italian, Spanish
Cultural Competency: N
Board Certified: 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: Limited: (EB, IB, E)
Hours: M-F 8AM-5:30PM

INTERNAL MEDICINE

NAJAR, FAUZI
License Type: MD
Provider ID: 100390568004
Provider Gender: Male
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
C1 SAN DIEGO COUNTY MEDI-CAL
3490 PALM AVE
SAN DIEGO, CA 92154
Phone: (619) 423-5616
After Hours Phone: (619) 423-5616
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 9AM-5:30PM

INTERNAL MEDICINE

NARANJO, RODRIGO
License Type: MD
Provider ID: 100334564004
Provider Gender: Male
License Number: A119010
NPI: 1609095264
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, Spanish
Cultural Competency: N
Board Certified: 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):

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

N

Accessibility: Basic: (P, EB, IB, E, R, T)

INTERNAL MEDICINE

NARANJO, RODRIGO

License Type: MD

Provider ID: 100334564013

Provider Gender: Male

License Number: A119010

NPI: 1609095264

Provider English Spoken: Y

Provider Language(s) Spoken: Chinese, Spanish

Cultural Competency: N

Board Certified: 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

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (EB, IB, E, R, T)

INTERNAL MEDICINE

NARANJO, RODRIGO

License Type: MD

Provider ID: 100334564005

Provider Gender: Male

License Number: A119010

NPI: 1609095264

Provider English Spoken: Y

Provider Language(s) Spoken: Chinese, Spanish

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

INTERNAL MEDICINE

NARANJO, RODRIGO

License Type: MD

Provider ID: 100334564005

Provider Gender: Male

License Number: A119010

NPI: 1609095264

Provider English Spoken: Y

Provider Language(s) Spoken: Chinese, Spanish

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

INTERNAL MEDICINE

NARANJO, RODRIGO

License Type: MD

Provider ID: 100334564004

Provider Gender: Male

License Number: A119010

NPI: 1609095264

Provider English Spoken: Y

Provider Language(s) Spoken: Chinese, Spanish

Cultural Competency: N

Board Certified: No

IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

810-8700
Website: www.sdfamilycare .org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

INTERNAL MEDICINE

NARANJO, RODRIGO
License Type: MD
Provider ID: 100334564013
Provider Gender: Male
License Number: A119010
NPI: 1609095264
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, Spanish
Cultural Competency: N
Board Certified: 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
Website: www.sdfamilycare .org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)

INTERNAL MEDICINE

NARANJO, RODRIGO
License Type: MD
Provider ID: 100334564005
Provider Gender: Male
License Number: A119010
NPI: 1609095264
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

INTERNAL MEDICINE

NARANJO, RODRIGO
License Type: MD
Provider ID: 100334564005
Provider Gender: Male
License Number: A119010
NPI: 1609095264
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

INTERNAL MEDICINE

NARAYANAN, MEENA
License Type: MD
Provider ID: 100179123006
Provider Gender: Female
License Number: A113448
NPI: 1508170697
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Spanish
Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, Adventist Health and Rideout, Sharp Grossmont Hospital, SCRIPPS MEMORIAL HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

INTERNAL MEDICINE

NARAYANAN, MEENA
License Type: MD
Provider ID: 100179123006
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, Sharp Grossmont Hospital, SCRIPPS MEMORIAL HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

INTERNAL MEDICINE

PARIKH, MILIND
License Type: DO
Provider ID: 100344664007
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 Grossmont Hospital, SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

INTERNAL MEDICINE

PARIKH, MILIND
License Type: DO
Provider ID: 100344664007
Provider Gender: Male
License Number: 20A13745
NPI: 1194161406
Provider English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Language(s) Spoken: Gujarati, Hindi, Spanish
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

INTERNAL MEDICINE

RAMERS, CHRISTIAN
License Type: MD
Provider ID: 100378305001
Provider Gender: Male
License Number: A119631
NPI: 1730381385
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

RAMERS, CHRISTIAN
License Type: MD
Provider ID: 100378305001
Provider Gender: Male
License Number: A119631
NPI: 1730381385
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

RESNIKOFF, PAMELA
License Type: MD
Provider ID: 100086226002
Provider Gender: Female
License Number: G80358
NPI: 1841252533
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

RESNIKOFF, PAMELA
License Type: MD
Provider ID: 100086226002
Provider Gender: Female
License Number: G80358
NPI: 1841252533
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

RIVERA, TANIA
License Type: MD
Provider ID: 100200789015
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

RIVERA, TANIA
License Type: MD
Provider ID: 100200789015
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

INTERNAL MEDICINE

RIVERA, TANIA
License Type: MD
Provider ID: 100200789015
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

INTERNAL MEDICINE

SHAJAN, JOSHAN

License Type: MD

Provider ID: 100422554003

Provider Gender: Male

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

C1 SAN DIEGO COUNTY MEDI-CAL

3863 CLAIREMONT DR
SAN DIEGO, CA 92117

Phone: (858) 483-5570

After Hours Phone: (858) 483-5570

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (IB, E)

Hours: M-F 9AM-5:30PM

INTERNAL MEDICINE

TESSIER, ADLA

License Type: MD

Provider ID: 100077390011

Provider Gender: Female

License Number: A51666

NPI: 1013915594

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

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified: No

LA MAESTRA FAMILY CLINIC

4074 FAIRMOUNT AVE
SAN DIEGO, CA 92105

Phone: (619) 312-0347

After Hours Phone: (619) 312-0347

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

INTERNAL MEDICINE

TESSIER, ADLA

License Type: MD

Provider ID: 100077390011

Provider Gender: Female

License Number: A51666

NPI: 1013915594

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

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified: No

LA MAESTRA FAMILY CLINIC

4074 FAIRMOUNT AVE
SAN DIEGO, CA 92105

Phone: (619) 312-0347

After Hours Phone: (619) 312-0347

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

INTERNAL MEDICINE

VALDEZ, KRYSTAL ANGELI

License Type: MD

Provider ID: 100332696012

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, ADVENTIST HEALTH SIERRA VISTA, PARADISE VALLEY HOSPITAL

Board Certified: No

OPERATION SAMAHAN

10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844) 200-2426

Website: www.opsam.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM

INTERNAL MEDICINE

VALDEZ, KRYSTAL ANGELI
License Type: MD
Provider ID: 100332696012
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, ADVENTIST HEALTH SIERRA VISTA, PARADISE VALLEY HOSPITAL
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.opsam.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM

INTERNAL MEDICINE

VIDAURRAZAGA, MONICA
License Type: MD
Provider ID: 100378349001
Provider Gender: Female
License Number: A169207
NPI: 1346628310
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

VIDAURRAZAGA, MONICA
License Type: MD
Provider ID: 100378349001
Provider Gender: Female
License Number: A169207
NPI: 1346628310
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

INTERNAL MEDICINE

WASTILA, LISA
License Type: MD
Provider ID: 100077932009
Provider Gender: Female
License Number: A60801
NPI: 1043375231
Provider English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Language(s) Spoken: German
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Board Certified: 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: Limited: (EB, IB, E)

INTERNAL MEDICINE

WASTILA, LISA
License Type: MD
Provider ID: 100077932009
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: 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: Limited: (EB, IB, E)

INTERNAL MEDICINE

WATTANAMANO, PORNTHEP
License Type: MD
Provider ID: 100417244007
Provider Gender: Male
License Number: C186338
NPI: 1295738516
Provider English Spoken: Y
Provider Language(s) Spoken: Thai
Cultural Competency: N
Hospital Affiliation: SUTTER SOLANO MED CTR
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

INTERNAL MEDICINE

WATTANAMANO, PORNTHEP
License Type: MD
Provider ID: 100417244007
Provider Gender: Male
License Number: C186338
NPI: 1295738516
Provider English Spoken: Y
Provider Language(s) Spoken: Thai
Cultural Competency: N
Hospital Affiliation: SUTTER SOLANO MED CTR
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

INTERNAL MEDICINE

WATTS, ELI

License Type: MD

Provider ID: 100384223004

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: 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

INTERNAL MEDICINE

WATTS, ELI

License Type: MD

Provider ID: 100384223004

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: 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

INTERNAL MEDICINE

YUNG, STEVEN

License Type: MD

Provider ID: 100013980008

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: No

FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)

Hours: M-TH 8AM-9PM
F 8AM-5PM

INTERNAL MEDICINE

YUNG, STEVEN

License Type: MD

Provider ID: 100013980008

Provider Gender: Male

License Number: G80798

NPI: 1689636656

Provider English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

MULTI SPECIALTY MEDICAL CLINIC

UCSD MEDICAL GROUP,
Provider ID: PG0005427168
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: Limited: (P, EB, IB, E)
Hours: M-F 8AM-5PM

MULTI SPECIALTY MEDICAL CLINIC

UCSD MEDICAL GROUP,
Provider ID: PG0005427167
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

OBSTETRICS / GYNECOLOGY

BLAKE, GARY
License Type: MD
Provider ID: 100008281005
Provider Gender: Male
License Number: G44807
NPI: 1497738439
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

OBSTETRICS / GYNECOLOGY

BLAKE, GARY
License Type: MD
Provider ID: 100008281005
Provider Gender: Male
License Number: G44807
NPI: 1497738439
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
6973 LINDA VISTA RD
SAN DIEGO, CA 92111

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

OBSTETRICS / GYNECOLOGY

BLAKE, GARY
License Type: MD
Provider ID: 100008281010
Provider Gender: Male
License Number: G44807
NPI: 1497738439
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

BLAKE, GARY
License Type: MD
Provider ID: 100008281005
Provider Gender: Male
License Number: G44807
NPI: 1497738439
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

OBSTETRICS / GYNECOLOGY

BLAKE, GARY
License Type: MD
Provider ID: 100008281005
Provider Gender: Male
License Number: G44807
NPI: 1497738439
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

OBSTETRICS / GYNECOLOGY

BLAKE, GARY
License Type: MD
Provider ID: 100008281010
Provider Gender: Male
License Number: G44807
NPI: 1497738439
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Phone: (619) 563-0250
Fax: (858) 633-4681
After Hours Phone: (619) 563-0250
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE
License Type: MD
Provider ID: 100061208015
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: 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: Basic: (P, EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE
License Type: MD
Provider ID: 100061208008
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: 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: Basic: (P, EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE
License Type: MD
Provider ID: 100061208006
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE
License Type: MD
Provider ID: 100061208008
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: 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: Basic: (P, EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE
License Type: MD
Provider ID: 100061208011
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE
License Type: MD
Provider ID: 100061208009
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE
License Type: MD
Provider ID: 100061208006
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

CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE
License Type: MD
Provider ID: 100061208008
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: 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: Basic: (P, EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE
License Type: MD
Provider ID: 100061208008
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,

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE
License Type: MD
Provider ID: 100061208015
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: 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: Basic: (P, EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE
License Type: MD
Provider ID: 100061208011
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE
License Type: MD
Provider ID: 100061208009
Provider Gender: Female
License Number: A68463
NPI: 1376663831
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA
License Type: MD
Provider ID: 100395630006
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA
License Type: MD
Provider ID: 100395630008
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA
License Type: MD
Provider ID: 100395630003
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

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Grossmont Hospital
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA
License Type: MD
Provider ID: 100395630005
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA
License Type: MD
Provider ID: 100395630005
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA
License Type: MD
Provider ID: 100395630006
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM
TH 9AM-6PM
F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA
License Type: MD
Provider ID: 100395630003
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA
License Type: MD
Provider ID: 100395630008
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS
License Type: MD
Provider ID: 100378311003
Provider Gender: Male
License Number: A108228
NPI: 1629277322
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

DE MIK, TRAVIS
License Type: MD
Provider ID: 100378311008
Provider Gender: Male
License Number: A108228
NPI: 1629277322
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS
License Type: MD
Provider ID: 100378311006
Provider Gender: Male
License Number: A108228
NPI: 1629277322
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS
License Type: MD
Provider ID: 100378311005
Provider Gender: Male
License Number: A108228
NPI: 1629277322
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS
License Type: MD
Provider ID: 100378311005
Provider Gender: Male
License Number: A108228
NPI: 1629277322
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

515-2560
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS
License Type: MD
Provider ID: 100378311008
Provider Gender: Male
License Number: A108228
NPI: 1629277322
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS
License Type: MD
Provider ID: 100378311003
Provider Gender: Male
License Number: A108228
NPI: 1629277322
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS
License Type: MD
Provider ID: 100378311006
Provider Gender: Male
License Number: A108228
NPI: 1629277322
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY
License Type: MD
Provider ID: 100395484006
Provider Gender: Female
License Number: A178499

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NPI: 1033613732
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM
TH 9AM-6PM
F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY
License Type: MD
Provider ID: 100395484005
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY
License Type: MD
Provider ID: 100395484008
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: 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: Basic: (P, EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY
License Type: MD
Provider ID: 100395484003
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY
License Type: MD
Provider ID: 100395484005
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY
License Type: MD
Provider ID: 100395484006
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM
TH 9AM-6PM
F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY
License Type: MD
Provider ID: 100395484008
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY
License Type: MD
Provider ID: 100395484003
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

GRANT, REBEKAH
License Type: MD
Provider ID: 100342373010
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

GRANT, REBEKAH
License Type: MD
Provider ID: 100342373010
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: No
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1809 NATIONAL AVE
SAN DIEGO, CA 92113
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After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

GROGAN, BRIAN
License Type: MD
Provider ID: 100399307006
Provider Gender: Male
License Number: G63543
NPI: 1235218439
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

GROGAN, BRIAN
License Type: MD
Provider ID: 100399307005
Provider Gender: Male
License Number: G63543
NPI: 1235218439
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

OBSTETRICS / GYNECOLOGY

GROGAN, BRIAN
License Type: MD
Provider ID: 100399307005
Provider Gender: Male
License Number: G63543
NPI: 1235218439
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
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Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
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Hours: M-F 8AM-5:30PM

OBSTETRICS / GYNECOLOGY

GROGAN, BRIAN
License Type: MD
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Provider Gender: Male
License Number: G63543
NPI: 1235218439
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP

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SAN DIEGO, CA 92105
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Website: www.sdfamilycare.org
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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

GROGAN, BRIAN
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Provider Gender: Male
License Number: G63543
NPI: 1235218439
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Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
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Accessibility: Basic: (P, EB, IB, E, R, T)
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OBSTETRICS / GYNECOLOGY

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Board Certified: No
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN
License Type: MD
Provider ID: 100387235008
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN
License Type: MD

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100387235003
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN
License Type: MD
Provider ID: 100387235006
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM
TH 9AM-6PM
F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN
License Type: MD
Provider ID: 100387235005
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN
License Type: MD
Provider ID: 100387235003
Provider Gender: Female
License Number: C174771
NPI: 1053392035
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

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Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN
License Type: MD
Provider ID: 100387235008
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN
License Type: MD
Provider ID: 100387235005
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN
License Type: MD
Provider ID: 100387235006
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM
TH 9AM-6PM
F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

JAINCHILL, AMANDA
License Type: MD
Provider ID: 100392584011
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: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.opsam.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM

OBSTETRICS / GYNECOLOGY

JAINCHILL, AMANDA
License Type: MD
Provider ID: 100392584011
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: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.opsam.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM

OBSTETRICS / GYNECOLOGY

KOCOL, DUSTIN
License Type: MD
Provider ID: 100453523002
Provider Gender: Male
License Number: A191425
NPI: 1487141586
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: DESERT REGIONAL MED CTR
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

KOCOL, DUSTIN
License Type: MD
Provider ID: 100453523002
Provider Gender: Male
License Number: A191425
NPI: 1487141586
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: DESERT REGIONAL MED CTR
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
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Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA
License Type: MD
Provider ID: 100334432002
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
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Phone: (619) 515-2300
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Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA
License Type: MD
Provider ID: 100334432005
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8:30AM-5:30PM F 8:30AM-5PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA
License Type: MD
Provider ID: 100334432011
Provider Gender: Female
License Number: A72005
NPI: 1649208711

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104
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Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA
License Type: MD
Provider ID: 100334432005
Provider Gender: Female
License Number: A72005
NPI: 1649208711
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Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
Board Certified: No
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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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8:30AM-5:30PM F 8:30AM-5PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA
License Type: MD
Provider ID: 100334432008
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA
License Type: MD
Provider ID: 100334432006
Provider Gender: Female
License Number: A72005
NPI: 1649208711
Provider English Spoken: Y
Provider Language(s)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA
License Type: MD
Provider ID: 100334432002
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA
License Type: MD
Provider ID: 100334432006
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA
License Type: MD
Provider ID: 100334432008
Provider Gender: Female
License Number: A72005
NPI: 1649208711
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA
License Type: MD
Provider ID: 100334432005
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8:30AM-5:30PM F 8:30AM-5PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA
License Type: MD
Provider ID: 100334432011
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: 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: Basic: (P, EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA
License Type: MD
Provider ID: 100334432005
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8:30AM-5:30PM F 8:30AM-5PM

OBSTETRICS / GYNECOLOGY

PHAN, TIFFANI
License Type: MD
Provider ID: 100351682001
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: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.opsam.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

PHAN, TIFFANI
License Type: MD
Provider ID: 100351682001
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: No
OPERATION SAMAHAN
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Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.opsam.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA
License Type: MD
Provider ID: 100362343008
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA
License Type: MD
Provider ID: 100362343006
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA
License Type: MD
Provider ID: 100362343005
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA
License Type: MD
Provider ID: 100362343003
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA
License Type: MD
Provider ID: 100362343006
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA
License Type: MD
Provider ID: 100362343008
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA
License Type: MD
Provider ID: 100362343003
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA
License Type: MD
Provider ID: 100362343005
Provider Gender: Female
License Number: A164859

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NPI: 1952751711
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

SHUCKETT, ARIEL
License Type: MD
Provider ID: 100293006013
Provider Gender: Female
License Number: A144372
NPI: 1245590124
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
Board Certified: 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
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

SHUCKETT, ARIEL
License Type: MD
Provider ID: 100293006013
Provider Gender: Female
License Number: A144372
NPI: 1245590124
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
Board Certified: 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
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA
License Type: DO
Provider ID: 100332023012
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA
License Type: DO
Provider ID: 100332023007
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA
License Type: DO
Provider ID: 100332023009
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA
License Type: DO
Provider ID: 100332023010
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM
TH 9AM-6PM
F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA
License Type: DO
Provider ID: 100332023009
Provider Gender: Female
License Number: 20A13958

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NPI: 1932269198
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA
License Type: DO
Provider ID: 100332023007
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
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Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA
License Type: DO
Provider ID: 100332023012
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA
License Type: DO
Provider ID: 100332023010
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

TARSA, MARYAM
License Type: MD
Provider ID: 100114119055
Provider Gender: Female
License Number: A69894
NPI: 1295768638
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MERCY HOSPITAL, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, UCSD MEDICAL CTR, EISENHOWER MEDICAL CTR
Board Certified: 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
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM

OBSTETRICS / GYNECOLOGY

TARSA, MARYAM
License Type: MD
Provider ID: 100114119055
Provider Gender: Female
License Number: A69894
NPI: 1295768638
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MERCY HOSPITAL, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, UCSD MEDICAL CTR, EISENHOWER MEDICAL CTR
Board Certified: No
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Phone: (619) 563-0250
Fax: (858) 633-4681
After Hours Phone: (619) 563-0250
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM

OBSTETRICS / GYNECOLOGY

YADAV, GHANSHYAM
License Type: MD
Provider ID: 100472370001
Provider Gender: Male
License Number: A176426
NPI: 1962992974
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi
Cultural Competency: N
Hospital Affiliation: UC SAN

DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

YADAV, GHANSHYAM
License Type: MD
Provider ID: 100472370001
Provider Gender: Male
License Number: A176426
NPI: 1962992974
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi
Cultural Competency: N
Hospital Affiliation: UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN
License Type: MD
Provider ID: 100040195012
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN
License Type: MD
Provider ID: 100040195009
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

CHULA VISTA
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN
License Type: MD
Provider ID: 100040195004
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: 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: Basic: (P, EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN
License Type: MD
Provider ID: 100040195004
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: 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: Basic: (P, EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN
License Type: MD
Provider ID: 100040195017
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,

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN
License Type: MD
Provider ID: 100040195003
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN
License Type: MD
Provider ID: 100040195012
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN
License Type: MD
Provider ID: 100040195009
Provider Gender: Male
License Number: G78814
NPI: 1699790634
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN
License Type: MD
Provider ID: 100040195003
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN
License Type: MD
Provider ID: 100040195004
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: 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: Basic: (P, EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN
License Type: MD
Provider ID: 100040195017
Provider Gender: Male
License Number: G78814
NPI: 1699790634

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: 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: Basic: (P, EB, IB, E, R, T)

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN
License Type: MD
Provider ID: 100040195004
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: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

ABELL, GEOFFREY
License Type: MD
Provider ID: 100029002006
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: 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: Limited: (P, EB, E)
Hours: M-F 8AM-5PM

PEDIATRICS

ADLOUNI, LOUBABA
License Type: MD
Provider ID: 100035676009
Provider Gender: Female
NPI: 1669443685

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: 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: Limited: (P, IB, E, R)
Hours: M-F 8AM-5PM

PEDIATRICS

ALBINO, NICHOLAS
License Type: MD
Provider ID: 100393709001
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM

PEDIATRICS

ALBINO, NICHOLAS
License Type: MD
Provider ID: 100393709006
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

PEDIATRICS

ALBINO, NICHOLAS
License Type: MD
Provider ID: 100393709006
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: No

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

PEDIATRICS

ALBINO, NICHOLAS
License Type: MD
Provider ID: 100393709001
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM

PEDIATRICS

ALLSUP, VICTORIA
License Type: MD
Provider ID: 100417605011
Provider Gender: Female
License Number: A187106
NPI: 1437786944
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

ALLSUP, VICTORIA
License Type: MD
Provider ID: 100417605011
Provider Gender: Female
License Number: A187106
NPI: 1437786944
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

ANDREE, GREGOR

License Type: MD

Provider ID: 100216073004

Provider Gender: Male

License Number: A72833

NPI: 1467436063

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: German, Spanish*

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M 8:30AM-5:30PM TU 8:30AM-9PM W-F 8:30AM-5:30PM SA 9AM-4PM*

PEDIATRICS

ANDREE, GREGOR

License Type: MD

Provider ID: 100216073010

Provider Gender: Male

License Number: A72833

NPI: 1467436063

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: German, Spanish*

Cultural Competency: N

Board Certified: 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*
- *Website: www.sdfamilycare .org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

- *Accessibility: Limited: (EB, IB, E, R, T)*
- *Hours: M-F 8AM-5PM SA 8AM-2PM*

PEDIATRICS

ANDREE, GREGOR

License Type: MD

Provider ID: 100216073002

Provider Gender: Male

License Number: A72833

NPI: 1467436063

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: German, Spanish*

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8AM-5PM SA 8AM-2PM*

PEDIATRICS

ANDREE, GREGOR

License Type: MD

Provider ID: 100216073004

Provider Gender: Male

License Number: A72833

NPI: 1467436063

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: German, Spanish*

Cultural Competency: N

Board Certified: No

IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD

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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: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM
TU 8:30AM-9PM
W-F 8:30AM-5:30PM
SA 9AM-4PM

PEDIATRICS

ANDREE, GREGOR
License Type: MD
Provider ID: 100216073010
Provider Gender: Male
License Number: A72833
NPI: 1467436063
Provider English Spoken: Y
Provider Language(s) Spoken: German, Spanish
Cultural Competency: N
Board Certified: 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
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM

PEDIATRICS

ANDREE, GREGOR
License Type: MD
Provider ID: 100216073002
Provider Gender: Male
License Number: A72833
NPI: 1467436063
Provider English Spoken: Y
Provider Language(s) Spoken: German, Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM

PEDIATRICS

ARCHAMBAULT, CHRISTIAN
License Type: MD
Provider ID: 100006872010
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: No
RADY CHILDRENS HEALTH NETWORK
16918 DOVE CANYON RD STE 200

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Limited: (P, IB, E, R)
Hours: M-F 8AM-5PM

PEDIATRICS

AWDYKOVYCH, MARTA
License Type: MD
Provider ID: 100020848010
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

PEDIATRICS

AWDYKOVYCH, MARTA
License Type: MD
Provider ID: 100020848010
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

PEDIATRICS

AYSON, NICOLE
License Type: MD
Provider ID: 100293388009
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: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 8:30AM-5:30PM

PEDIATRICS

AYSON, NICOLE
License Type: MD
Provider ID: 100293388009
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: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 8:30AM-5:30PM

PEDIATRICS

AZIMI, AYSUN
License Type: DO
Provider ID: 100251010018
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 MEDICAL CENTER, CLOVIS COMMUNITY MEDICAL CENTER
Board Certified: 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: Limited: (P, EB, E)
Hours: M-F 8AM-5PM

PEDIATRICS

CHEN, EILEEN
License Type: MD
Provider ID: 100396871003
Provider Gender: Female
NPI: 1932660966
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

PEDIATRICS

CHEN, JENNIFER

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License Type: MD
Provider ID: 100323987005
Provider Gender: Female
License Number: A141057
NPI: 1255785150
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

PEDIATRICS

CHEN, JENNIFER
License Type: MD
Provider ID: 100323987005
Provider Gender: Female
License Number: A141057
NPI: 1255785150
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

PEDIATRICS

CORDES, WILLIAM
License Type: DO
Provider ID: 100334345001
Provider Gender: Male
License Number: 20A15743
NPI: 1174942544
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

PEDIATRICS

CORDES, WILLIAM
License Type: DO
Provider ID: 100334345001
Provider Gender: Male
License Number: 20A15743
NPI: 1174942544
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
SA 8AM-5PM

PEDIATRICS

DIXON, SARAH
License Type: MD
Provider ID: 100334866003
Provider Gender: Female
License Number: A137415
NPI: 1467751131
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9AM-4PM

PEDIATRICS

DIXON, SARAH
License Type: MD
Provider ID: 100334866003
Provider Gender: Female
License Number: A137415
NPI: 1467751131
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
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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: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9AM-4PM

PEDIATRICS

DUROCHER, MARC
License Type: MD
Provider ID: 100470347003
Provider Gender: Male
License Number: A189292
NPI: 1124778006
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM

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PEDIATRICS

DUROCHER, MARC

License Type: MD
Provider ID: 100470347004
Provider Gender: Male
License Number: A189292
NPI: 1124778006
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
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After Hours Phone: (619) 563-0250
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
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Accessibility: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM

PEDIATRICS

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Phone: (619) 280-2058
After Hours Phone: (619) 280-2058
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
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Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM

PEDIATRICS

DUROCHER, MARC

License Type: MD
Provider ID: 100470347004
Provider Gender: Male
License Number: A189292
NPI: 1124778006
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
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Fax: (858) 633-4681
After Hours Phone: (619) 563-0250
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM

PEDIATRICS

FISHMAN, ELENA

License Type: MD
Provider ID: 100009723010
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: No
RADY CHILDRENS HEALTH

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NETWORK

11943 EL CAMINO REAL
STE 210
SAN DIEGO, CA 92130

Phone: (858) 793-1011

After Hours Phone: (858) 793-1011

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

Hours: M-F 8AM-5PM

PEDIATRICS

FORTUNE, ERIN

License Type: MD

Provider ID: 100334619003

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: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

FORTUNE, ERIN

License Type: MD

Provider ID: 100334619001

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: No

FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)

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

PEDIATRICS

FORTUNE, ERIN

License Type: MD

Provider ID: 100334619001

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: No

FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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

PEDIATRICS

FORTUNE, ERIN
License Type: MD
Provider ID: 100334619003
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: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

FRIEDMAN, JAIME
License Type: MD
Provider ID: 100026797010
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: 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: Limited: (P, IB, E, R)
Hours: M-F 8AM-5PM

PEDIATRICS

GRAY, SARAH
License Type: MD
Provider ID: 100374056003
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
SA 8AM-5PM

PEDIATRICS

GRAY, SARAH
License Type: MD
Provider ID: 100374056003
Provider Gender: Female
License Number: A151631
NPI: 1508210311
Provider English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

PEDIATRICS

GUPTA, VARSHA
License Type: MD
Provider ID: 100378228006
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

PEDIATRICS

GUPTA, VARSHA
License Type: MD
Provider ID: 100378228006
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

PEDIATRICS

GUTIERREZ, BLANCA
License Type: MD
Provider ID: 100459294004
Provider Gender: Female
NPI: 1326543984
Provider English Spoken: Y
Provider Language(s) Spoken: Polish, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MEMORIAL HOSPITAL
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
550 WASHINGTON ST STE

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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

PEDIATRICS

HENDERSON, TREVOR
License Type: MD
Provider ID: 100061136010
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: No
RADY CHILDRENS HEALTH NETWORK

6699 ALVARADO RD STE 2200
SAN DIEGO, CA 92120
Phone: (619) 265-3400
Fax: (619) 265-3407
After Hours Phone: (619) 265-3400
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R)
Hours: M-F 8AM-5PM

PEDIATRICS

HIBBS, NICOLE
License Type: MD
Provider ID: 100144076005
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: No
RADY CHILDRENS HEALTH NETWORK

550
WASHINGTON ST STE 300
SAN DIEGO, CA 92103
Phone: (619) 297-5437
Fax: (619) 297-4567
After Hours Phone: (619) 297-5437
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-8:30PM
F 8AM-5PM
SA 8AM-2PM

PEDIATRICS

JORDAN, JAMIE
License Type: MD
Provider ID: 100168024014
Provider Gender: Female
NPI: 1275762833
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL
Board Certified: No
RADY CHILDRENS HEALTH NETWORK

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM

PEDIATRICS

KARMAKAR, KANKA
License Type: MD
Provider ID: 100333852001
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: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.opsam.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM

PEDIATRICS

KARMAKAR, KANKA
License Type: MD
Provider ID: 100333852001
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: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.opsam.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM

PEDIATRICS

KESANAPALLI, DEEPTHI
License Type: MD
Provider ID: 100216862006
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: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB)
Hours: M-TH 8:30AM-6PM F 8:30AM-12PM

PEDIATRICS

LAWRIE, ALISA
License Type: MD
Provider ID: 100089721008
Provider Gender: Female
NPI: 1407847908
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL
Board Certified: 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
Hours: M-TH 8AM-8PM F 8AM-5PM

PEDIATRICS

LE, NGUYEN
License Type: MD
Provider ID: 100047045008
Provider Gender: Male
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Vietnamese
C1 SAN DIEGO COUNTY MEDI-CAL
5507 EL CAJON BLVD STE B
SAN DIEGO, CA 92115
Phone: (619) 582-8814
After Hours Phone: (619) 582-8814
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 9AM-5PM

PEDIATRICS

LE, NGUYEN
License Type: MD
Provider ID: 100047045007
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 9AM-5PM

PEDIATRICS

LOPER, KAREN
License Type: MD

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100043893011
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: 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
Hours: M-F 8AM-5PM

PEDIATRICS

LUJAN, ARLEEN
License Type: MD
Provider ID: 100076568002
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

PEDIATRICS

LUJAN, ARLEEN
License Type: MD
Provider ID: 100076568002
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

PEDIATRICS

MADANY, GEORGE
License Type: MD
Provider ID: 100038565015
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: 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
Hours: M-F 8AM-5PM

PEDIATRICS

MAHENDRAN, SRIVIDYA
License Type: MD
Provider ID: 100111182002
Provider Gender: Female
License Number: A92173
NPI: 1487843454
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM

PEDIATRICS

MAHENDRAN, SRIVIDYA
License Type: MD
Provider ID: 100111182006
Provider Gender: Female
License Number: A92173
NPI: 1487843454
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

MAHENDRAN, SRIVIDYA
License Type: MD
Provider ID: 100111182002
Provider Gender: Female
License Number: A92173
NPI: 1487843454
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

PEDIATRICS

MAHENDRAN, SRIVIDYA

License Type: MD

Provider ID: 100111182006

Provider Gender: Female

License Number: A92173

NPI: 1487843454

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

MARTINEZ-ANDREE, INGRID

License Type: MD

Provider ID: 100078084007

Provider Gender: Female

NPI: 1205807203

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL

Board Certified: 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

Hours: M-F 8AM-5PM

PEDIATRICS

NGUYEN, JANICE

License Type: MD

Provider ID: 100361667001

Provider Gender: Female

License Number: A157335

NPI: 1760916589

Provider English Spoken: Y

Provider Language(s) Spoken: Vietnamese

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

Hours: M-TH 8AM-5PM

PEDIATRICS

NGUYEN, JANICE

License Type: MD

Provider ID: 100361667001

Provider Gender: Female

License Number: A157335

NPI: 1760916589

Provider English Spoken: Y

Provider Language(s) Spoken: Vietnamese

Cultural Competency: N

Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM

PEDIATRICS

PARK, TARI
License Type: MD
Provider ID: 100076371014
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: No
RADY CHILDRENS HEALTH NETWORK
12036 SCRIPPS HIGHLANDS DR STE 102
SAN DIEGO, CA 92131
Phone: (858) 566-4444
Fax: (858) 566-3321
After Hours Phone: (858) 566-4444
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM

PEDIATRICS

PAVLOVICH, WENDY
License Type: MD
Provider ID: 100316971003
Provider Gender: Female
License Number: A126181
NPI: 1740467299
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

PAVLOVICH, WENDY
License Type: MD
Provider ID: 100316971003
Provider Gender: Female
License Number: A126181
NPI: 1740467299
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

POWELL, STEPHANIE
License Type: MD
Provider ID: 100108002008
Provider Gender: Female
NPI: 1720059744
Provider English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: 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
Hours: M-F 8AM-5PM

PEDIATRICS

RODRIGUEZ, JAVIER
License Type: MD
Provider ID: 100177982010
Provider Gender: Male
License Number: A82639
NPI: 1013059385
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
LA MAESTRA FAMILY CLINIC
4074 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 312-0347
After Hours Phone: (619) 312-0347
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

PEDIATRICS

RODRIGUEZ, JAVIER
License Type: MD
Provider ID: 100177982010
Provider Gender: Male
License Number: A82639
NPI: 1013059385
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
LA MAESTRA FAMILY CLINIC
4074 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 312-0347
After Hours Phone: (619) 312-0347
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

PEDIATRICS

RUBENSTEIN, STUART
License Type: MD
Provider ID: 100069429006
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: 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
Hours: M-F 8AM-5PM SA 8AM-12PM

PEDIATRICS

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

SAMPATH, SRIVIDYA
License Type: MD
Provider ID: 100344400006
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

PEDIATRICS

SAMPATH, SRIVIDYA
License Type: MD
Provider ID: 100344400006
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

PEDIATRICS

SEBSO, JODI
License Type: MD
Provider ID: 100334338004
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: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

SEBSO, JODI
License Type: MD
Provider ID: 100334338001
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: No

FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

PEDIATRICS

SEBSO, JODI
License Type: MD
Provider ID: 100334338004
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: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

SEBSO, JODI
License Type: MD
Provider ID: 100334338001
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

PEDIATRICS

SHENOY, ASHVIN
License Type: MD
Provider ID: 100214931011
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: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E)
Hours: M-F 8AM-5PM

PEDIATRICS

SHETH, HASMUKH
License Type: MD
Provider ID: 100086748008
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: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-12PM

PEDIATRICS

SHETH, HASMUKH
License Type: MD
Provider ID: 100086748008
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: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-12PM

PEDIATRICS

SHIAU, NANCY
License Type: MD
Provider ID: 100042800008
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: 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: Limited: (P, EB,

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

E, R)

Hours: M-F 8AM-5PM

PEDIATRICS

SPITZER, MARSHA

License Type: MD

Provider ID: 100314988001

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: No

FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)

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

PEDIATRICS

SPITZER, MARSHA

License Type: MD

Provider ID: 100314988001

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: No

FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)

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

PEDIATRICS

SPITZER, MARSHA

License Type: MD

Provider ID: 100314988003

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: 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: Limited: (P, EB, IB, E, T)

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

PEDIATRICS

SPITZER, MARSHA

License Type: MD

Provider ID: 100314988002

Provider Gender: Female

License Number: A76785

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NPI: 1851323315
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
Board Certified: 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM*

PEDIATRICS

SPITZER, MARSHA
License Type: MD
Provider ID: 100314988003
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: 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: Limited: (P, EB, IB, E, T)*
- *Hours: M-F 8:30AM-5:30PM*

PEDIATRICS

SPITZER, MARSHA
License Type: MD
Provider ID: 100314988002
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: 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM*

PEDIATRICS

STURDAVANT, ADAM
License Type: MD
Provider ID: 100469266004
Provider Gender: Male
NPI: 1720375520
- *Provider English Spoken: Y*

Cultural Competency: N
Board Certified: 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
Hours: M-F 8AM-5PM
SA 8AM-12PM

PEDIATRICS

SUBRAMANIAN, RAMA
License Type: MD
Provider ID: 100397060006
Provider Gender: Female
NPI: 1932593506
Provider English Spoken: Y
Provider Language(s) Spoken: Tamil
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM

PEDIATRICS

SULEIMAN-QAFITI, KHAWLA
License Type: MD
Provider ID: 100069156003
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM

PEDIATRICS

SULEIMAN-QAFITI, KHAWLA
License Type: MD
Provider ID: 100069156003
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM

PEDIATRICS

TAMAYO, MAITHE

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Type: MD
Provider ID: 100185583008
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: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

TAMAYO, MAITHE
License Type: MD
Provider ID: 100185583003
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: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

PEDIATRICS

TAMAYO, MAITHE
License Type: MD
Provider ID: 100185583008
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: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

TAMAYO, MAITHE
License Type: MD
Provider ID: 100185583003
Provider Gender: Female
License Number: A80504
NPI: 1487748430
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: No
FAMILY HEALTH CENTERS 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM

PEDIATRICS

WASSON, MINA
License Type: MD
Provider ID: 100361900007
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: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM

PEDIATRICS

WATERS, ELIZABETH
License Type: MD
Provider ID: 100167825006
Provider Gender: Female
NPI: 1730477621
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PARADISE VALLEY HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS MERCY HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: 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: Limited: (P, EB, E)
Hours: M-F 8AM-5PM

PEDIATRICS

WEATHERLY, JACOB
License Type: MD
Provider ID: 100346707009
Provider Gender: Male
NPI: 1538520457
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: LUCILE SALTER PACKARD CHILDRENS HOSP, Stanford Health Care

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: 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: Limited: (P, EB, E, R)
Hours: M-F 8AM-5PM
SA 8:30AM-12PM

PEDIATRICS

WONG, IAN
License Type: DO
Provider ID: 100440680004
Provider Gender: Male
NPI: 1174152128
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
11943 EL CAMINO REAL STE 210
SAN DIEGO, CA 92130
Phone: (858) 793-1011
Fax: (858) 793-1035
After Hours Phone: (858) 793-1011
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
SA 8AM-12PM

PEDIATRICS

ZAHEER, AARON
License Type: MD
Provider ID: 100088317033
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: 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
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM

PEDIATRICS

ZAHEER, AARON
License Type: MD
Provider ID: 100088317007
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: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

PEDIATRICS

ZAHEER, AARON

License Type: MD

Provider ID: 100088317011

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: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

ZAHEER, AARON

License Type: MD

Provider ID: 100088317033

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: 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

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (EB, IB, E, R, T)

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

PEDIATRICS

ZAHEER, AARON

License Type: MD

Provider ID: 100088317007

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: 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: Basic: (P, EB, IB, E, R, T)

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

PEDIATRICS

ZAHEER, AARON

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License Type: MD
Provider ID: 100088317011
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: 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: Basic: (P, EB, IB, E, R, T)

SAN MARCOS

CERTIFIED NURSE PRACTITIONER

HENLEY, MEARA
License Type: NPF
Provider ID: 100244430004
Provider Gender: Female
License Number: NP95002545
NPI: 1538319645
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

HENLEY, MEARA
License Type: NPF
Provider ID: 100244430004
Provider Gender: Female
License Number: NP95002545
NPI: 1538319645
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
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After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

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License Type: NPF
Provider ID: 100244430004
Provider Gender: Female
License Number: NP95002545
NPI: 1538319645
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

HENLEY, MEARA
License Type: NPF
Provider ID: 100244430004
Provider Gender: Female
License Number: NP95002545
NPI: 1538319645
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

HENLEY, MEARA
License Type: NPF
Provider ID: 100244430004
Provider Gender: Female
License Number: NP95002545
NPI: 1538319645
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

HENLEY, MEARA
License Type: NPF
Provider ID: 100244430004
Provider Gender: Female
License Number: NP95002545
NPI: 1538319645
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

MACIAS, ALISSA
License Type: NP
Provider ID: 100240126013
Provider Gender: Female
License Number: NP21368
NPI: 1952658445
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

MACIAS, ALISSA
License Type: NP
Provider ID: 100240126013
Provider Gender: Female
License Number: NP21368
NPI: 1952658445
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

MACIAS, ALISSA
License Type: NP
Provider ID: 100240126013
Provider Gender: Female
License Number: NP21368
NPI: 1952658445
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

MACIAS, ALISSA
License Type: NP
Provider ID: 100240126013
Provider Gender: Female
License Number: NP21368
NPI: 1952658445
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

MACIAS, ALISSA
License Type: NP
Provider ID: 100240126013
Provider Gender: Female
License Number: NP21368
NPI: 1952658445
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

CERTIFIED NURSE PRACTITIONER

MACIAS, ALISSA
License Type: NP
Provider ID: 100240126013
Provider Gender: Female
License Number: NP21368
NPI: 1952658445
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

MATIAS, JULIE
License Type: DO
Provider ID: 100333576012
Provider Gender: Female
License Number: 20A15159
NPI: 1083094510
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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
Hours: M-F 8AM-5PM

FAMILY PRACTICE

MATIAS, JULIE
License Type: DO
Provider ID: 100333576012
Provider Gender: Female
License Number: 20A15159
NPI: 1083094510
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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
Hours: M-F 8AM-5PM

FAMILY PRACTICE

MATIAS, JULIE
License Type: DO
Provider ID: 100333576012
Provider Gender: Female
License Number: 20A15159
NPI: 1083094510
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hours: M-F 8AM-5PM

FAMILY PRACTICE

MATIAS, JULIE

License Type: DO

Provider ID: 100333576012

Provider Gender: Female

License Number: 20A15159

NPI: 1083094510

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified: 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

Hours: M-F 8AM-5PM

FAMILY PRACTICE

MATIAS, JULIE

License Type: DO

Provider ID: 100333576012

Provider Gender: Female

License Number: 20A15159

NPI: 1083094510

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified: 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

Hours: M-F 8AM-5PM

FAMILY PRACTICE

MATIAS, JULIE

License Type: DO

Provider ID: 100333576012

Provider Gender: Female

License Number: 20A15159

NPI: 1083094510

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified: 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

Hours: M-F 8AM-5PM

FAMILY PRACTICE

VASHISHTHA, DEVESH

License Type: MD

Provider ID: 100391638029

Provider Gender: Male

License Number: A174983

NPI: 1194220434

Provider English Spoken: Y

Provider Language(s) Spoken: Hindi, Spanish

Cultural Competency: N

Board Certified: 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

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

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736-6767
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Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM

FQHC

TRUECARE,
Provider ID: PG0025086044
NPI: 1598484255
Provider English Spoken: Y
Cultural Competency: N
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
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM

FQHC

TRUECARE,
Provider ID: PG0025086048
NPI: 1598484255
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
1595 GRAND AVE STE 106
SAN MARCOS, CA 92078
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

FQHC

TRUECARE,
Provider ID: PG0025086044
NPI: 1811617939
Provider English Spoken: Y
Cultural Competency: N
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
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

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SA 8AM-5PM

FQHC

TRUECARE,
Provider ID: PG0025086048
NPI: 1811617939
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
1595 GRAND AVE STE 106
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Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

FQHC

TRUECARE,
Provider ID: PG0025086044
NPI: 1245246917
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 736-6744
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Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-5PM

FQHC

TRUECARE,
Provider ID: PG0025086048
NPI: 1245246917
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

FQHC

TRUECARE,
Provider ID: PG0025086044
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Cultural Competency: N
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FQHC

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N
Hours: M-F 8AM-5PM

FQHC

TRUECARE,
Provider ID: PG0025086044
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

GENERAL PRACTICE

WITCZAK, IZABELA
License Type: MD
Provider ID: 100036527003
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: No
IHP OF SOUTHERN CAL-PHP

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License Type: MD
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License Number: A71311
NPI: 1184735201
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INTERNAL MEDICINE

PONIACHIK, SAMUEL
License Type: MD
Provider ID: 100099164003
Provider Gender: Male
License Number: G74757
NPI: 1467485078
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
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INTERNAL MEDICINE

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Accessibility: Basic: (P, EB, IB, E, R, T)

INTERNAL MEDICINE

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Provider ID: 100099164003

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Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

INTERNAL MEDICINE

RUSSELL, MARIE
License Type: MD
Provider ID: 100381539004
Provider Gender: Female
License Number: C168165
NPI: 1609947449
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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Hours: M-F 8AM-5PM
SA 8AM-5PM

INTERNAL MEDICINE

RUSSELL, MARIE
License Type: MD
Provider ID: 100381539004
Provider Gender: Female
License Number: C168165
NPI: 1609947449
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM

INTERNAL MEDICINE

RUSSELL, MARIE
License Type: MD
Provider ID: 100381539004
Provider Gender: Female
License Number: C168165
NPI: 1609947449
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
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INTERNAL MEDICINE

RUSSELL, MARIE
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OBSTETRICS / GYNECOLOGY

CONROY, ERIN

License Type: MD

Provider ID: 100385858003

Provider Gender: Female

License Number: A142909

NPI: 1669731329

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: ADVENTIST HEALTH UKIAH VALLEY, PALOMAR MEDICAL CENTER

Board Certified: No

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OBSTETRICS / GYNECOLOGY

LOEFFLER, ALLISON
License Type: MD
Provider ID: 100149393018
Provider Gender: Female
License Number: A116680
NPI: 1700073962
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: No
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OBSTETRICS / GYNECOLOGY

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OBSTETRICS / GYNECOLOGY

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OBSTETRICS / GYNECOLOGY

MOSTOFIAN, EIMANEH
License Type: MD
Provider ID: 100175467003
Provider Gender: Female
License Number: A97181
NPI: 1154477628
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER, TRI CITY MEDICAL CTR
Board Certified: No
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OBSTETRICS / GYNECOLOGY

POUNTNEY, MARLENE

License Type: MD

Provider ID: 100000915006

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: No

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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: 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: Basic: (P, EB, IB, E, R, T)*

OBSTETRICS / GYNECOLOGY

POUNTNEY, MARLENE

License Type: MD

Provider ID: 100000915006

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: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

- *Accessibility: Basic: (P, EB, IB, E, R, T)*

OBSTETRICS / GYNECOLOGY

POUNTNEY, MARLENE

License Type: MD

Provider ID: 100000915006

Provider Gender: Female

License Number: A93248

NPI: 1174703680

- *Provider English Spoken: Y*
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Medi-Cal Open Panel: Yes

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- *Accessibility: Basic: (P, EB, IB, E, R, T)*

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OBSTETRICS / GYNECOLOGY

POUNTNEY, MARLENE
License Type: MD
Provider ID: 100000915006
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OBSTETRICS / GYNECOLOGY

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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

MALHOTRA, ARATI
License Type: MD
Provider ID: 100114189003
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: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
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Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Teleservice

PEDIATRICS

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MALHOTRA, ARATI
License Type: MD
Provider ID: 100114189003
Provider Gender: Female
License Number: A63903
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Provider Language(s) Spoken: Hindi, Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified: No
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Min/Max Age: 0\None
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Teleservice

PEDIATRICS

MALHOTRA, ARATI
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PEDIATRICS

MALHOTRA, ARATI
License Type: MD
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Provider Language(s) Spoken: Hindi, Spanish
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Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 566-1501
After Hours Phone: (760) 736-6767
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-6PM

PEDIATRICS

MALHOTRA, ARATI
License Type: MD
Provider ID: 100114189003
Provider Gender: Female
License Number: A63903
NPI: 1215135306
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Spanish
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Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR

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MEDICAL CENTER
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IHP OF SOUTHERN CAL-PHP
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Teleservice

PEDIATRICS

MOLINOS, NICOLE
License Type: MD
Provider ID: 100369169004
Provider Gender: Female
License Number: A166790
NPI: 1538685524
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
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PEDIATRICS

MOLINOS, NICOLE

License Type: MD

Provider ID: 100369169004

Provider Gender: Female

License Number: A166790

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Provider English Spoken: Y

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Website: www.ihpsocal.org

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MOLINOS, NICOLE

License Type: MD

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

MONAHAN, CAROLYN

License Type: MD

Provider ID: 100053089011

Provider Gender: Female

NPI: 1619973666

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

Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified: Yes

RADY CHILDRENS HEALTH NETWORK

1582 W SAN MARCOS BLVD STE 203
SAN MARCOS, CA 92078

Phone: (760) 744-6710

Fax: (760) 744-6156

After Hours Phone: (760) 744-6710

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Hours: M-F 8AM-4PM

PEDIATRICS

NEVES, VANESSA

License Type: MD

Provider ID: 100143659019

Provider Gender: Female

NPI: 1174672547

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

Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified: No

RADY CHILDRENS HEALTH NETWORK

150 VALPREDA RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-6797

After Hours Phone: (760) 736-6767

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

PEDIATRICS

POSADAS, EMERITO

License Type: MD

Provider ID: 100070552007

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: No

RADY CHILDRENS HEALTH NETWORK

150 VALPREDA RD
SAN MARCOS, CA 92069

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Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-6PM

PEDIATRICS

POSADAS, EMERITO
License Type: MD
Provider ID: 100070552003
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: No
IHP OF SOUTHERN CAL-PHP
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After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
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PEDIATRICS

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PEDIATRICS

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PEDIATRICS

POSADAS, EMERITO
License Type: MD

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Provider ID: 100070552003
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: No
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PEDIATRICS

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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

QUINTERO, CAROLYN
License Type: MD
Provider ID: 100063462013
Provider Gender: Female
NPI: 1023033156
Provider English Spoken: Y
Provider Language(s) Spoken: Afar, Spanish
Cultural Competency: N
Board Certified: 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

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Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-6PM
SA 8AM-5PM

PEDIATRICS

RAJARATNAM, AKASH
License Type: MD
Provider ID: 100440963007
Provider Gender: Male
License Number: A192535
NPI: 1558942193
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM

PEDIATRICS

RAJARATNAM, AKASH
License Type: MD
Provider ID: 100440963007
Provider Gender: Male
License Number: A192535
NPI: 1558942193
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM

PEDIATRICS

RAJARATNAM, AKASH
License Type: MD
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Provider Gender: Male
License Number: A192535
NPI: 1558942193
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
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American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM

PEDIATRICS

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License Type: MD
Provider ID: 100440963007
Provider Gender: Male
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NPI: 1558942193
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
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Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

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American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

PEDIATRICS

RAJARATNAM, AKASH

License Type: MD

Provider ID: 100440963007

Provider Gender: Male

License Number: A192535

NPI: 1558942193

Provider English Spoken: Y

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

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

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RAJARATNAM, AKASH

License Type: MD

Provider ID: 100440963007

Provider Gender: Male

License Number: A192535

NPI: 1558942193

Provider English Spoken: Y

Cultural Competency: N

Board Certified: No

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Phone: (760) 736-6767

After Hours Phone: (760) 736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

PEDIATRICS

SEBIANE, MARIA

License Type: MD

Provider ID: 100066520003

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: 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: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

SEBIANE, MARIA

License Type: MD

Provider ID: 100066520003

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

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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

SEBIANE, MARIA
License Type: MD
Provider ID: 100066520003
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: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
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PEDIATRICS

SEBIANE, MARIA
License Type: MD
Provider ID: 100066520003
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: No
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Accessibility: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

SEBIANE, MARIA
License Type: MD
Provider ID: 100066520003
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: No
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PEDIATRICS

SEBIANE, MARIA
License Type: MD
Provider ID: 100066520003
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: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
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After Hours Phone: (760) 736-6767
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

PEDIATRICS

SOCHA, TRACI
License Type: DO
Provider ID: 100024479013
Provider Gender: Female
NPI: 1669478616
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
1582 W SAN MARCOS BLVD STE 203
SAN MARCOS, CA 92078
Phone: (760) 744-6710
Fax: (760) 744-6156
After Hours Phone: (760) 744-6710
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-4:45PM

SAN YSIDRO

FAMILY PRACTICE

ALVAREZ-ESTRADA, MIGUEL
License Type: MD
Provider ID: 100360099003
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: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, 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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

FAMILY PRACTICE

ALVAREZ-ESTRADA, MIGUEL
License Type: MD
Provider ID: 100360099004
Provider Gender: Male
License Number: A157505
NPI: 1588197826
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

ALVAREZ-ESTRADA, MIGUEL
License Type: MD
Provider ID: 100360099004
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: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

ALVAREZ-ESTRADA, MIGUEL
License Type: MD
Provider ID: 100360099003
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: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, 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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

FAMILY PRACTICE

ARRIETA, NOEMI
License Type: DO
Provider ID: 100214881009
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: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

FAMILY PRACTICE

ARRIETA, NOEMI
License Type: DO
Provider ID: 100214881009
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: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, 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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

FAMILY PRACTICE

BORSAN, COSMIN
License Type: DO
Provider ID: 100375856004
Provider Gender: Male
License Number: 20A17643
NPI: 1679060255
Provider English Spoken: Y
Provider Language(s) Spoken: Romanian
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, 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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

FAMILY PRACTICE

BORSAN, COSMIN
License Type: DO
Provider ID: 100375856004
Provider Gender: Male
License Number: 20A17643
NPI: 1679060255
Provider English Spoken: Y
Provider Language(s) Spoken: Romanian
Cultural Competency: N
Board Certified: No
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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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

FAMILY PRACTICE

CARRIEDO-CENICEROS, MARIA
License Type: MD
Provider ID: 100066452003
Provider Gender: Female

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Number: A78373
NPI: 1295746618
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

FAMILY PRACTICE

CARRIEDO-CENICEROS, MARIA
License Type: MD
Provider ID: 100066452003
Provider Gender: Female
License Number: A78373
NPI: 1295746618
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

FAMILY PRACTICE

CASTILLO, STEPHANIE
License Type: MD
Provider ID: 100373750003
Provider Gender: Female
License Number: A159673
NPI: 1902330723
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
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FAMILY PRACTICE

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FAMILY PRACTICE

CHOU, SUSANNA

License Type: MD

Provider ID: 100054762012

Provider Gender: Female

License Number: A73158

NPI: 1104889724

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Chinese, Mandarin, Spanish*

Cultural Competency: N

Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL

Board Certified: 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (IB, E, R, T)

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

FAMILY PRACTICE

CHOU, SUSANNA

License Type: MD

Provider ID: 100054762012

Provider Gender: Female

License Number: A73158

NPI: 1104889724

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Chinese, Mandarin, Spanish*

Cultural Competency: N

Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL

Board Certified: 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (IB, E, R, T)

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

FAMILY PRACTICE

CONTAG, ALEC

License Type: MD

Provider ID: 100432994007

Provider Gender: Male

License Number: A181369

NPI: 1215495627

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: German*

Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR

Board Certified: 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (IB, E, R, T)

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

FAMILY PRACTICE

CONTAG, ALEC

License Type: MD

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Provider ID: 100432994007
Provider Gender: Male
License Number: A181369
NPI: 1215495627
Provider English Spoken: Y
Provider Language(s) Spoken: German
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

FAMILY PRACTICE

CORONADO, MYRNA
License Type: MD
Provider ID: 100324282003
Provider Gender: Female
License Number: A112627
NPI: 1710147566
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
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Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

FAMILY PRACTICE

CORONADO, MYRNA
License Type: MD
Provider ID: 100324282005
Provider Gender: Female
License Number: A112627
NPI: 1710147566
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

CORONADO, MYRNA
License Type: MD
Provider ID: 100324282003
Provider Gender: Female
License Number: A112627
NPI: 1710147566
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
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After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

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N

Accessibility: Limited: (IB, E, R, T)

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

FAMILY PRACTICE

CORONADO, MYRNA

License Type: MD

Provider ID: 100324282005

Provider Gender: Female

License Number: A112627

NPI: 1710147566

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified: No

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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: Limited: (P, EB, E, T)

Hours: M-F 8AM-5PM

FAMILY PRACTICE

DALUGDUGAN, ESTHER

License Type: MD

Provider ID: 100417489004

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: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (IB, E, R, T)

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

FAMILY PRACTICE

DALUGDUGAN, ESTHER

License Type: MD

Provider ID: 100417489004

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

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (IB, E, R, T)

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

FAMILY PRACTICE

ESTRADA, JOHANNA

License Type: MD

Provider ID: 100294236024

Provider Gender: Female

License Number: A127188

NPI: 1255698155

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

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MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
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Hours: M-F 8AM-8PM SA 8AM-2PM

FAMILY PRACTICE

ESTRADA, JOHANNA
License Type: MD
Provider ID: 100294236024
Provider Gender: Female
License Number: A127188
NPI: 1255698155
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Board Certified: No
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Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

FAMILY PRACTICE

KAUFHOLD, ANNE
License Type: MD
Provider ID: 100086435021
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: No
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Min/Max Age: 0\None
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Hours: M-F 8AM-8PM SA 8AM-2PM

FAMILY PRACTICE

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License Type: MD
Provider ID: 100086435021
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: No
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SAN YSIDRO, CA 92173

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Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

FAMILY PRACTICE

LEPEZ, DAVID
License Type: MD
Provider ID: 100255267003
Provider Gender: Male
License Number: A130348
NPI: 1205196029
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

FAMILY PRACTICE

LEPEZ, DAVID
License Type: MD
Provider ID: 100255267003
Provider Gender: Male
License Number: A130348
NPI: 1205196029
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

FAMILY PRACTICE

MANSOUR, SABAH
License Type: MD
Provider ID: 100436982005
Provider Gender: Male
License Number: A177271
NPI: 1194388637
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Board Certified: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

FAMILY PRACTICE

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MANSOUR, SABAH
License Type: MD
Provider ID: 100436982005
Provider Gender: Male
License Number: A177271
NPI: 1194388637
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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Phone: (619) 662-4100
Fax: (619) 205-6341
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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

FAMILY PRACTICE

MOYA, MARY
License Type: MD
Provider ID: 100099596011
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: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

FAMILY PRACTICE

MOYA, MARY
License Type: MD
Provider ID: 100099596011
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: No
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

FAMILY PRACTICE

ORTEGA, LUIS
License Type: MD
Provider ID: 100394387004
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

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Board Certified: No
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Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

FAMILY PRACTICE

ORTEGA, LUIS
License Type: MD
Provider ID: 100394387004
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: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
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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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

FAMILY PRACTICE

QURESHI, SOFIA
License Type: MD
Provider ID: 100434189005
Provider Gender: Female
License Number: C188057
NPI: 1902197544
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

FAMILY PRACTICE

QURESHI, SOFIA
License Type: MD
Provider ID: 100434189005
Provider Gender: Female
License Number: C188057
NPI: 1902197544
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

FAMILY PRACTICE

RAJAIPOUR, NEGIN
License Type: MD
Provider ID: 100300998011

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Provider Gender: Female
License Number: A145480
NPI: 1508286709
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Persian
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Board Certified: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

FAMILY PRACTICE

RAJAIPOUR, NEGIN
License Type: MD
Provider ID: 100300998011
Provider Gender: Female
License Number: A145480
NPI: 1508286709
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Persian
Cultural Competency: N
Hospital Affiliation: CHULA VISTA COMM HOSP
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

FAMILY PRACTICE

ROJAS, SARAH
License Type: MD
Provider ID: 100351568004
Provider Gender: Female
License Number: A139169
NPI: 1245645076
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

FAMILY PRACTICE

ROJAS, SARAH
License Type: MD
Provider ID: 100351568004
Provider Gender: Female
License Number: A139169
NPI: 1245645076
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

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American Sign Language (ASL): N

Accessibility: Limited: (IB, E, R, T)

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

FAMILY PRACTICE

SHAHTAJI, ALAN

License Type: DO

Provider ID: 100174415021

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: No

IHP OF SOUTHERN CAL-PHP

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (IB, E, R, T)

Hours: M-F 8AM-8PM
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FAMILY PRACTICE

SHAHTAJI, ALAN

License Type: DO

Provider ID: 100174415021

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: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, 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: Limited: (IB, E, R, T)

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

FAMILY PRACTICE

STALEY, MICHAELA

License Type: MD

Provider ID: 100359422004

Provider Gender: Female

License Number: A157772

NPI: 1912438250

Provider English Spoken: Y

Cultural Competency: N

Board Certified: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
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Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (IB, E, R, T)

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

FAMILY PRACTICE

STALEY, MICHAELA

License Type: MD

Provider ID: 100359422004

Provider Gender: Female

License Number: A157772

NPI: 1912438250

Provider English Spoken: Y

Cultural Competency: N

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Board Certified: No
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Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

FAMILY PRACTICE

SWEET, PATRICK
License Type: MD
Provider ID: 100283357020
Provider Gender: Male
License Number: A101827
NPI: 1457407702
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: HOAG HOSPITAL IRVINE, SCRIPPS MERCY HOSPITAL CHULA VISTA, GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, DESERT REGIONAL MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, PIONEERS MEMORIAL HOSPITAL, PIONEERS MEMORIAL HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
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Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

FAMILY PRACTICE

SWEET, PATRICK
License Type: MD
Provider ID: 100283357020
Provider Gender: Male
License Number: A101827
NPI: 1457407702
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: HOAG HOSPITAL IRVINE, SCRIPPS MERCY HOSPITAL CHULA VISTA, GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, DESERT REGIONAL MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, PIONEERS MEMORIAL HOSPITAL, PIONEERS MEMORIAL HOSPITAL
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

FAMILY PRACTICE

UTZ, JACK
License Type: MD
Provider ID: 100415591004
Provider Gender: Male
License Number: A183145
NPI: 1194353094

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Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, 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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

FAMILY PRACTICE

UTZ, JACK
License Type: MD
Provider ID: 100415591004
Provider Gender: Male
License Number: A183145
NPI: 1194353094
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
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Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

FQHC

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR,
Provider ID: PG0047542009
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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E)
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR,
Provider ID: PG0047542009
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: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E)
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER,
Provider ID: PG0047448003
NPI: 1952364747
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP

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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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

FQHC

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER,
Provider ID: PG0047448003
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) 205-6341
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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

GENERAL PRACTICE

TEJEDA, FRANCISCO
License Type: MD
Provider ID: 100056654002
Provider Gender: Male
License Number: A66885
NPI: 1407940075
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, 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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

GENERAL PRACTICE

TEJEDA, FRANCISCO
License Type: MD
Provider ID: 100056654002
Provider Gender: Male
License Number: A66885
NPI: 1407940075
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

INTERNAL MEDICINE

ALDOUS, JEANNETTE
License Type: MD
Provider ID: 100134749015
Provider Gender: Female
License Number: A101017
NPI: 1073650339
Provider English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, 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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

INTERNAL MEDICINE

ALDOUS, JEANNETTE
License Type: MD
Provider ID: 100134749015
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: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

INTERNAL MEDICINE

DE LA ROSA, JOSE
License Type: MD
Provider ID: 100357668001
Provider Gender: Male
License Number: A49267
NPI: 1689646572
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MEMORIAL HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, 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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

INTERNAL MEDICINE

DE LA ROSA, JOSE
License Type: MD
Provider ID: 100357668001
Provider Gender: Male
License Number: A49267
NPI: 1689646572
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MEMORIAL HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, 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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

INTERNAL MEDICINE

DE LA ROSA, JOSE
License Type: MD
Provider ID: 100357668001
Provider Gender: Male
License Number: A49267
NPI: 1689646572
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MEMORIAL HOSPITAL
Board Certified: No
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

INTERNAL MEDICINE

DILLON, BENEDICT
License Type: MD
Provider ID: 100166636005
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: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

DILLON, BENEDICT
License Type: MD
Provider ID: 100166636005
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: No
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

HURST, MICHAEL
License Type: DO
Provider ID: 100033198007
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: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
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N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

INTERNAL MEDICINE

HURST, MICHAEL
License Type: DO
Provider ID: 100033198007
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: No
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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

INTERNAL MEDICINE

LAMANTIA, MICHELE
License Type: MD
Provider ID: 100067581014
Provider Gender: Female
License Number: G71855
NPI: 1124176102
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

INTERNAL MEDICINE

LAMANTIA, MICHELE
License Type: MD
Provider ID: 100067581014
Provider Gender: Female
License Number: G71855
NPI: 1124176102
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

INTERNAL MEDICINE

MATHEW, SONIA
License Type: MD
Provider ID: 100470471001
Provider Gender: Female
License Number: A198942
NPI: 1376284562
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No

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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

INTERNAL MEDICINE

MATHEW, SONIA
License Type: MD
Provider ID: 100470471001
Provider Gender: Female
License Number: A198942
NPI: 1376284562
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

INTERNAL MEDICINE

MAY, LOUIS
License Type: MD
Provider ID: 100325305007
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: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, 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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

INTERNAL MEDICINE

MAY, LOUIS
License Type: MD
Provider ID: 100325305007
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: No
IHP OF SOUTHERN CAL-PHP
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American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

INTERNAL MEDICINE

OMIWADE, OLUWAPOSI
License Type: MD

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100470536001
Provider Gender: Male
License Number: A190740
NPI: 1255071817
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, 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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

INTERNAL MEDICINE

OMIWADE, OLUWAPOSI
License Type: MD
Provider ID: 100470536001
Provider Gender: Male
License Number: A190740
NPI: 1255071817
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
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American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

INTERNAL MEDICINE

PATEL, BHAVESH
License Type: DO
Provider ID: 100405829008
Provider Gender: Male
License Number: 20A8240
NPI: 1881778165
Provider English Spoken: Y
Provider Language(s) Spoken: Gujarati, Hindi
Cultural Competency: N
Hospital Affiliation: EISENHOWER MEDICAL CTR, PALOMAR MEDICAL CENTER
Board Certified: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
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Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

INTERNAL MEDICINE

POAST, JENNIFER
License Type: DO
Provider ID: 100066425006
Provider Gender: Female
License Number: 20A8245
NPI: 1164435681
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
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INTERNAL MEDICINE

POAST, JENNIFER
License Type: DO
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Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

INTERNAL MEDICINE

RAMIREZ SANCHEZ, CLAUDIA
License Type: MD
Provider ID: 100392011016
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: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
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Provider Language(s)

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Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, UCSD MEDICAL CTR
Board Certified: No
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4004 BEYER BLVD
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

INTERNAL MEDICINE

SCHNEIDER-MUNOZ, MARGARITA
License Type: MD
Provider ID: 100335002002
Provider Gender: Female
License Number: G81461
NPI: 1821299520
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
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INTERNAL MEDICINE

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Provider Gender: Female
License Number: G81461
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Provider Language(s) Spoken: Spanish
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Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

OBSTETRICS / GYNECOLOGY

ATIGA, SCHUBERT
License Type: MD
Provider ID: 100075572023
Provider Gender: Male
License Number: G53756
NPI: 1033138714
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
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After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

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American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

ATIGA, SCHUBERT
License Type: MD
Provider ID: 100075572023
Provider Gender: Male
License Number: G53756
NPI: 1033138714
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

BERGGREN, ERICA
License Type: MD
Provider ID: 100347686019
Provider Gender: Female
License Number: C158543
NPI: 1912159674
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified: No
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Phone: (619) 662-4100
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OBSTETRICS / GYNECOLOGY

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License Type: MD
Provider ID: 100347686019
Provider Gender: Female
License Number: C158543
NPI: 1912159674
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Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

CARR, MIANDA
License Type: MD
Provider ID: 100208115009
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: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM
Teleservice

OBSTETRICS / GYNECOLOGY

CARR, MIANDA
License Type: MD
Provider ID: 100208115009
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: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM
Teleservice

OBSTETRICS / GYNECOLOGY

CARSON, LATISA
License Type: MD
Provider ID: 100099600013
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: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, 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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

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OBSTETRICS / GYNECOLOGY

CARSON, LATISA

License Type: MD
Provider ID: 100099600013
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: No
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American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

OBSTETRICS / GYNECOLOGY

DINH, MY

License Type: DO
Provider ID: 100331393006
Provider Gender: Female
License Number: 20A9907
NPI: 1316146996
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
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Hours: M-F 8AM-8PM SA 8AM-2PM

OBSTETRICS / GYNECOLOGY

DINH, MY

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NPI: 1316146996
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Cultural Competency: N
Board Certified: No
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OBSTETRICS / GYNECOLOGY

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Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

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American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

OBSTETRICS / GYNECOLOGY

GOMEZ, DANIELA

License Type: MD
Provider ID: 100394456007
Provider Gender: Female
License Number: A175006
NPI: 1255878997
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified: No
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American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
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OBSTETRICS / GYNECOLOGY

GOMEZ, DANIELA

License Type: MD
Provider ID: 100394456008
Provider Gender: Female
License Number: A175006
NPI: 1255878997
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Board Certified: No
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OBSTETRICS / GYNECOLOGY

GOMEZ, DANIELA

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Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
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Hospital Affiliation: SCRIPPS

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MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
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OBSTETRICS / GYNECOLOGY

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Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

OBSTETRICS / GYNECOLOGY

JENKINS, ENCHANTA
License Type: MD
Provider ID: 100317720007
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: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

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Provider Language(s) Spoken: Spanish
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American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

KOBAYASHI, KAREN
License Type: DO
Provider ID: 100039829022
Provider Gender: Female
License Number: 20A10831
NPI: 1497929517
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-1967
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
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Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

KOBAYASHI, KAREN
License Type: DO
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Provider Gender: Female
License Number: 20A10831
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Provider English Spoken: Y
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Hospital Affiliation: PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

MENDEZ, DIEGO
License Type: MD
Provider ID: 100090097006
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: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org

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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

MENDEZ, DIEGO
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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: No
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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: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

MUSINSKI, SCOTT
License Type: MD
Provider ID: 100009700026
Provider Gender: Male
License Number: G85560
NPI: 1447223326
Provider English Spoken: Y
Provider Language(s) Spoken: French, Polish, Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
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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: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

MUSINSKI, SCOTT
License Type: MD
Provider ID: 100009700026
Provider Gender: Male
License Number: G85560
NPI: 1447223326
Provider English Spoken: Y
Provider Language(s) Spoken: French, Polish, Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

RODRIGUEZ JEREZ, ROBERTO
License Type: MD
Provider ID: 100337420019
Provider Gender: Male
License Number: A154298
NPI: 1710316450
Provider English Spoken: Y
Provider Language(s) Spoken: French, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL
Board Certified: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

OBSTETRICS / GYNECOLOGY

RODRIGUEZ JEREZ, ROBERTO
License Type: MD
Provider ID: 100337420019
Provider Gender: Male
License Number: A154298
NPI: 1710316450
Provider English Spoken: Y
Provider Language(s) Spoken: French, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
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Phone: (619) 662-4100
Fax: (619) 205-6341
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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

OBSTETRICS / GYNECOLOGY

SEFA-BOAKYE, KOFI
License Type: MD
Provider ID: 100088886058
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: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
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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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

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N

Accessibility: Limited: (IB, E, R, T)

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

OBSTETRICS / GYNECOLOGY

SEFA-BOAKYE, KOFI

License Type: MD

Provider ID: 100088886058

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: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, 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: Limited: (IB, E, R, T)

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

PEDIATRICS

ACEVEDO, SUSANA

License Type: MD

Provider ID: 100362410004

Provider Gender: Female

License Number: A74960

NPI: 1801971569

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified: No

IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (P, EB, E, T)

Hours: M-F 8AM-5PM

PEDIATRICS

ACEVEDO, SUSANA

License Type: MD

Provider ID: 100362410004

Provider Gender: Female

License Number: A74960

NPI: 1801971569

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified: No

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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: Limited: (P, EB, E, T)

Hours: M-F 8AM-5PM

PEDIATRICS

BARBADILLO, FERDINAND

License Type: MD

Provider ID: 100073634005

Provider Gender: Male

License Number: A49307

NPI: 1982662193

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish, Tagalog

Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hospital Affiliation: SHARP CHULA VISTA MED CTR
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-1948
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

PEDIATRICS

BARBADILLO, FERDINAND
License Type: MD
Provider ID: 100073634005
Provider Gender: Male
License Number: A49307
NPI: 1982662193
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-1948
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

PEDIATRICS

CHAIT LLAMAS, LWBBA
License Type: MD
Provider ID: 100308393005
Provider Gender: Female
License Number: A138938
NPI: 1134567530
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
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Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

PEDIATRICS

CHAIT LLAMAS, LWBBA
License Type: MD
Provider ID: 100308393005
Provider Gender: Female
License Number: A138938
NPI: 1134567530
Provider English Spoken: Y
Cultural Competency: N
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Board Certified: No
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Min/Max Age: 0\None
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NPI: 1134567530
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Cultural Competency: N
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL
Board Certified: No
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PEDIATRICS

DOKICH, SRETENKA

License Type: MD

Provider ID: 100113183016

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: No

IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

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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: Limited: (P, EB, E, T)

Hours: M-F 8AM-5PM

PEDIATRICS

DOKICH, SRETENKA

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License Number: A51447

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Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (P, EB, E, T)

Hours: M-F 8AM-5PM

PEDIATRICS

HERMAN, ANDREA

License Type: MD

Provider ID: 100092989004

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: No

IHP OF SOUTHERN CAL-PHP

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (P, EB, E, T)

Hours: M-F 8AM-5PM

PEDIATRICS

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License Type: MD

Provider ID: 100092989004

Provider Gender: Female

License Number: A72721

NPI: 1518970037

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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: No
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

PEDIATRICS

NISSAN, BETI
License Type: MD
Provider ID: 100061019009
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: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, 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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

PEDIATRICS

NISSAN, BETI
License Type: MD
Provider ID: 100061019009
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: No
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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

PEDIATRICS

RODRIGUEZ, ALDO
License Type: MD
Provider ID: 100354595007
Provider Gender: Male
License Number: A134995
NPI: 1508209651
Provider English Spoken: Y
Provider Language(s) Spoken: Portuguese, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

MEMORIAL HOSPITAL
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

PEDIATRICS

RODRIGUEZ, ALDO
License Type: MD
Provider ID: 100354595007
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: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

PEDIATRICS

RUELAS, ROBERTO
License Type: MD
Provider ID: 100363499004
Provider Gender: Male
License Number: A170141
NPI: 1194257386
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

PEDIATRICS

RUELAS, ROBERTO
License Type: MD
Provider ID: 100363499004
Provider Gender: Male
License Number: A170141
NPI: 1194257386
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
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Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

PEDIATRICS

SAHMS, TIMOTHY
License Type: MD
Provider ID: 100022703007
Provider Gender: Male
License Number: G51462
NPI: 1780697276

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, 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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

PEDIATRICS

SAHMS, TIMOTHY
License Type: MD
Provider ID: 100022703004
Provider Gender: Male
License Number: G51462
NPI: 1780697276
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-1948
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

PEDIATRICS

SAHMS, TIMOTHY
License Type: MD
Provider ID: 100022703007
Provider Gender: Male
License Number: G51462
NPI: 1780697276
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, 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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM

PEDIATRICS

SAHMS, TIMOTHY
License Type: MD
Provider ID: 100022703004
Provider Gender: Male
License Number: G51462
NPI: 1780697276
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Phone: (619) 662-4100
Fax: (619) 205-1948
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: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

PEDIATRICS

SHAHIDYAZDANI, TINA
License Type: MD
Provider ID: 100324264003
Provider Gender: Female
License Number: A94813
NPI: 1891924858
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

PEDIATRICS

SULLIVAN, ELISSA
License Type: MD
Provider ID: 100362365003
Provider Gender: Female
License Number: A169577
NPI: 1790216422
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

PEDIATRICS

SHAHIDYAZDANI, TINA
License Type: MD
Provider ID: 100324264003
Provider Gender: Female
License Number: A94813
NPI: 1891924858
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
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Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

PEDIATRICS

SULLIVAN, ELISSA
License Type: MD
Provider ID: 100362365003
Provider Gender: Female
License Number: A169577
NPI: 1790216422
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Cultural Competency: N
Board Certified: No
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After Hours Phone: (619) 662-4100

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

PEDIATRICS

TAYLOR, TASHA
License Type: MD
Provider ID: 100100354003
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: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-1948
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

PEDIATRICS

TAYLOR, TASHA
License Type: MD
Provider ID: 100100354003
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: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-1948
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM

SANTEE

FAMILY PRACTICE

BAIOU, MOHAMED
License Type: MD
Provider ID: 100334848004
Provider Gender: Male
License Number: A149492
NPI: 1447542659
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

BAIOU, MOHAMED
License Type: MD
Provider ID: 100334848004

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Provider Gender: Male
License Number: A149492
NPI: 1447542659
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH SANTEE FAMILY MEDICINE,
Provider ID: PG0094129002
NPI: 1376184911
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
120 TOWN CENTER PKWY
SANTEE, CA 92071
Phone: (619) 662-4100
Fax: (619) 873-3476
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

ALI, ABBAS
License Type: MD
Provider ID: 100438894006
Provider Gender: Male
License Number: C193913
NPI: 1104200112
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Urdu
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

FQHC

SAN YSIDRO HEALTH SANTEE FAMILY MEDICINE,
Provider ID: PG0094129002
NPI: 1376184911
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
120 TOWN CENTER PKWY
SANTEE, CA 92071
Phone: (619) 662-4100
Fax: (619) 873-3476
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

ALI, ABBAS
License Type: MD
Provider ID: 100438894006
Provider Gender: Male
License Number: C193913
NPI: 1104200112
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Urdu
Cultural Competency: N
Board Certified: No
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INTERNAL MEDICINE

ALI, ABBAS
License Type: MD
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NPI: 1104200112
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Provider Language(s) Spoken: Hindi, Urdu

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Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

INTERNAL MEDICINE

CORBIN, DAVID
License Type: MD
Provider ID: 100378968004
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

INTERNAL MEDICINE

CORBIN, DAVID
License Type: MD
Provider ID: 100378968004
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

ARLATA, TAMANTHA
License Type: MD
Provider ID: 100335848010
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: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

PEDIATRICS

IKE, ERICA
License Type: DO
Provider ID: 100343272011
Provider Gender: Female
License Number: 20A16603
NPI: 1821413907
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: ST JOHNS MEDICAL CENTER
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

IKE, ERICA
License Type: DO
Provider ID: 100343272011
Provider Gender: Female
License Number: 20A16603
NPI: 1821413907
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: ST JOHNS MEDICAL CENTER
Board Certified: No
IHP OF SOUTHERN CAL-PHP
120 TOWN CENTER PKWY
SANTEE, CA 92071
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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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

MANGINE, REGINA
License Type: MD
Provider ID: 100050417007
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: 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
Hours: M-F 8AM-5PM

SPRING VALLEY

FAMILY PRACTICE

BACHARACH, REBECCA
License Type: DO
Provider ID: 100378244001
Provider Gender: Female
License Number: 20A15459
NPI: 1225442643
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

BACHARACH, REBECCA
License Type: DO
Provider ID: 100378244001
Provider Gender: Female
License Number: 20A15459
NPI: 1225442643
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

CARDONES, ARTHUR
License Type: MD
Provider ID: 100084576002
Provider Gender: Male
License Number: A55932
NPI: 1962436451
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

CARDONES, ARTHUR
License Type: MD
Provider ID: 100084576002
Provider Gender: Male
License Number: A55932
NPI: 1962436451
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Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Board Certified: No
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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

CONSTANTINO, STEPHANIE
License Type: MD

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Provider ID: 100335370003
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

CONSTANTINO, STEPHANIE
License Type: MD
Provider ID: 100335370003
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: No
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Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

ROSE, PATRICIA
License Type: MD
Provider ID: 100066408029
Provider Gender: Female
License Number: A76059
NPI: 1588677314
- *Provider English Spoken: Y*

Cultural Competency: N
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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After Hours Phone: (619) 515-2555
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE

ROSE, PATRICIA
License Type: MD
Provider ID: 100066408029
Provider Gender: Female
License Number: A76059
NPI: 1588677314
- *Provider English Spoken: Y*

Cultural Competency: N
Board Certified: No
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Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FQHC

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC,
Provider ID: PG0025044021
NPI: 1508801069
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
Fax: (619) 462-5584
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

FQHC

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC,
Provider ID: PG0025044021
NPI: 1508801069
Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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Phone: (619) 515-2555
Fax: (619) 462-5584
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

INTERNAL MEDICINE

NARAYANAN, MEENA
License Type: MD
Provider ID: 100179123079
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, Sharp Grossmont Hospital, SCRIPPS MEMORIAL HOSPITAL
Board Certified: 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
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Hours: M-F 8:30AM-5:30PM

INTERNAL MEDICINE

NARAYANAN, MEENA
License Type: MD
Provider ID: 100179123079
Provider Gender: Female
License Number: A113448
NPI: 1508170697
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Spanish
Cultural Competency: N

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Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, Adventist Health and Rideout, Sharp Grossmont Hospital, SCRIPPS MEMORIAL HOSPITAL
Board Certified: No
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American Sign Language (ASL): N
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Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE
License Type: MD
Provider ID: 100061208007
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: No
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

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Provider Language(s) Spoken: Spanish
Cultural Competency: N
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Min/Max Age: 0\None
American Sign Language (ASL): N
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Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA
License Type: MD
Provider ID: 100395630004
Provider Gender: Female
License Number: A163464

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NPI: 1326531401
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA
License Type: MD
Provider ID: 100395630004
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: No
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS
License Type: MD
Provider ID: 100378311004
Provider Gender: Male
License Number: A108228
NPI: 1629277322
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

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License Type: MD
Provider ID: 100378311004
Provider Gender: Male
License Number: A108228
NPI: 1629277322
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Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: No
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OBSTETRICS / GYNECOLOGY

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Website: www.fhcsd.org
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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY
License Type: MD
Provider ID: 100395484004
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY
License Type: MD
Provider ID: 100395484004
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
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN
License Type: MD
Provider ID: 100387235004
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
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American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

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

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN

License Type: MD
Provider ID: 100387235004
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: No
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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

License Type: MD
Provider ID: 100334432001
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
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Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

License Type: MD
Provider ID: 100334432001
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: No
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OBSTETRICS / GYNECOLOGY

SAPRA, SONIA

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License Type: MD
Provider ID: 100362343004
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: No
FAMILY HEALTH CENTERS OF SAN DIEGO
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SPRING VALLEY, CA 91977
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Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA
License Type: MD
Provider ID: 100362343004
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: No
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American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA
License Type: DO
Provider ID: 100332023008
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
- *Provider English Spoken: Y*

Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
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OBSTETRICS / GYNECOLOGY

STABEN, REBECCA
License Type: DO
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License Number: 20A13958
NPI: 1932269198
- *Provider English Spoken: Y*

Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN
License Type: MD
Provider ID: 100040195008
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: 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: Basic: (P, EB, IB, E, R, T)
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OBSTETRICS / GYNECOLOGY

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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

PEDIATRICS

JI, AMANDA
License Type: MD
Provider ID: 100363243004
Provider Gender: Female
License Number: A169342
NPI: 1750745493
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977

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PEDIATRICS

JI, AMANDA
License Type: MD
Provider ID: 100363243004
Provider Gender: Female
License Number: A169342
NPI: 1750745493
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified: No
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American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

VALLEY CENTER

CLINIC OUTPATIENT

NEIGHBORHOOD HEALTHCARE,
Provider ID: PG0024990062
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: Limited: (P, EB, IB, R)
Hours: M-F 8AM-5PM

CLINIC OUTPATIENT

NEIGHBORHOOD HEALTHCARE,
Provider ID: PG0024990062
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: Limited: (P, EB, IB, R)
Hours: M-F 8AM-5PM

FAMILY PRACTICE

AYON MARTINEZ, CARLOS
License Type: MD
Provider ID: 100152029009
Provider Gender: Male
License Number: A114419
NPI: 1154583128
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP

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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: Limited: (P, EB, IB, R)

FAMILY PRACTICE

AYON MARTINEZ, CARLOS
License Type: MD
Provider ID: 100152029009
Provider Gender: Male
License Number: A114419
NPI: 1154583128
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Limited: (P, EB, IB, R)

FQHC

NEIGHBORHOOD HEALTHCARE,
Provider ID: PG0024990062
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: Limited: (P, EB, IB, R)
Hours: M-F 8AM-5PM

FQHC

NEIGHBORHOOD HEALTHCARE,
Provider ID: PG0024990062
NPI: 1437335148
Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
28477 LIZARD ROCKS RD
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Website: N/A
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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, R)
Hours: M-F 8AM-5PM

PEDIATRICS

CRAYCHEE, LEO
License Type: MD
Provider ID: 100075122004
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: No
RADY CHILDRENS HEALTH NETWORK
28714 VALLEY CENTER RD STE L

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5PM

VISTA

CERTIFIED NURSE PRACTITIONER

WILLIAMS, JINA
License Type: NP
Provider ID: 100393483008
Provider Gender: Female
License Number: NP95020624
NPI: 1225500259
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Teleservice

CERTIFIED NURSE PRACTITIONER

WILLIAMS, JINA
License Type: NP
Provider ID: 100393483008
Provider Gender: Female
License Number: NP95020624
NPI: 1225500259
Provider English Spoken: Y
Cultural Competency: N
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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After Hours Phone: (760) 631-5000
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Teleservice

FAMILY PRACTICE

ESPINOSA-SILVA, YAMINAH
License Type: DO
Provider ID: 100358800006
Provider Gender: Female
License Number: 20A12958
NPI: 1003172016
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

ESPINOSA-SILVA, YAMINAH
License Type: DO
Provider ID: 100358800006
Provider Gender: Female
License Number: 20A12958
NPI: 1003172016

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

FAMILY PRACTICE

KETCHEL, CLINT
License Type: MD
Provider ID: 100248366031
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M 8AM-5PM
TU 10:30AM-7:30PM
W-F 8AM-5PM

FAMILY PRACTICE

KETCHEL, CLINT
License Type: MD
Provider ID: 100248366031
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: No
IHP OF SOUTHERN CAL-PHP
134 GRAPEVINE RD
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Hours: M 8AM-5PM
TU 10:30AM-7:30PM
W-F 8AM-5PM

FAMILY PRACTICE

SALAMATIPOUR, ASHKAN
License Type: DO
Provider ID: 100464747008
Provider Gender: Male

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License Number: 20A23095
NPI: 1457939043
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M 8AM-5PM
TU 10:30AM-7:30PM
W-F 8AM-5PM

FAMILY PRACTICE

SALAMATIPOUR, ASHKAN
License Type: DO
Provider ID: 100464747009
Provider Gender: Male
License Number: 20A23095
NPI: 1457939043
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Limited: (P, EB, IB, E)
Hours: M-TU 8:30AM-5PM
TH-F 8:30AM-5PM

FAMILY PRACTICE

SALAMATIPOUR, ASHKAN
License Type: DO
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Provider Gender: Male
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Board Certified: No
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W-F 8AM-5PM

FAMILY PRACTICE

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Accessibility: Limited: (P, EB, IB, E)
Hours: M-TU 8:30AM-5PM
TH-F 8:30AM-5PM

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FQHC

VCC DURIAN,

Provider ID: PG0083886012

NPI: 1851300123

Provider English Spoken: Y

Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

105 DURIAN ST STE A
VISTA, CA 92083

Phone: (844) 308-5003

Fax: (760) 414-3892

After Hours Phone: (844) 308-5003

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (P, EB, IB, E)

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

FQHC

VCC DURIAN,

Provider ID: PG0083886012

NPI: 1851300123

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: Limited: (P, EB, IB, E)

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

FQHC

VISTA COMMUNITY CLINIC GRAPEVINE,

Provider ID: PG0085050005

NPI: 1851300123

Provider English Spoken: Y

Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

134 GRAPEVINE RD
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R)

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

FQHC

VISTA COMMUNITY CLINIC GRAPEVINE,

Provider ID: PG0085050005

NPI: 1851300123

Provider English Spoken: Y

Cultural Competency: N

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Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R)

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

INTERNAL MEDICINE

CLANCY, JOHN

License Type: DO

Provider ID: 100215810014

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Provider Gender: Male
Provider English Spoken: Y
C1 SAN DIEGO COUNTY MEDI-CAL
2375 S MELROSE DR
VISTA, CA 92081
Phone: (760) 305-1900
After Hours Phone: (760) 305-1900
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Hours: M-F 9AM-5PM

INTERNAL MEDICINE

DAO, MARC
License Type: MD
Provider ID: 100307890013
Provider Gender: Male
Provider English Spoken: Y
Provider Language(s) Spoken: French, Vietnamese
C1 SAN DIEGO COUNTY MEDI-CAL
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R)
Hours: M-TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM

PEDIATRICS

AMBO, STANLEY
License Type: MD
Provider ID: 100055119006
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

PEDIATRICS

HARTFORD, NICOLE
License Type: DO
Provider ID: 100289749026
Provider Gender: Female
License Number: 20A14390
NPI: 1346530466
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Limited: (P, EB, IB, E)

PEDIATRICS

HARTFORD, NICOLE

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Type: DO
Provider ID: 100289749026
Provider Gender: Female
License Number: 20A14390
NPI: 1346530466
Provider English Spoken: Y
Cultural Competency: N
Board Certified: 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: Limited: (P, EB, IB, E)

PEDIATRICS

KRAK, MICHAEL
License Type: MD
Provider ID: 100024953012
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: No
RADY CHILDRENS HEALTH NETWORK
145 THUNDER DR
VISTA, CA 92083
Phone: (760) 941-9002
Fax: (760) 630-2515
After Hours Phone: (760) 941-9002
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

PEDIATRICS

KRAK, MICHAEL
License Type: MD
Provider ID: 100024953007
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: Yes
RADY CHILDRENS HEALTH NETWORK
2067 W VISTA WAY STE 280
VISTA, CA 92083
Phone: (760) 941-3630
Fax: (760) 941-1214
After Hours Phone: (760) 941-3630
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-6PM SA 9AM-1PM

PEDIATRICS

LINARES, YENDI
License Type: MD
Provider ID: 100333682016
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: No
RADY CHILDRENS HEALTH

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Hours: SU 10AM-2PM
M-F 8AM-5PM

PEDIATRICS

LUSCHWITZ, BRIAN
License Type: MD
Provider ID: 100014503006
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M 8AM-5PM
TU 10:30AM-7:30PM
W-F 8AM-5PM

PEDIATRICS

LUSCHWITZ, BRIAN
License Type: MD
Provider ID: 100014503006
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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M 8AM-5PM
TU 10:30AM-7:30PM
W-F 8AM-5PM

PEDIATRICS

NAUDIN, VERONICA
License Type: MD
Provider ID: 100087547009
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: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-12PM

PEDIATRICS

NISHIKAWA, MOENA
License Type: MD
Provider ID: 100440638003
Provider Gender: Female
NPI: 1407434533
Provider English Spoken: Y
Provider Language(s) Spoken: Japanese
Cultural Competency: N
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
2067 W VISTA WAY STE 180
VISTA, CA 92083
Phone: (760) 945-3434
Fax: (760) 945-6761
After Hours Phone: (760) 945-3434
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

PEDIATRICS

PERTL, URSULA
License Type: MD
Provider ID: 100072222023
Provider Gender: Female
NPI: 1609947464
Provider English Spoken: Y
Provider Language(s) Spoken: German, Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES, PALOMAR MEDICAL CENTER
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
2067 W VISTA WAY STE 180
VISTA, CA 92083
Phone: (760) 945-3434
Fax: (760) 945-6761
After Hours Phone: (760) 945-3434
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: SU 10AM-2PM
M-F 8AM-5PM
SA 8AM-12PM

PEDIATRICS

RONAN, KEVIN
License Type: MD
Provider ID: 100207974022
Provider Gender: Male
License Number: G77176
NPI: 1225017353
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M 8AM-5PM
TU 10:30AM-7:30PM
W-F 8AM-5PM

PEDIATRICS

RONAN, KEVIN
License Type: MD
Provider ID: 100207974022
Provider Gender: Male

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Number: G77176

NPI: 1225017353

- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish, Tagalog*

Cultural Competency: N

Board Certified: 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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M 8AM-5PM*
  TU 10:30AM-7:30PM
  W-F 8AM-5PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

DOULA

AMARKARIAN, ARIEL

Provider ID: 100467919001

Board Certified: No

HAPPY BABY JOURNEY

Phone: (626) 628-0205

After Hours Phone: (626) 628-0205

Provider Gender: Female

NPI: 1891581070

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\None

American Sign Language (ASL): N

Hours: M-W 6PM-9AM
TH-F 9AM-6PM
SA 9AM-6PM

Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

ARCE SANCHEZ, ANETTE

Provider ID: 100486819001

Board Certified: No

HAPPY BABY JOURNEY

Phone: (626) 628-0205

After Hours Phone: (626) 628-0205

Provider Gender: Female

NPI: 1609727445

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\None

American Sign Language (ASL): N

Hours: M-W 6PM-9AM
TH-F 9AM-6PM
SA 9AM-6PM

Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

ARJONA, STEPHANIE

Provider ID: 100459037001

Board Certified: No

HAPPY BABY JOURNEY

Phone: (626) 628-0205

After Hours Phone: (626) 628-0205

Provider Gender: Female

NPI: 1215625116

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\None

American Sign Language (ASL): N

Hours: M-W 6PM-9AM
TH-F 9AM-6PM
SA 9AM-6PM

Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

ARMSTRONG, LAKIESHA

Provider ID: 100481717001

Board Certified: No

HAPPY BABY JOURNEY

Phone: (626) 628-0205

After Hours Phone: (626) 628-0205

NPI: 1164229183

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\None

American Sign Language (ASL): N

Hours: M-W 6PM-9AM
TH-F 9AM-6PM
SA 9AM-6PM

Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

BROUHARD, MARIE

Provider ID: 100465013001

Board Certified: No

HAPPY BABY JOURNEY

Phone: (626) 628-0205

After Hours Phone: (626) 628-0205

Provider Gender: Female

NPI: 1801685565

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\None

American Sign Language (ASL): N

Hours: M-W 6PM-9AM

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TH-F 9AM-6PM
SA 9AM-6PM
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

BURTON, JALISA
Provider ID: 100472669001
Board Certified: No
DIVINE BIRTHING SERVICES LLC
Phone: (661) 234-7623
After Hours Phone: (661) 234-7623
Provider Gender: Female
NPI: 1366156507
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: www.divinebirthingservices.org

DOULA

CARAWAY, ARLENE
Provider ID: 100447487001
Board Certified: No
FOR THE VILLAGE INC
Phone: (619) 657-3384
After Hours Phone: (619) 657-3384
Provider Gender: Female
NPI: 1205662665
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 5PM-9AM
TH-F 9AM-5PM
Website: www.forthevillage.org

DOULA

CARR, ANGEL
Provider ID: 100451246001
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1417652686
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 6PM-9AM
TH-F 9AM-6PM
SA 9AM-6PM
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

CARTER, LEXXUS
Provider ID: 100408916002
Board Certified: No
FOR THE VILLAGE INC
Phone: (619) 657-3384
After Hours Phone: (619) 657-3384
Provider Gender: Female
NPI: 1093413304
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 5PM-9AM
TH-F 9AM-5PM
Website: www.forthevillage.org

DOULA

CENTENO QUIEL, JULISSA
Provider ID: 100449689001
Board Certified: No
FOR THE VILLAGE INC
Phone: (619) 657-3384
After Hours Phone: (619) 657-3384
Provider Gender: Female
NPI: 1871327684
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: No

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Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 5PM-9AM TH-F 9AM-5PM
Website: www.forthevillage.org

DOULA

COOK, ROSALINE
Provider ID: 100458242001
Board Certified: No
FOR THE VILLAGE INC
Phone: (619) 657-3384
After Hours Phone: (619) 657-3384
Provider Gender: Female
NPI: 1104522945
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: www.forthevillage.org

DOULA

COOK, ROSALINE
Provider ID: 100458242002
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1104522945
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 6PM-9AM TH-F 9AM-6PM SA 9AM-6PM
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

CORLEY MILNER, JANTENEE
Provider ID: 100449708001
Board Certified: No
FOR THE VILLAGE INC
Phone: (619) 657-3384
After Hours Phone: (619) 657-3384
Provider Gender: Female
NPI: 1194423194
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 5PM-9AM TH-F 9AM-5PM
Website: www.forthevillage.org

DOULA

CRAWFORD, THELMA
Provider ID: 100458714001
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1669271516
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

DAVALOS, ALICIA
Provider ID: 100481708001
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1104624204
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL):

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

N

Hours: M-W 6PM-9AM TH-F 9AM-6PM SA 9AM-6PM

Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

DAVIDSON, EMRY

Provider ID: 100481723001

Board Certified: No

HAPPY BABY JOURNEY

Phone: (626) 628-0205

After Hours Phone: (626) 628-0205

Provider Gender: Female

NPI: 1649141037

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\None

American Sign Language (ASL): N

Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

DEAN, MICHELLE

Provider ID: 100486845001

Board Certified: No

HAPPY BABY JOURNEY

Phone: (626) 628-0205

After Hours Phone: (626) 628-0205

Provider Gender: Female

NPI: 1669323408

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\None

American Sign Language (ASL): N

Hours: M-W 6PM-9AM TH-F 9AM-6PM SA 9AM-6PM

Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

DIAZ, EVELYN

Provider ID: 100481716001

Board Certified: No

HAPPY BABY JOURNEY

Phone: (626) 628-0205

After Hours Phone: (626) 628-0205

Provider Gender: Female

NPI: 1295626760

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\None

American Sign Language (ASL): N

Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

DIVINE BIRTHING SERVICES LLC,

Provider ID: PG0138970001

Phone: (661) 234-7623

After Hours Phone: (661) 234-7623

NPI: 1740087535

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Website: www.divinebirthingservices.org

DOULA

DONATO DEWALD, ALYSSA

Provider ID: 100481721001

Board Certified: No

HAPPY BABY JOURNEY

Phone: (626) 628-0205

After Hours Phone: (626) 628-0205

Provider Gender: Female

NPI: 1649084484

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\None

American Sign Language (ASL): N

Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

ERAZO, LIGIA

Provider ID: 100465861001
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1891582417
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 6PM-9AM
TH-F 9AM-6PM
SA 9AM-6PM
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

FOR THE VILLAGE INC,
Provider ID: PG0121078002
Phone: (619) 657-3384
Fax: (619) 374-2418
After Hours Phone: (619) 657-3384
NPI: 1366156952
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 9AM-5PM
Website: www.forthevillage.org

DOULA

GOUGH, ELIZABETH
Provider ID: 100451243001
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1316792344
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 6PM-9AM
TH-F 9AM-6PM
SA 9AM-6PM
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

GRIMMETT, KATHERINE
Provider ID: 100486828001
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1497629760
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 6PM-9AM
TH-F 9AM-6PM
SA 9AM-6PM
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

GROSS, RENEE
Provider ID: 100450165002
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1629757927
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 6PM-9AM
TH-F 9AM-6PM
SA 9AM-6PM
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

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HAMBERRY, CLARISSA
Provider ID: 100459363001
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1528899671
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 6PM-9AM
TH-F 9AM-6PM
SA 9AM-6PM
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

HAMBERRY, CLARISSA
Provider ID: 100459363002
Board Certified: No
FOR THE VILLAGE INC
Phone: (619) 657-3384
After Hours Phone: (619) 657-3384
Provider Gender: Female
NPI: 1528899671
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 5PM-9AM
TH-F 9AM-5PM
Website: www.forthevillage.org

DOULA

HAMPTON, DESTINY
Provider ID: 100459324001
Board Certified: No
FOR THE VILLAGE INC
Phone: (619) 657-3384
After Hours Phone: (619) 657-3384
Provider Gender: Female
NPI: 1164231593
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: www.forthevillage.org

DOULA

HAPPY BABY JOURNEY,
Provider ID: PG0135454001
Phone: (626) 628-0205
Fax: (626) 243-2628
After Hours Phone: (626) 628-0205
NPI: 1992532329
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 9AM-6PM
SA 9AM-6PM
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

HERNANDEZ, BESSIE
Provider ID: 100479489001
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1447129697
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

KNOX, LATANIA
Provider ID: 100446236003
Board Certified: No
MOCHA CAPRICORN DOULA LLC

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Phone: (619) 248-1378
After Hours Phone: (619) 248-1378
Provider Gender: Female
NPI: 1356047153
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P)
Hours: M-W 9PM-7AM TH-F 7AM-9PM
Website: https://www.mochacapricorndoula.com/

DOULA

KNOX, LATANIA
Provider ID: 100446236001
Board Certified: No
FOR THE VILLAGE INC
Phone: (619) 657-3384
After Hours Phone: (619) 657-3384
Provider Gender: Female
NPI: 1356047153
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 5PM-9AM TH-F 9AM-5PM
Website: www.forthevillage.org

DOULA

LEVIN, ELIZABETH
Provider ID: 100481703001
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1922980465
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 6PM-9AM TH-F 9AM-6PM SA 9AM-6PM
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

MANINI, RAQUEL
Provider ID: 100458792001
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1437959855
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

MATTSON, LACI
Provider ID: 100459050001
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1295546208
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 6PM-9AM TH-F 9AM-6PM SA 9AM-6PM
Website: WWW.HAPPYBABYJOURNEY.COM

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DOULA

MERCADO FORSECK, ALEJANDRA

Provider ID: 100449707001
Board Certified: No
FOR THE VILLAGE INC
Phone: (619) 657-3384
After Hours Phone: (619) 657-3384
Provider Gender: Female
NPI: 1538996632
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 5PM-9AM TH-F 9AM-5PM
Website: www.forthevillage.org

DOULA

MOCHA CAPRICORN DOULA LLC,

Provider ID: PG0126224001
Phone: (619) 248-1378
Fax: (619) 374-2792
After Hours Phone: (619) 248-1378
NPI: 1003506221
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P)
Hours: M-F 7AM-9PM
Website: https://www.mochacapricorndoula.com/

DOULA

MUNOZ, ROSA

Provider ID: 100479501001
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1770469033
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

OMAE, ILANA

Provider ID: 100449706001
Board Certified: No
FOR THE VILLAGE INC
Phone: (619) 657-3384
After Hours Phone: (619) 657-3384
Provider Gender: Female
NPI: 1548024821
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 5PM-9AM TH-F 9AM-5PM
Website: www.forthevillage.org

DOULA

PERRY, YVETTE

Provider ID: 100472646001
Board Certified: No
DIVINE BIRTHING SERVICES LLC
Phone: (661) 234-7623
After Hours Phone: (661) 234-7623
Provider Gender: Female
NPI: 1932819745
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: www.divinebirthingservices.org

DOULA

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RAMIREZ, LINDA
Provider ID: 100461243001
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1689376956
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 6PM-9AM
TH-F 9AM-6PM
SA 9AM-6PM
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

RODRIGUEZ, ADRIANA
Provider ID: 100479465001
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1134017684
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

SANDOVAL, KATE
Provider ID: 100459025001
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1730996174
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 6PM-9AM
TH-F 9AM-6PM
SA 9AM-6PM
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

STEPHENS, ABBY
Provider ID: 100467942001
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1821890252
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 6PM-9AM
TH-F 9AM-6PM
SA 9AM-6PM
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

STORMS, JADE
Provider ID: 100451253001
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1992532386
Provider English Spoken: Y
Provider Language(s) Spoken: Mandarin, Yue Chinese
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hours: M-W 6PM-9AM
TH-F 9AM-6PM
SA 9AM-6PM
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

THOMPSON, ELLA
Provider ID: 100459059001
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1598573974
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 6PM-9AM
TH-F 9AM-6PM
SA 9AM-6PM
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

UPCHURCH, AMBER
Provider ID: 100481727001
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1912894924
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-W 6PM-9AM
TH-F 9AM-6PM
SA 9AM-6PM
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

VALENCIA, ADRIANA
Provider ID: 100479515001
Board Certified: No
HAPPY BABY JOURNEY
Phone: (626) 628-0205
After Hours Phone: (626) 628-0205
Provider Gender: Female
NPI: 1184960254
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: WWW.HAPPYBABYJOURNEY.COM

DOULA

VALMARROSA, GILDA
Provider ID: 100474393001
Board Certified: No
FOR THE VILLAGE INC
Phone: (619) 657-3384
After Hours Phone: (619) 657-3384
Provider Gender: Female
NPI: 1336953892
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: www.forthevillage.org

DOULA

VALSAINT, JOSIANE
Provider ID: 100458790001
Board Certified: No
FOR THE VILLAGE INC
Phone: (619) 657-3384
After Hours Phone: (619) 657-3384
Provider Gender: Female
NPI: 1306531249
Provider English Spoken: Y
Provider Language(s) Spoken: French, Haitian Creole
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None

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American Sign Language (ASL): N

Website: www.forthevillage .org

DOULA

VARGAS, BRIANDA

Provider ID: 100449694001

Board Certified: No

FOR THE VILLAGE INC

Phone: (619) 657-3384

After Hours Phone: (619) 657-3384

Provider Gender: Female

NPI: 1942025721

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\None

American Sign Language (ASL): N

Hours: M-W 5PM-9AM TH-F 9AM-5PM

Website: www.forthevillage .org

DOULA

VONGFAK, HAMMINA

Provider ID: 100467972001

Board Certified: No

HAPPY BABY JOURNEY

Phone: (626) 628-0205

After Hours Phone: (626) 628-0205

Provider Gender: Female

NPI: 1508671827

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\None

American Sign Language (ASL): N

Hours: M-W 6PM-9AM TH-F 9AM-6PM SA 9AM-6PM

Website: WWW.HAPPYBAB YJOURNEY.COM

DOULA

WASHINGTON, KRYSTAL

Provider ID: 100449724001

Board Certified: No

FOR THE VILLAGE INC

Phone: (619) 657-3384

After Hours Phone: (619) 657-3384

Provider Gender: Female

NPI: 1982468427

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\None

American Sign Language (ASL): N

Hours: M-W 5PM-9AM TH-F 9AM-5PM

Website: www.forthevillage .org

DOULA

WRIGHT, CAMILLE

Provider ID: 100479526001

Board Certified: No

HAPPY BABY JOURNEY

Phone: (626) 628-0205

After Hours Phone: (626) 628-0205

Provider Gender: Female

NPI: 1578439832

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\None

American Sign Language (ASL): N

Website: WWW.HAPPYBAB YJOURNEY.COM

ALPINE

CERTIFIED NURSE PRACTITIONER

KAHL, NICHOLAS

Provider ID: 100334990009

Board Certified: 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

License Number: NP95006360

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NPI: 1821306598
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.mtnhealth.org

CERTIFIED NURSE PRACTITIONER

KAHL, NICHOLAS
Provider ID: 100334990009
Board Certified: 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
License Number: NP95006360
NPI: 1821306598
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.mtnhealth.org

CERTIFIED NURSE PRACTITIONER

SANDERS, JESSICA
Provider ID: 100353912006
Board Certified: 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: Female
License Number: NP23004
NPI: 1760765333
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.mtnhealth.org

CERTIFIED NURSE PRACTITIONER

SANDERS, JESSICA
Provider ID: 100353912006
Board Certified: 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: Female
License Number: NP23004
NPI: 1760765333
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.mtnhealth.org

CHIROPRACTOR

KELCHNER, MATTHEW
Provider ID: 100065809020

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: 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
License Number: DC22733
NPI: 1174656755
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.mtnhealth.org

CHIROPRACTOR

KELCHNER, MATTHEW
Provider ID: 100065809020
Board Certified: 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
License Number: DC22733
NPI: 1174656755
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.mtnhealth.org

CHIROPRACTOR

PHILLIPS, KATHERINE
Provider ID: 100417828004
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

BLESSING, JOSHUA
Provider ID: 100380360007
Board Certified: No
SOUTHERN INDIAN HEALTH COUNCIL - PHP ADMIN
4058 WILLOWS RD
ALPINE, CA 91901
Phone: (619) 445-1188
Fax: (619) 445-3958
After Hours Phone: (619) 445-1188
Provider Gender: Male
NPI: 1225566714
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
Hours: M-F 8AM-4:30PM
Website: N/A

FAMILY PRACTICE

CALVERT, ROBERT
Provider ID: 100464172005
Board Certified: No
SOUTHERN INDIAN HEALTH COUNCIL - PHP ADMIN
4058 WILLOWS RD
ALPINE, CA 91901

Phone: (619) 445-1188
Fax: (619) 659-3141
After Hours Phone: (619) 445-1188
Provider Gender: Male
NPI: 1922458298
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A

INTERNAL MEDICINE

GRANADA, STEVE
Provider ID: 100440768006
Board Certified: No
SOUTHERN INDIAN HEALTH COUNCIL - PHP ADMIN
4058 WILLOWS RD
ALPINE, CA 91901
Phone: (619) 445-1188
Fax: (619) 445-3958
After Hours Phone: (619) 445-1188
Provider Gender: Male
NPI: 1235290826
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Website: N/A

PHYSICIANS ASSISTANT

SHARPE, NORMA
Provider ID: 100091046014
Board Certified: 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: Female
License Number: PA20490
NPI: 1619100237
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.mtnhealth.org

PHYSICIANS ASSISTANT

SHARPE, NORMA
Provider ID: 100091046014
Board Certified: 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: Female
License Number: PA20490
NPI: 1619100237
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.mtnhealth.org

PSYCHOLOGIST

TORRES, RANDALL
Provider ID: 100422402004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1620 ALPINE BLVD STE 110
ALPINE, CA 91901
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Provider Gender: Male
NPI: 1871696435
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 12\None

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N
Website: N/A
IPA: IHP of Southern Cal-PHP

BRAWLEY

SURGERY PEDIATRIC

THANGARAJAH, HARIHARAN
Provider ID: 100256000014
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
207 W LEGION RD
BRAWLEY, CA 92227
Phone: (760) 351-7643
After Hours Phone: (760) 351-7643
Provider Gender: Male
NPI: 1598979593
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

CAMPO

CERTIFIED NURSE PRACTITIONER

LIEBER, CAROL
Provider ID: 100178060024
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: NP20849
NPI: 1487889846
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

LIEBER, CAROL
Provider ID: 100178060024
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: NP20849
NPI: 1487889846
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

FAMILY PRACTICE

BLESSING, JOSHUA
Provider ID: 100380360008
Board Certified: No
SOUTHERN INDIAN HEALTH COUNCIL - PHP ADMIN
36350 CHURCH RD
CAMPO, CA 91906
Phone: (619) 445-1188
After Hours Phone: (619) 445-1188
Provider Gender: Male

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NPI: 1225566714
- *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
Website: N/A

FAMILY PRACTICE

BROWN, BRANDON
Provider ID: 100332143010
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
NPI: 1013399559
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\99
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

CALVERT, ROBERT
Provider ID: 100464172006
Board Certified: No
SOUTHERN INDIAN HEALTH COUNCIL - PHP ADMIN
36350 CHURCH RD
CAMPO, CA 91906
Phone: (619) 445-1188
Fax: (619) 659-3141
After Hours Phone: (619) 445-1188
Provider Gender: Male
NPI: 1922458298
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

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

FAMILY PRACTICE

ROGERS, MATTHEW
Provider ID: 100367119007
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP
Teleservice

INTERNAL MEDICINE

GRANADA, STEVE
Provider ID: 100440768007
Board Certified: No
SOUTHERN INDIAN HEALTH COUNCIL - PHP ADMIN
36350 CHURCH RD
CAMPO, CA 91906
Phone: (619) 445-1188
Fax: (619) 478-1031
After Hours Phone: (619) 445-1188
Provider Gender: Male
NPI: 1235290826
- *Provider English Spoken: Y*

Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Website: N/A

PHYSICIANS ASSISTANT

SHARPE, NORMA
Provider ID: 100091046021
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: PA20490
NPI: 1619100237
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

SHARPE, NORMA
Provider ID: 100091046021
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: PA20490
NPI: 1619100237
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

CARLSBAD

AUDIOLOGIST

EARLES, LYDIA
Provider ID: 100440915012
Board Certified: 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: Female
NPI: 1528897899
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Hours: M-F 9AM-5PM
Website: N/A
IPA: Community Care IPA LLC
Teleservice

AUDIOLOGIST

SHAFER, KESLEY
Provider ID: 100449940019
Board Certified: 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: Female
NPI: 1750041687
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)

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Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC
Teleservice

CERTIFIED NURSE PRACTITIONER

RICE, ELIZABETH
Provider ID: 100419296009
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

DERMATOLOGY

ZUBAIR, RAHEEL
Provider ID: 100417959013
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

FAMILY PRACTICE

CHAVEZ SANTOS, MARIA
Provider ID: 100433794003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1780061440
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-8PM SA 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

HEARING AID DEALER / SUPPLIER

GALLAGHER, JEFFERY
Provider ID: 100434665012
Board Certified: 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: 1457926370
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N

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Accessibility: Limited: (P, EB, IB, E)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC
Teleservice

NEUROLOGY

DROKER, BRIAN
Provider ID: 100419701016
Board Certified: 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: 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: Basic: (P, EB, IB, E, R)
Hours: M 8AM-5PM
W 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC
Teleservice

NEUROLOGY

HAMILTON, ROSS
Provider ID: 100435395022
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-4:30PM
Website: N/A
IPA: Community Care IPA LLC

OTOLARYNGOLOGY

DONALDSON, CHADWICK
Provider ID: 100329438031
Board Certified: 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 INLAND VALLEY HOSPITAL, SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SHARP CHULA VISTA MED CTR, Sharp Grossmont Hospital, EL CENTRO REGIONAL MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC
Teleservice

PHYSICAL MEDICINE / REHABILITATION

BO, CHRISTOPHER
Provider ID: 100445300012
Board Certified: 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: 1952863052
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, TRI CITY MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC
Teleservice

PHYSICIANS ASSISTANT

HERMANSON, KATHLEEN
Provider ID: 100355340003
Board Certified: 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
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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-4PM
Website: N/A
IPA: Community Care IPA LLC

PHYSICIANS ASSISTANT

INOCELDA, ANDREW
Provider ID: 100103696009
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

PHYSICIANS ASSISTANT

WILAND, WINONA
Provider ID: 100401498002
Board Certified: No
IHP OF SOUTHERN CAL-PHP
2390 FARADAY AVE

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

CARLSBAD, CA 92008
Phone: (858) 909-0770
Fax: (858) 909-0880
After Hours Phone: (858) 909-0770
Provider Gender: Female
NPI: 1043967383
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

AMBROSE, CHRISTOPHER
Provider ID: 100020627010
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M 7AM-7PM
TU 7AM-5PM
W 7AM-7PM
TH 7AM-5PM
F 7AM-7PM
Website: N/A
IPA: Community Care IPA LLC

CHULA VISTA

ALLERGY IMMUNOLOGY

REDDY, SUMANA
Provider ID: 100133573041
Board Certified: 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
License Number: C52581
NPI: 1053300251
Provider English Spoken: Y
Provider Language(s) Spoken: Cambodian, 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: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Website: www.syhealth.org

ALLERGY IMMUNOLOGY

REDDY, SUMANA
Provider ID: 100133573041
Board Certified: 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
License Number: C52581
NPI: 1053300251
Provider English Spoken: Y
Provider Language(s) Spoken: Cambodian, 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: Limited: (P, EB,

IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM
Website: www.syhealth.org

ANESTHESIOLOGY PAIN MANAGEMENT

DAIRO, BRANDON
Provider ID: 100347956031
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

ANESTHESIOLOGY PAIN MANAGEMENT

DAIRO, BRANDON
Provider ID: 100347956027
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

AUDIOLOGIST

EARLES, LYDIA
Provider ID: 100440915017
Board Certified: No
COMMUNITY CARE IPA LLC
577 3RD AVE
CHULA VISTA, CA 91910
Phone: (858) 909-0770
After Hours Phone: (858) 909-0770
Provider Gender: Female
NPI: 1528897899
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

AUDIOLOGIST

SHAFER, KESLEY
Provider ID: 100449940020
Board Certified: No
COMMUNITY CARE IPA LLC
577 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 426-5181
Fax: (619) 526-0714
After Hours Phone: (619) 426-5181
Provider Gender: Female
NPI: 1750041687
Provider English Spoken: Y
Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC Teleservice

CARDIOVASCULAR DISEASE

BHATT, JIKEN
Provider ID: 1003622740 19
Board Certified: No
IHP OF SOUTHERN CAL-PHP
750 MEDICAL CENTER CT STE 10
CHULA VISTA, CA 91911
Phone: (619) 482-0300
Fax: (858) 682-2202
After Hours Phone: (619) 482-0300
Provider Gender: Male
NPI: 1972921088
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED ACUPUNCTURIST

WILCOX, WENONAH
Provider ID: 100286429008
Board Certified: 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: Limited: (P, EB, IB, E, T)
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

ALLEN, KATHERINE
Provider ID: 100358973008
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Female
License Number: NP95009933
NPI: 1831557024
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

ALLEN, KATHERINE
Provider ID: 100358973008
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Female

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Number: NP95009933
NPI: 1831557024
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

ARMSTON, LINDSEY
Provider ID: 100382080006
Board Certified: 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 MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

BIMSTEIN, JAIME
Provider ID: 100457622005
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
1741 EASTLAKE PKWY STE 107
CHULA VISTA, CA 91915
Phone: (619) 482-1700
After Hours Phone: (619) 482-1700
Provider Gender: Male
NPI: 1730430844
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Website: N/A
IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

CARRION-GELABERT, ANA
Provider ID: 100214966011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
450 4TH AVE STE 215
CHULA VISTA, CA 91910
Phone: (619) 425-3840
Fax: (619) 425-3842
After Hours Phone: (619) 425-3840
Provider Gender: Female
NPI: 1023178233
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-6PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

DE LA CRUZ, ALEKSANDRYA
Provider ID: 100336607005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
450 4TH AVE STE 215
CHULA VISTA, CA 91910
Phone: (619) 425-3840
Fax: (619) 425-3842

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

After Hours Phone: (619) 425-3840
Provider Gender: Female
NPI: 1336625524
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TEMECULA VALLEY HOSPITAL INC
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

IBARRA, MARTHA
Provider ID: 100324677018
Board Certified: 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
Hours: M-F 8:30AM-5:30PM SA 8:30AM-2:30PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

IBARRA, MARTHA
Provider ID: 100324677013
Board Certified: 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
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

IBARRA, MARTHA
Provider ID: 100324677013
Board Certified: 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
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
Medi-Cal Open Panel: Yes

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

KEUM, SARAH
Provider ID: 100444706003
Board Certified: 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
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

LEONARD, BEVERLY
Provider ID: 100334265005
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Female
License Number: NP10943
NPI: 1285772392
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

LEONARD, BEVERLY
Provider ID: 100334265005
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Female
License Number: NP10943
NPI: 1285772392
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

QUILALANG, SUSAN
Provider ID: 100341660003
Board Certified: 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
License Number: NP5579
NPI: 1841200482
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: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Website: www.syhealth.org
Teleservice

CERTIFIED NURSE PRACTITIONER

QUILALANG, SUSAN
Provider ID: 100341660003
Board Certified: 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
License Number: RN371480
NPI: 1841200482
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Website: www.syhealth.org
Teleservice

CERTIFIED NURSE PRACTITIONER

QUILALANG, SUSAN
Provider ID: 100341660003
Board Certified: 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
License Number: NP5579
NPI: 1841200482
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Website: www.syhealth.org
Teleservice

CERTIFIED NURSE PRACTITIONER

QUILALANG, SUSAN
Provider ID: 100341660003
Board Certified: 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
License Number: RN371480
NPI: 1841200482
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Website: www.syhealth.org
Teleservice

CERTIFIED NURSE PRACTITIONER

SAUNDERS, DENISE
Provider ID: 100366839003
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Gender: Female
License Number: NP23687
NPI: 1952737033
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

SAUNDERS, DENISE
Provider ID: 100366839003
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Female
License Number: NP23687
NPI: 1952737033
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

TRESSLAR, PERI
Provider ID: 100444546003
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED REGISTERED NURSE MIDWIFE

BOSTON, LAURA
Provider ID: 100335310002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Female
License Number: NM792
NPI: 1174553259
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

CERTIFIED REGISTERED NURSE MIDWIFE

BOSTON, LAURA
Provider ID: 100335310002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

After Hours Phone: (619) 515-2500
Provider Gender: Female
License Number: NM792
NPI: 1174553259
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

CHIROPRACTOR

ABDULRAHIM, AHMED
Provider ID: 100369959007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Male
License Number: DC28335
NPI: 1619040292
Provider English Spoken: Y
Provider Language(s) Spoken: Burmese, Gujarati, Hindi, Urdu
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

CHIROPRACTOR

ABDULRAHIM, AHMED
Provider ID: 100369959007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Male
License Number: DC28335
NPI: 1619040292
Provider English Spoken: Y
Provider Language(s) Spoken: Burmese, Gujarati, Hindi, Urdu
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

CHIROPRACTOR

HASHEM, SHIVA
Provider ID: 100367707002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Female
License Number: DC26269
NPI: 1952950776
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

CHIROPRACTOR

HASHEM, SHIVA
Provider ID: 100367707002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Female
License Number: DC26269
NPI: 1952950776
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

CHIROPRACTOR

KAZEM, HARON
Provider ID: 100258931002
Board Certified: 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: Male
License Number: DC33295
NPI: 1306221262
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Persian, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM
Website: www.syhealth.org

CHIROPRACTOR

KAZEM, HARON
Provider ID: 100258931002
Board Certified: 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: Male
License Number: DC33295
NPI: 1306221262
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Persian, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM
Website: www.syhealth.org

CHIROPRACTOR

PLANTE, CHARLES
Provider ID: 100171626002
Board Certified: 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: Male
License Number: DC31963
NPI: 1760464960
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM
Website: www.syhealth.org

CHIROPRACTOR

PLANTE, CHARLES
Provider ID: 100171626002
Board Certified: No
IHP OF SOUTHERN CAL-PHP

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: DC31963
NPI: 1760464960
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Website: www.syhealth.org

CHIROPRACTOR

REYNOSO, ALFONSO
Provider ID: 100334125002
Board Certified: 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: Male
License Number: DC20760
NPI: 1285921627
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Website: www.syhealth.org

CHIROPRACTOR

REYNOSO, ALFONSO
Provider ID: 100334125002
Board Certified: 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: Male
License Number: DC20760
NPI: 1285921627
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Website: www.syhealth.org

EMERGENCY MEDICINE

PHAM, LILY
Provider ID: 100420058016
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
386 E H ST STE 202
CHULA VISTA, CA 91910
Phone: (858) 966-1720
Fax: (858) 966-1725
After Hours Phone: (858) 966-1720
Provider Gender: Female
NPI: 1811423072
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

EMERGENCY MEDICINE

REALYVASQUEZ, JOHN
Provider ID: 100463697019

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: 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: 1700464237
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SAN JOAQUIN GENERAL HOSP
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

ENDOCRINOLOGY METABOLISM DIABETES

CRUZ, MICHAEL
Provider ID: 100354616009
Board Certified: 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: Male
License Number: A138772
NPI: 1265851133
Provider English Spoken: Y
Provider Language(s) Spoken: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Website: www.syhealth.org

ENDOCRINOLOGY METABOLISM DIABETES

CRUZ, MICHAEL
Provider ID: 100354616009
Board Certified: 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: Male
License Number: A138772
NPI: 1265851133
Provider English Spoken: Y
Provider Language(s) Spoken: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Website: www.syhealth.org

FAMILY PRACTICE

BECERRA, MAURA
Provider ID: 100443851006
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 662-4196
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1710561279
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

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American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

GARCIA, KARLA
Provider ID: 100269760007
Board Certified: 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: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8:30AM-5:30PM SA 8AM-2:30PM
Website: N/A
IPA: IHP of Southern Cal-PHP Teleservice

FAMILY PRACTICE

MINNICH, AUDRIE
Provider ID: 100470479004
Board Certified: 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: 1013659184
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\99
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: SU 8AM-4PM M-F 8AM-8PM
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

NGUYEN, CARIE
Provider ID: 100099766012
Board Certified: 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: 1174781132
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

SPAK, DARYL
Provider ID: 100438914004
Board Certified: No

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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: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

GASTROENTEROLOGY

CHAVEZ, LUIS
Provider ID: 100442545008
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

GASTROENTEROLOGY

WIENER, GREGORY
Provider ID: 100006354014
Board Certified: Yes
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
353 CHURCH AVE STE A
CHULA VISTA, CA 91910
Phone: (619) 585-8883
Fax: (619) 585-0166
After Hours Phone: (619) 585-8883
Provider Gender: Male
NPI: 1811099534
Provider English Spoken: Y
Provider Language(s) Spoken: French, Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
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: 100006354021
Board Certified: 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

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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: Basic: (P, EB, IB, E, R, T)
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: 100112511030
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

HEARING AID DEALER / SUPPLIER

GALLAGHER, JEFFERY
Provider ID: 100434665007
Board Certified: No
COMMUNITY CARE IPA LLC
577 3RD AVE
CHULA VISTA, CA 91910
Phone: (858) 909-0707
Fax: (619) 426-0714
After Hours Phone: (858) 909-0707
Provider Gender: Male
NPI: 1457926370
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC Teleservice

HEMATOLOGY / ONCOLOGY

QUIROZ, ELISA
Provider ID: 100375236009
Board Certified: 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
License Number: A162816
NPI: 1932558301
Provider English Spoken: Y
Provider Language(s) Spoken: Portuguese, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N

Accessibility: Limited: (P, EB, IB, E, T)

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

Website: www.syhealth.org

HEMATOLOGY / ONCOLOGY

QUIROZ, ELISA

Provider ID: 100375236009

Board Certified: 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

License Number: A162816

NPI: 1932558301

Provider English Spoken: Y

Provider Language(s) Spoken: Portuguese, Spanish

Cultural Competency: N

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (P, EB, IB, E, T)

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

Website: www.syhealth.org

HOSPITALIST MD/DO

CAMPOS, MELISSA

Provider ID: 100334357002

Board Certified: 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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (P, EB, IB, E, T)

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

Website: www.syhealth.org

HOSPITALIST MD/DO

CAMPOS, MELISSA

Provider ID: 100334357002

Board Certified: 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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (P, EB, IB, E, T)

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

Website: www.syhealth.org

HOSPITALIST MD/DO

CARRILLO, MARITZA

Provider ID: 100349664009

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: 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
License Number: A163183
NPI: 1649628587
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM
Website: www.syhealth.org

HOSPITALIST MD/DO

CARRILLO, MARITZA
Provider ID: 100349664009
Board Certified: 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
License Number: A163183
NPI: 1649628587
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM
Website: www.syhealth.org

INFECTIOUS DISEASE

POLESKY, ANDREA
Provider ID: 100084365004
Board Certified: 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
License Number: G81333
NPI: 1063517365
Provider English Spoken: Y
Provider Language(s) Spoken: Tongan
Cultural Competency: N
Hospital Affiliation: SANTA CLARA VALLEY MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM
Website: www.syhealth.org

INFECTIOUS DISEASE

POLESKY, ANDREA
Provider ID: 100084365004
Board Certified: 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
License Number: G81333
NPI: 1063517365
Provider English Spoken: Y
Provider Language(s) Spoken: Tongan
Cultural Competency: N
Hospital Affiliation: SANTA CLARA VALLEY MED CTR

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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Website: www.syhealth.org

INTERNAL MEDICINE

CHEN, TSUH-YIN
Provider ID: 100187934015
Board Certified: 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: 1093803520
Provider English Spoken: Y
Provider Language(s) Spoken: Portuguese, Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: SU 10AM-4PM
M-F 8:30AM-5:30PM
SA 8:30AM-2:30PM
Website: N/A
IPA: IHP of Southern Cal-PHP

INTERVENTIONAL CARDIOLOGY

HONASOGE, AKILESH
Provider ID: 100471192024
Board Certified: No
IHP OF SOUTHERN CAL-PHP
765 MEDICAL CENTER CT STE 211
CHULA VISTA, CA 91911
Phone: (619) 916-2100
Fax: (619) 616-2104
After Hours Phone: (619) 916-2100
Provider Gender: Male
NPI: 1497118020
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\99
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP
Teleservice

INTERVENTIONAL CARDIOLOGY

HONASOGE, AKILESH
Provider ID: 100471192010
Board Certified: No
IHP OF SOUTHERN CAL-PHP
865 3RD AVE STE 133
CHULA VISTA, CA 91911
Phone: (619) 916-2100
Fax: (619) 616-2104
After Hours Phone: (619) 916-2100
Provider Gender: Male
NPI: 1497118020
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\99
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP
Teleservice

NEONATAL / PERINATAL MEDICINE

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FLEMING, SARAH
Provider ID: 100278405006
Board Certified: 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
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, MERCY MEDICAL CENTER REDDING
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

NYMAN, KATHERINE
Provider ID: 100413994017
Board Certified: 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, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

SPEZIALE, MARK
Provider ID: 100019303014
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
435 H ST
CHULA VISTA, CA 91910
Phone: (619) 691-7000
Fax: (619) 260-7055
After Hours Phone: (619) 691-7000
Provider Gender: Male
NPI: 1801978143
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MERCY HOSPITAL, UCSD MEDICAL CTR, UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

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Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

MANDEVILLE, ROSS
Provider ID: 100196834020
Board Certified: No
IHP OF SOUTHERN CAL-PHP
450 4TH AVE STE 215
CHULA VISTA, CA 91910
Phone: (619) 425-3840
Fax: (619) 425-3842
After Hours Phone: (619) 425-3840
Provider Gender: Male
NPI: 1205084183
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, MAYERS MEMORIAL HOSP
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

NEUROLOGY

MAREK, MAKSYM
Provider ID: 100391342014
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP Teleservice

OCCUPATIONAL THERAPIST

MORRIS, SHEILA
Provider ID: 100273510011
Board Certified: No
COMMUNITY CARE IPA LLC
1020 TIERRA DEL REY STE A
CHULA VISTA, CA 91910
Phone: (619) 585-7104
Fax: (619) 585-7106
After Hours Phone: (619) 585-7104
Provider Gender: Female
NPI: 1689039877
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 7AM-6PM SA 7AM-2PM
Website: N/A
IPA: Community Care IPA LLC

OPHTHALMOLOGY

GOLDMAN, DAVID
Provider ID: 100434925002
Board Certified: 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)

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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
Hours: M-F 9AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

OPHTHALMOLOGY

GOLDMAN, DAVID
Provider ID: 100434925004
Board Certified: 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
Hours: M-F 9AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

OPHTHALMOLOGY

PAPASTERGIOU, GEORGIOS
Provider ID: 100202503018
Board Certified: 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: Male
License Number: A127706
NPI: 1790054393
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Farsi, French, Italian, Modern Greek, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Website: www.syhealth.org

OPHTHALMOLOGY

PAPASTERGIOU, GEORGIOS
Provider ID: 100202503018
Board Certified: 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: Male
License Number: A127706
NPI: 1790054393
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Farsi, French, Italian, Modern Greek, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Website: www.syhealth.org

OPHTHALMOLOGY

SHAH, SONA
Provider ID: 100411309006

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Board Certified: No
IHP OF SOUTHERN CAL-PHP
311 DEL MAR AVE
CHULA VISTA, CA 91910
Phone: (619) 472-3355
Fax: (619) 427-0955
After Hours Phone: (619) 472-3355
Provider Gender: Female
NPI: 1750943403
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
Hours: M-F 9AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

OPHTHALMOLOGY

SKAF, AYHAM
Provider ID: 100165160024
Board Certified: 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: Male
License Number: A120584
NPI: 1285888628
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, 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: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM
Website: www.syhealth.org

OPHTHALMOLOGY

SKAF, AYHAM
Provider ID: 100165160024
Board Certified: 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: Male
License Number: A120584
NPI: 1285888628
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, 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: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM SA 8AM-4PM
Website: www.syhealth.org

OPTOMETRIST

SCOVILL, ALEXANDRA
Provider ID: 100357233004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
342 F ST
CHULA VISTA, CA 91910
Phone: (619) 422-1471
Fax: (619) 422-0114
After Hours Phone: (619) 422-1471
Provider Gender: Female
NPI: 1184146094
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB,

IB, E)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PEDIATRIC EMERGENCY MEDICINE

AGHILI, ROXANA
Provider ID: 100419888011
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
386 E H ST STE 202
CHULA VISTA, CA 91910
Phone: (858) 966-1720
Fax: (858) 966-1725
After Hours Phone: (858) 966-1720
Provider Gender: Female
NPI: 1851927883
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: KAISER FOUNDATION HOSPITAL SAN DIEGO, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
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: 100435004013
Board Certified: 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\18
American Sign Language (ASL): N
Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

DEVERA, GEMMIE
Provider ID: 100057498007
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
386 E H ST STE 202
CHULA VISTA, CA 91910
Phone: (858) 966-1720
After Hours Phone: (858) 966-1720
Provider Gender: Female
NPI: 1366622078
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

GORHAM, LAURA
Provider ID: 100365371012
Board Certified: 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
Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

MENDES, CHANTAL
Provider ID: 100397382008
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
386 E H ST STE 202
CHULA VISTA, CA 91910
Phone: (858) 966-1720
Fax: (858) 966-1725
After Hours Phone: (858) 966-1720
Provider Gender: Female
NPI: 1134681265
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

PERTL, URSULA
Provider ID: 100072222030
Board Certified: 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: 1609947464
Provider English Spoken: Y
Provider Language(s) Spoken: German, Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
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: 100376522015
Board Certified: No

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RADY CHILDRENS HEALTH NETWORK
386 E H ST STE 202
CHULA VISTA, CA 91910
Phone: (858) 966-1720
Fax: (858) 966-1725
After Hours Phone: (858) 966-1720
Provider Gender: Female
NPI: 1992202964
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

VAIDYA, KAMALA
Provider ID: 100198556020
Board Certified: 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
Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICIANS ASSISTANT

BALDONADO, ANALICIA
Provider ID: 100406371001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911
Phone: (619) 515-2325
After Hours Phone: (619) 515-2325
Provider Gender: Female
License Number: PA61683
NPI: 1215477765
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

BALDONADO, ANALICIA
Provider ID: 100406371002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Female
License Number: PA61683
NPI: 1215477765
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB,

IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

BALDONADO, ANALICIA
Provider ID: 100406371001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911
Phone: (619) 515-2325
After Hours Phone: (619) 515-2325
Provider Gender: Female
License Number: PA61683
NPI: 1215477765
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

BALDONADO, ANALICIA
Provider ID: 100406371002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Female
License Number: PA61683
NPI: 1215477765
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

FOLSOM, MADISON
Provider ID: 100441428007
Board Certified: 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: 1699524876
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\100
American Sign Language (ASL): N
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

GI, HUNG
Provider ID: 100084616013
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: PA16994
NPI: 1023207404
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, French, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

GI, HUNG
Provider ID: 100084616013
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: PA16994
NPI: 1023207404
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, French, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

GI, HUNG
Provider ID: 100084616013
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: PA16994
NPI: 1023207404
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, French, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

GI, HUNG
Provider ID: 100084616013
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: PA16994
NPI: 1023207404
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, French, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

GUTH, CARA
Provider ID: 100373828007
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N
Hours: M-F 9AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP Teleservice

PHYSICIANS ASSISTANT

INDA, PRISCILLA
Provider ID: 100334762019
Board Certified: 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
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

INDA, PRISCILLA
Provider ID: 100334762025
Board Certified: No
COMMUNITY CARE IPA LLC
429 BROADWAY
CHULA VISTA, CA 91910
Phone: (619) 434-0204
Fax: (619) 337-0191
After Hours Phone: (619) 434-0204
Provider Gender: Female
NPI: 1679008379
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Russian, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: Community Care IPA LLC

PHYSICIANS ASSISTANT

INDA, PRISCILLA
Provider ID: 100334762008
Board Certified: 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
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: Community Care IPA LLC

PHYSICIANS ASSISTANT

INDA, PRISCILLA
Provider ID: 100334762019
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

662-4100
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
- *Accessibility: Limited: (P, EB, IB, E, T)*
- *Hours: M-F 8AM-5PM SA 8AM-4PM*
- *Website: www.syhealth.org*

PHYSICIANS ASSISTANT

KAMOTO, LYNN
Provider ID: 100197328011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
- 1392 E PALOMAR ST STE 501
  CHULA VISTA, CA 91913
- *Phone: (619) 662-4100*

Fax: (619) 271-7451
- *After Hours Phone: (619) 662-4100*

Provider Gender: Female
NPI: 1447326459
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
- *Hours: M-F 8:30AM-5:30PM*
- *Website: N/A*

IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

MENDEZ, JESUS
Provider ID: 100354539004
Board Certified: 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: Male
License Number: PA13796
NPI: 1023202108
- *Provider English Spoken: Y*

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
- *Accessibility: Limited: (P, EB, IB, E, T)*
- *Hours: M-F 8AM-5PM SA 8AM-4PM*
- *Website: www.syhealth.org*

Teleservice

PHYSICIANS ASSISTANT

MENDEZ, JESUS
Provider ID: 100354539004
Board Certified: 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: Male
License Number: PA13796
NPI: 1023202108
- *Provider English Spoken: Y*

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
- *Accessibility: Limited: (P, EB, IB, E, T)*
- *Hours: M-F 8AM-5PM SA 8AM-4PM*
- *Website: www.syhealth.org*

Teleservice

PHYSICIANS ASSISTANT

QUICK, ELISABETH
Provider ID: 100235071009

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Female
License Number: PA21591
NPI: 1790055010
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

QUICK, ELISABETH
Provider ID: 100235071009
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Female
License Number: PA21591
NPI: 1790055010
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

REVELES, DIANA
Provider ID: 100333299004
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911
Phone: (619) 515-2325
After Hours Phone: (619) 515-2325
Provider Gender: Female
License Number: PA19306
NPI: 1548455405
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

REVELES, DIANA
Provider ID: 100333299004
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911
Phone: (619) 515-2325
After Hours Phone: (619) 515-2325
Provider Gender: Female
License Number: PA19306
NPI: 1548455405
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

REVELES, DIANA
Provider ID: 100333299004
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911
Phone: (619) 515-2325
After Hours Phone: (619) 515-2325
Provider Gender: Female
License Number: PA19306
NPI: 1548455405
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

PHYSICIANS ASSISTANT

SPERRY, TASHIA

Provider ID: 100442639014
Board Certified: 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: 1619304128
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\99
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

THOMAS, KIMBERLY

Provider ID: 100434772006
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-6941
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: PA16768
NPI: 1396052007
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

THOMAS, KIMBERLY

Provider ID: 100434772006
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-6941
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: PA16768
NPI: 1396052007
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

TRUJILLO, MIGUEL

Provider ID: 100341601006
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: PA15656
NPI: 1285806794
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

TRUJILLO, MIGUEL

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100341601006
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: PA15656
NPI: 1285806794
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

TRUJILLO, MIGUEL
Provider ID: 100341601006
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: PA15656
NPI: 1285806794
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

TRUJILLO, MIGUEL
Provider ID: 100341601006
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1637 3RD AVE STE H
CHULA VISTA, CA 91911
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: PA15656
NPI: 1285806794
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

VARGAS, CHRISTOPHER
Provider ID: 100347059011
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC,

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

VARGAS, CHRISTOPHER

Provider ID: 100347059008

Board Certified: No

IHP OF SOUTHERN CAL-PHP

2452 FENTON ST STE C203
CHULA VISTA, CA 91914

Phone: (619) 600-5309

Fax: (619) 655-4700

After Hours Phone: (619) 600-5309

Provider Gender: Male

NPI: 1922505775

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): N

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

VARGAS, CHRISTOPHER

Provider ID: 100347059004

Board Certified: 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

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

PODIATRIST

BRAZIER, SETH

Provider ID: 100298667015

Board Certified: No

RADY CHILDRENS HEALTH NETWORK

855 3RD AVE STE 1100
CHULA VISTA, CA 91911

Phone: (619) 880-5057

Fax: (858) 485-1515

After Hours Phone: (619) 880-5057

Provider Gender: Male

NPI: 1033554324

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: KAWEAH DELTA DISTRICT HOSP, SELMA COMMUNITY HOSPITAL, ADVENTIST MEDICAL CENTER, ADVENTIST MED CTR REEDLEY

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

Hours: M-F 9AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PODIATRIST

DAVIDSON III, JOHN

Provider ID: 100330956005

Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Limited: (IB, E, R)*
- *Hours: M-TH 9AM-4:30PM F 9AM-12PM*
- *Website: N/A*

IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

PODIATRIST

DAVIDSON III, JOHN
Provider ID: 100330956038
Board Certified: 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: Limited: (IB, E, R)*
- *Hours: M-TH 9AM-4:30PM F 9AM-12PM*
- *Website: N/A*

IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

PODIATRIST

MANCHEL, BRUCE
Provider ID: 100041431014
Board Certified: 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: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
- *Accessibility: Limited: (P, EB, IB, E, T)*
- *Hours: M-F 8AM-5PM SA 8AM-4PM*
- *Website: www.syhealth.org*

PODIATRIST

MANCHEL, BRUCE
Provider ID: 100041431014
Board Certified: 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: Male
License Number: DPM2930
NPI: 1790890788
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
SA 8AM-4PM
Website: www.syhealth.org

PODIATRIST

READ, TRENTON
Provider ID: 100400838007
Board Certified: 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
Hours: M-F 9AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

PODIATRIST

SCHNEIDER, SARAH
Provider ID: 100059607007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Female
License Number: DPM4819
NPI: 1326282237
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

PODIATRIST

SCHNEIDER, SARAH
Provider ID: 100059607007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Female
License Number: DPM4819
NPI: 1326282237
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

PSYCHOLOGIST

BAYLON, ALDO
Provider ID: 100357646006
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-1184
After Hours Phone: (619) 662-4100
Provider Gender: Male
NPI: 1649429150
Provider English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 14\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-8PM
SA 8AM-4PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

CELAYA, PATRICIA
Provider ID: 100390713004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-1184
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1952656902
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-8PM
SA 8AM-4PM
Website: N/A
IPA: IHP of Southern Cal-PHP
Teleservice

PSYCHOLOGIST

GOULD, HILARY
Provider ID: 100363698006
Board Certified: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-1184
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1104297696
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
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: 100351889006
Board Certified: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

RADIATION ONCOLOGY

CARMONA, RUBEN
Provider ID: 100388410017
Board Certified: No
COMMUNITY CARE IPA LLC
769 MEDICAL CENTER CT
CHULA VISTA, CA 91911
Phone: (858) 939-5010

Fax: (619) 740-8499
After Hours Phone: (858) 939-5010
Provider Gender: Male
NPI: 1275929242
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

RADIATION ONCOLOGY

COLEMAN, LORI
Provider ID: 100009016015
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

REGISTERED PHYSICAL THERAPIST

AMAYA, RICARDO
Provider ID: 100283680013
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Male
License Number: PT37189
NPI: 1437445566
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

AMAYA, RICARDO
Provider ID: 100283680013
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Male
License Number: PT37189
NPI: 1437445566
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

REGISTERED PHYSICAL THERAPIST

AVILES, LEAH

Provider ID: 100439565001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Female
License Number: PT298792
NPI: 1548867419
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

AVILES, LEAH

Provider ID: 100439565001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Female
License Number: PT298792
NPI: 1548867419
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

CHENG, BRANDON

Provider ID: 100423333017
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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
Hours: M-TH 7AM-7PM
F 7AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

CHENG, BRANDON

Provider ID: 100423333013
Board Certified: No
COMMUNITY CARE IPA LLC
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913
Phone: (619) 482-3000
Fax: (619) 482-3001
After Hours Phone: (619) 482-3000
Provider Gender: Male
NPI: 1336894724
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-TH 7AM-7PM
F 7AM-5PM
SA 8AM-1PM
Website: N/A

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

CHENG, BRANDON

Provider ID: 100423333016

Board Certified: 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

Hours: M-TH 7AM-7PM
F 7AM-5PM

Website: N/A

IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

CHENG, BRANDON

Provider ID: 100423333004

Board Certified: 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

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

CHUNG, PETER

Provider ID: 100451454008

Board Certified: 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: 1023837887

Provider English Spoken: Y

Provider Language(s) Spoken: Korean

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Hours: M-TH 7AM-7PM
F 7AM-12PM

Website: N/A

IPA: Community Care IPA LLC

REGISTERED PHYSICAL THERAPIST

CHUNG, PETER

Provider ID: 100451454010

Board Certified: 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: 1023837887

Provider English Spoken: Y

Provider Language(s) Spoken: Korean

Cultural Competency: N

Medi-Cal Open Panel: Yes

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-TH 7AM-7PM F 7AM-12PM
Website: N/A
IPA: Community Care IPA LLC

REGISTERED PHYSICAL THERAPIST

CUMMINGS, GEORGE
Provider ID: 100378318002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Male
License Number: PT295173
NPI: 1497236384
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

CUMMINGS, GEORGE
Provider ID: 100378318002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Male
License Number: PT295173
NPI: 1497236384
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

JAIN, ALEXANDRA
Provider ID: 100381685007
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

MAALOUF, LAUREN
Provider ID: 100447110006
Board Certified: 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: 1881420206

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\99
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

REGISTERED PHYSICAL THERAPIST

MIGNEA, DAVID
Provider ID: 100341263004
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Male
License Number: PT293536
NPI: 1043736879
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

MIGNEA, DAVID
Provider ID: 100341263004
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Provider Gender: Male
License Number: PT293536
NPI: 1043736879
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

NGUYEN, TIA
Provider ID: 100418736017
Board Certified: 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: 1457136269
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
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: 100418736018
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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: 1457136269

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
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, ALEXANDRA
Provider ID: 100440932007
Board Certified: 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: 1073344172
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

REGISTERED PHYSICAL THERAPIST

NGUYEN, TIA
Provider ID: 100418736012
Board Certified: 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
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: 100418736011
Board Certified: 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
Hours: M-TH 7AM-7PM F 7AM-4PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

PASCUAL, CHRISTOPHER
Provider ID: 100361481011
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NPI: 1093328064
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 10\None
American Sign Language (ASL): N
- *Hours: M-TH 7AM-7PM*
  F 7AM-5PM
  SA 8AM-2PM
- *Website: N/A*

IPA: Community Care IPA LLC

REGISTERED PHYSICAL THERAPIST

PASCUAL, CHRISTOPHER
Provider ID: 100361481008
Board Certified: 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: 1093328064
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 10\None
American Sign Language (ASL): N
- *Hours: M-TH 7AM-7PM*
  F 7AM-5PM
  SA 8AM-2PM
- *Website: N/A*

IPA: Community Care IPA LLC

REGISTERED PHYSICAL THERAPIST

RODRIGUEZ, CASSANDRA
Provider ID: 100378205001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
- *Phone: (619) 515-2500*
- *After Hours Phone: (619) 515-2500*

Provider Gender: Female
License Number: PT292823
NPI: 1770025595
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
- *Accessibility: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8AM-5PM*
- *Website: www.fhcsd.org*

REGISTERED PHYSICAL THERAPIST

RODRIGUEZ, CASSANDRA
Provider ID: 100378205001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910
- *Phone: (619) 515-2500*
- *After Hours Phone: (619) 515-2500*

Provider Gender: Female
License Number: PT292823
NPI: 1770025595
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
- *Accessibility: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8AM-5PM*
- *Website: www.fhcsd.org*

REGISTERED PHYSICAL THERAPIST

SPARKS, TODD
Provider ID: 100008189028
Board Certified: No
IHP OF SOUTHERN CAL-PHP

386 E H ST STE 203
CHULA VISTA, CA 91910
Phone: (619) 482-3000
Fax: (619) 482-3001
After Hours Phone: (619) 482-3000
Provider Gender: Male
NPI: 1265481139
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M 7AM-7PM
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: 100008189027
Board Certified: No
COMMUNITY CARE IPA LLC
386 E H ST STE 203
CHULA VISTA, CA 91910
Phone: (619) 482-3000
Fax: (619) 482-3001
After Hours Phone: (619) 482-3000
Provider Gender: Male
NPI: 1265481139
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M 7AM-7PM
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: 100008189016
Board Certified: 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
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: 100008189022
Board Certified: 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
Hours: M 7AM-7PM
TU 7AM-12PM
W-TH 7AM-7PM
F 7AM-12PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

STAHL, KEVIN
Provider ID: 100403938006
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913
Phone: (619) 482-3000
Fax: (619) 482-3001
After Hours Phone: (619) 482-3000
Provider Gender: Male
NPI: 1760194302
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
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: 100403938010
Board Certified: 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
Hours: M 8AM-5PM
W-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

STAHL, KEVIN
Provider ID: 100403938007
Board Certified: 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
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: 100403938011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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
Hours: M 8AM-5PM W-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

VAISMAN, SAMANTHA
Provider ID: 100380415017
Board Certified: No
COMMUNITY CARE IPA LLC
386 E H ST STE 203
CHULA VISTA, CA 91910
Phone: (619) 482-3000
Fax: (619) 482-3001
After Hours Phone: (619) 482-3000
Provider Gender: Female
NPI: 1457022071
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

REGISTERED PHYSICAL THERAPIST

VERISSIMO, TAYLOR
Provider ID: 100439741006
Board Certified: No
COMMUNITY CARE IPA LLC
386 E H ST STE 203
CHULA VISTA, CA 91910
Phone: (619) 482-3000
Fax: (619) 332-4220
After Hours Phone: (619) 482-3000
Provider Gender: Female
NPI: 1124871629
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

REGISTERED PHYSICAL THERAPIST

VERISSIMO, TAYLOR
Provider ID: 100439741007
Board Certified: No
COMMUNITY CARE IPA LLC
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913
Phone: (619) 482-3000
Fax: (619) 482-3001
After Hours Phone: (619) 482-3000
Provider Gender: Female
NPI: 1124871629
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: Community Care IPA LLC

REGISTERED PHYSICAL THERAPIST

VILLANUEVA, GIOVANNI
Provider ID: 100357282010
Board Certified: 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
Hours: M-F 7AM-7PM
Website: N/A

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IPA: IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

VILLANUEVA, GIOVANNI

Provider ID: 100357282015

Board Certified: No

IHP OF SOUTHERN CAL-PHP

386 E H ST STE 203
CHULA VISTA, CA 91910

Phone: (619) 482-3000

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

Website: N/A

IPA: IHP of Southern Cal-PHP

RHEUMATOLOGY

CHWA, JEFFREY

Provider ID: 100336270022

Board Certified: 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

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

SPEECH PATHOLOGIST

DURNAN, CASSANDRA

Provider ID: 100401867014

Board Certified: 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

Hours: M-F 7AM-7PM

Website: N/A

IPA: IHP of Southern Cal-PHP

SURGERY GENERAL

CASILLAS BERUMEN, SERGIO

Provider ID: 100416078009

Board Certified: 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, EL

CENTRO REGIONAL MEDICAL CENTER, EL CENTRO REGIONAL MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CORONADO

SURGERY GENERAL

BORTZ, PASCAL
Provider ID: 100363724014
Board Certified: No
IHP OF SOUTHERN CAL-PHP
230 PROSPECT PL STE 340
CORONADO, CA 92118
Phone: (858) 457-4917
After Hours Phone: (858) 457-4917
Provider Gender: Male
NPI: 1821330796
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 9AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

EL CAJON

ALLERGY IMMUNOLOGY

REDDY, SUMANA
Provider ID: 100133573042
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: C52581
NPI: 1053300251
Provider English Spoken: Y
Provider Language(s) Spoken: Cambodian, 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org Teleservice

ALLERGY IMMUNOLOGY

REDDY, SUMANA
Provider ID: 100133573042
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: C52581
NPI: 1053300251
Provider English Spoken: Y
Provider Language(s) Spoken: Cambodian, 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org Teleservice

CERTIFIED NURSE PRACTITIONER

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

ALVA, WENDY
Provider ID: 100320066006
Board Certified: 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: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-4PM
Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

ARMSTON, LINDSEY
Provider ID: 100382080019
Board Certified: 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
Hours: M-F 8AM-6PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

BELEN, NEZER
Provider ID: 100344817002
Board Certified: 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
Provider Gender: Male
License Number: NP95009292
NPI: 1386120723
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

BELEN, NEZER
Provider ID: 100344817002
Board Certified: 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
Provider Gender: Male
License Number: NP95009292
NPI: 1386120723
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB,

IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

CARRION-GELABERT, ANA
Provider ID: 100214966025
Board Certified: 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
Hours: M-F 8AM-6PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

DE LA CRUZ, ALEKSANDRYA
Provider ID: 100336607020
Board Certified: 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
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TEMECULA VALLEY HOSPITAL INC
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

DOWNEY, NANCY
Provider ID: 100443717003
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

DRISCOLL, SUSAN
Provider ID: 100360073004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: NP95012943
NPI: 1477755684
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

DRISCOLL, SUSAN
Provider ID: 100360073004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: NP95012943
NPI: 1477755684
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

GARCIA, CATALINA
Provider ID: 100442656003
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

GARCIA, JOHNNY
Provider ID: 100364051002
Board Certified: 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
Provider Gender: Male
License Number: NP95007000
NPI: 1932622156
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

GARCIA, JOHNNY
Provider ID: 100364051002
Board Certified: 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
Provider Gender: Male

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Number: NP95007000
NPI: 1932622156
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

HAMID, WAHIDA
Provider ID: 100334972004
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

HAMID, WAHIDA
Provider ID: 100334972005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: NP95001707
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

HAMID, WAHIDA
Provider ID: 100334972005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: NP95001707
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

HARPEL, SHERYL
Provider ID: 100330403002
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: NP95009329
NPI: 1780177147
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

HARPEL, SHERYL
Provider ID: 100330403002
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: NP95009329
NPI: 1780177147
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

JACKSON, MARILYN
Provider ID: 100318412035
Board Certified: No
IHP OF SOUTHERN CAL-PHP
EL CAJON, CA 92020
Phone: (619) 270-3600
Fax: (360) 462-2746
After Hours Phone: (619) 270-3600
Provider Gender: Female
NPI: 1699847913
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M 7AM-7:30PM
TU 7AM-4:30PM
W 7AM-7:30PM
TH-F 7AM-4:30PM
Website: N/A
IPA: IHP of Southern Cal-PHP
Telehealth only

CERTIFIED NURSE PRACTITIONER

JACKSON, MARILYN
Provider ID: 100318412033
Board Certified: No
IHP OF SOUTHERN CAL-PHP
EL CAJON, CA 92021
Phone: (619) 270-3600
Fax: (360) 462-2746
After Hours Phone: (619) 270-3600
Provider Gender: Female
NPI: 1699847913
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M 7AM-7:30PM
TU 7AM-4:30PM
W 7AM-7:30PM
TH-F 7AM-4:30PM
Website: N/A
IPA: IHP of Southern Cal-PHP
Telehealth only

CERTIFIED NURSE PRACTITIONER

KELLOGG, KRISTEN

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100378264001
Board Certified: 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
Provider Gender: Female
License Number: NP95009180
NPI: 1649757741
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

KELLOGG, KRISTEN
Provider ID: 100378264001
Board Certified: 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
Provider Gender: Female
License Number: NP95009180
NPI: 1649757741
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

LEONARD, BEVERLY
Provider ID: 100334265001
Board Certified: 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
Provider Gender: Female
License Number: NP10943
NPI: 1285772392
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

LEONARD, BEVERLY
Provider ID: 100334265001
Board Certified: 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
Provider Gender: Female
License Number: NP10943
NPI: 1285772392
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

NGUYEN, VANESSA
Provider ID: 100418792015
Board Certified: 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
Hours: M-F 8:30AM-5:30PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

PIRTLE, KEYSHONE
Provider ID: 100376692003
Board Certified: 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
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-4PM
Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

REGEV, SHANEE
Provider ID: 100404061013
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: NP95022460
NPI: 1477218121
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

REGEV, SHANEE
Provider ID: 100404061013
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: NP95022460

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NPI: 1477218121
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

WILLIAMS, TAKISHA
Provider ID: 100391830008
Board Certified: 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
Provider Gender: Female
License Number: NP95013978
NPI: 1881727386
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
SA 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

WILLIAMS, TAKISHA
Provider ID: 100391830008
Board Certified: 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
Provider Gender: Female
License Number: NP95013978
NPI: 1881727386
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
SA 8:30AM-5:30PM
Website: www.fhcsd.org

CHIROPRACTOR

HOURIHAN, KEITH
Provider ID: 100007335010
Board Certified: No
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5983
After Hours Phone: (619) 795-5983
Provider Gender: Male
License Number: DC29314
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.lamaestra.org

CHIROPRACTOR

HOURIHAN, KEITH
Provider ID: 100007335010

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: No
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5983
After Hours Phone: (619) 795-5983
Provider Gender: Male
License Number: DC29314
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.lamaestra.org

CHIROPRACTOR

SOSA, DAVID
Provider ID: 100267733004
Board Certified: 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
Provider Gender: Male
License Number: DC33150
NPI: 1013308675
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.fhcsd.org

CHIROPRACTOR

SOSA, DAVID
Provider ID: 100267733006
Board Certified: 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
Provider Gender: Male
License Number: DC33150
NPI: 1013308675
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM
Website: www.fhcsd.org

CHIROPRACTOR

SOSA, DAVID
Provider ID: 100267733004
Board Certified: 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
Provider Gender: Male
License Number: DC33150
NPI: 1013308675
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.fhcsd.org

CHIROPRACTOR

SOSA, DAVID
Provider ID: 100267733006
Board Certified: No

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FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Provider Gender: Male
License Number: DC33150
NPI: 1013308675
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM
Website: www.fhcsd.org

CHIROPRACTOR

UY, ASHLEY
Provider ID: 100334589005
Board Certified: 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
Provider Gender: Female
License Number: DC33869
NPI: 1174059760
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM
Website: www.fhcsd.org

CHIROPRACTOR

UY, ASHLEY
Provider ID: 100334589005
Board Certified: 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
Provider Gender: Female
License Number: DC33869
NPI: 1174059760
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM
Website: www.fhcsd.org

ENDOCRINOLOGY METABOLISM DIABETES

EKLADIOS, CATHERINE
Provider ID: 100470984004
Board Certified: 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: 1467061309
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
Hours: M-F 8AM-5PM
Website: N/A

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IPA: IHP of Southern Cal-PHP

ENDOCRINOLOGY METABOLISM DIABETES

ISLAM, JULIE

Provider ID: 100333866004
Board Certified: 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
Provider Gender: Female
License Number: A149552
NPI: 1750780516
Provider English Spoken: Y
Provider Language(s) Spoken: Bengali, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
SA 8:30AM-5:30PM
Website: www.fhcsd.org

ENDOCRINOLOGY METABOLISM DIABETES

ISLAM, JULIE

Provider ID: 100333866004
Board Certified: 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
Provider Gender: Female
License Number: A149552
NPI: 1750780516
Provider English Spoken: Y
Provider Language(s) Spoken: Bengali, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
SA 8:30AM-5:30PM
Website: www.fhcsd.org

GASTROENTEROLOGY

CHAVEZ, LUIS

Provider ID: 100442545007
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

HEARING AID DEALER / SUPPLIER

ANDERSON, ELAINE

Provider ID: 100112511034
Board Certified: 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

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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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

INTERNAL MEDICINE

MAY, LOUIS
Provider ID: 100325305010
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

INTERNAL MEDICINE

MICHAEL, RAMI
Provider ID: 100341876013
Board Certified: 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
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP
Teleservice

INTERVENTIONAL

CARDIOLOGY

HONASOGE, AKILESH
Provider ID: 100471192028
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1625 E MAIN ST STE 201
EL CAJON, CA 92021
Phone: (619) 486-6512
Fax: (619) 486-6470
After Hours Phone: (619) 486-6512
Provider Gender: Male
NPI: 1497118020
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\99
American Sign Language (ASL): N
Accessibility: Limited: (P, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP
Teleservice

INTERVENTIONAL CARDIOLOGY

KAFRI, HASSAN
Provider ID: 100033535073
Board Certified: No
IHP OF SOUTHERN CAL-PHP

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875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org
Teleservice

INTERVENTIONAL CARDIOLOGY

KAFRI, HASSAN
Provider ID: 100033535073
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org
Teleservice

NEUROLOGY

MANDEVILLE, ROSS
Provider ID: 100196834029
Board Certified: No
IHP OF SOUTHERN CAL-PHP
892 E MADISON AVE
EL CAJON, CA 92020
Phone: (619) 737-1117
Fax: (619) 880-8535
After Hours Phone: (619) 737-1117
Provider Gender: Male
NPI: 1205084183
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, MAYERS MEMORIAL HOSP
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

NEUROLOGY

MAREK, MAKSYM
Provider ID: 100391342026
Board Certified: No
IHP OF SOUTHERN CAL-PHP
892 E MADISON AVE
EL CAJON, CA 92020

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Phone: (619) 737-1117
Fax: (619) 880-8535
After Hours Phone: (619) 737-1117
Provider Gender: Male
NPI: 1881182079
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-6PM
Website: N/A
IPA: IHP of Southern Cal-PHP

OPHTHALMOLOGY

JARDON, JAVIER

Provider ID: 100218078054
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

OPHTHALMOLOGY

JARDON, JAVIER

Provider ID: 100218078054
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

OPHTHALMOLOGY

MANI, NASRIN

Provider ID: 100050824053
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
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

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MEMORIAL HOSPITAL, UCSD MEDICAL CTR, SHARP CHULA VISTA MED CTR, GROSSMONT HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

OPHTHALMOLOGY

MANI, NASRIN
Provider ID: 100050824053
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

OPHTHALMOLOGY

PAPASTERGIOU, GEORGIOS
Provider ID: 100202503044
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: A127706
NPI: 1790054393
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Farsi, French, Italian, Modern Greek, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

OPHTHALMOLOGY

PAPASTERGIOU, GEORGIOS
Provider ID: 100202503044
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: A127706
NPI: 1790054393
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Farsi, French, Italian, Modern Greek, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM
Website: www.syhealth.org

OPHTHALMOLOGY

SKAF, AYHAM
Provider ID: 100165160047
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: A120584
NPI: 1285888628
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

OPHTHALMOLOGY

SKAF, AYHAM
Provider ID: 100165160047
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: A120584
NPI: 1285888628
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

PEDIATRICS

MURADIAN-MOORE, SARAH
Provider ID: 100443736003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
855 E MADISON AVE
EL CAJON, CA 92020
Phone: (833) 867-4642
Fax: (360) 462-2746
After Hours Phone: (833) 867-4642
Provider Gender: Female
NPI: 1700205895
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

ACOSTA, ANGELICA
Provider ID: 100109185012
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

ALYAS, ALISIA
Provider ID: 100369842014
Board Certified: No
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5991
After Hours Phone: (619) 795-5991
Provider Gender: Female
License Number: PA58466
NPI: 1437768017
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.lamaestra.org

PHYSICIANS ASSISTANT

ALYAS, ALISIA
Provider ID: 100369842014
Board Certified: No
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5991
After Hours Phone: (619) 795-5991
Provider Gender: Female
License Number: PA58466
NPI: 1437768017
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.lamaestra.org

PHYSICIANS ASSISTANT

INDA, PRISCILLA
Provider ID: 100334762009
Board Certified: 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
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: Community Care IPA LLC

PHYSICIANS ASSISTANT

LE, TAYLOR
Provider ID: 100423383002
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

MERCER, KELLY
Provider ID: 100147536032
Board Certified: No
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5991
After Hours Phone: (619) 795-5991
Provider Gender: Female
License Number: PA21625
NPI: 1154609790
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.lamaestra.org

PHYSICIANS ASSISTANT

MERCER, KELLY
Provider ID: 100147536032
Board Certified: No
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5991
After Hours Phone: (619) 795-5991
Provider Gender: Female
License Number: PA21625
NPI: 1154609790
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.lamaestra.org

PHYSICIANS ASSISTANT

PATEL, SHREYA
Provider ID: 100334312001
Board Certified: 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
Provider Gender: Female
License Number: PA18719
NPI: 1447468137
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

PATEL, SHREYA
Provider ID: 100334312001
Board Certified: 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
Provider Gender: Female
License Number: PA18719
NPI: 1447468137
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

RAMOS, JACQUELYN
Provider ID: 100411761002
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

ROSENBLATT, SHERILYN
Provider ID: 100363699011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: PA22872
NPI: 1114041621
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org
Teleservice

PHYSICIANS ASSISTANT

ROSENBLATT, SHERILYN
Provider ID: 100363699011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: PA22872
NPI: 1114041621
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org
Teleservice

PHYSICIANS ASSISTANT

TURNER, ERIC
Provider ID: 100334031001
Board Certified: 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
Provider Gender: Male
License Number: PA55067
NPI: 1669756128

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

TURNER, SHEREENA
Provider ID: 100084999008
Board Certified: 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
Provider Gender: Female
License Number: PA20396
NPI: 1992934988
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
SA 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

TURNER, SHEREENA
Provider ID: 100084999008
Board Certified: 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
Provider Gender: Female
License Number: PA20396
NPI: 1992934988
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
SA 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

TURNER, ERIC
Provider ID: 100334031001
Board Certified: 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
Provider Gender: Male
License Number: PA55067
NPI: 1669756128
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PODIATRIST

JUAREZ, LETICIA
Provider ID: 100370317004
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

515-2498
Provider Gender: Female
License Number: DPM5661
NPI: 1508393778
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
- *Accessibility: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM*
- *Website: www.fhcsd.org*

PODIATRIST

JUAREZ, LETICIA
Provider ID: 100370317004
Board Certified: 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*

Provider Gender: Female
License Number: DPM5661
NPI: 1508393778
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
- *Accessibility: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM*
- *Website: www.fhcsd.org*

PODIATRIST

LE, DIANA
Provider ID: 100393939009
Board Certified: 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*

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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
- *Accessibility: Basic: (P, EB, IB, E, R, T)*
- *Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM*
- *Website: www.fhcsd.org*

PODIATRIST

LE, DIANA
Provider ID: 100393939009
Board Certified: 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*

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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM
Website: www.fhcsd.org

PSYCHOLOGIST

ARAIZA, ERNESTINA
Provider ID: 100374363005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1568608636
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

WHEELER, KIM
Provider ID: 100412130003
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

CAMPA, PATRICIA
Provider ID: 100058412070
Board Certified: 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: Limited: (P, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

CAMPA, PATRICIA
Provider ID: 100058412068
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Accessibility: Limited: (P, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

CUMMINGS, GEORGE
Provider ID: 100378318004
Board Certified: 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
Provider Gender: Male
License Number: PT295173
NPI: 1497236384
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

CUMMINGS, GEORGE
Provider ID: 100378318004
Board Certified: 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
Provider Gender: Male
License Number: PT295173
NPI: 1497236384
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

GONZALEZ, JUSTINE ARIEL
Provider ID: 100369685001
Board Certified: 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
Provider Gender: Female
License Number: PT292482
NPI: 1851834873
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

GONZALEZ, JUSTINE ARIEL
Provider ID: 100369685001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

After Hours Phone: (619) 515-2498
Provider Gender: Female
License Number: PT292482
NPI: 1851834873
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
SA 8:30AM-5:30PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

KUIOKA, TROY
Provider ID: 100395854001
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: PT42665
NPI: 1912640053
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

REGISTERED PHYSICAL THERAPIST

KUIOKA, TROY
Provider ID: 100395854001
Board Certified: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: PT42665
NPI: 1912640053
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

REGISTERED PHYSICAL THERAPIST

MIGNEA, DAVID
Provider ID: 100341263006
Board Certified: 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
Provider Gender: Male
License Number: PT293536
NPI: 1043736879
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
SA 8:30AM-5:30PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

MIGNEA, DAVID
Provider ID: 100341263006
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Provider Gender: Male
License Number: PT293536
NPI: 1043736879
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

MORRIS, CHAD
Provider ID: 100033579013
Board Certified: No
IHP OF SOUTHERN CAL-PHP
860 JAMACHA RD STE 203 EL CAJON, CA 92019
Phone: (619) 573-6373
Fax: (619) 378-6578
After Hours Phone: (619) 573-6373
Provider Gender: Male
NPI: 1841307063
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

MORRIS, CHAD
Provider ID: 100033579016
Board Certified: No
COMMUNITY CARE IPA LLC
860 JAMACHA RD STE 203 EL CAJON, CA 92019
Phone: (619) 573-6373
Fax: (619) 378-6578
After Hours Phone: (619) 573-6373
Provider Gender: Male
NPI: 1841307063
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

WILKINS, MARJORIE
Provider ID: 100178206030
Board Certified: No
COMMUNITY CARE IPA LLC
860 JAMACHA RD STE 203 EL CAJON, CA 92019
Phone: (619) 573-6373
Fax: (619) 378-6578
After Hours Phone: (619) 573-6373
Provider Gender: Female
NPI: 1699781062
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, R, T)
Hours: M-F 8AM-6PM
Website: N/A
IPA: Community Care IPA LLC

EL CENTRO

CERTIFIED NURSE

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

PRACTITIONER

PITTMAN, LILIANA

Provider ID: 100379614002

Board Certified: No

UCSD MEDICAL GROUP

1415 ROSS AVE
EL CENTRO, CA 92243

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1326599002

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

OPHTHALMOLOGY

THEODORE, SHARON

Provider ID: 100058656146

Board Certified: No

IHP OF SOUTHERN CAL-PHP

1452 S LA BRUCHERIE RD STE A
EL CENTRO, CA 92243

Phone: (760) 352-7755

Fax: (760) 352-8552

After Hours Phone: (760) 352-7755

Provider Gender: Female

NPI: 1831145739

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: LOMA LINDA UNIVERSITY MED CTR, DESERT REGIONAL MED CTR, FRENCH HOSPITAL MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 21\None

American Sign Language (ASL): N

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

OPHTHALMOLOGY

THEODORE, SHARON

Provider ID: 100058656148

Board Certified: No

IHP OF SOUTHERN CAL-PHP

1498 S LA BRUCHERIE RD STE A
EL CENTRO, CA 92243

Phone: (760) 352-7755

Fax: (760) 352-8552

After Hours Phone: (760) 352-7755

Provider Gender: Female

NPI: 1831145739

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: LOMA LINDA UNIVERSITY MED CTR, DESERT REGIONAL MED CTR, FRENCH HOSPITAL MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 21\None

American Sign Language (ASL): N

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

ENCINITAS

CERTIFIED NURSE PRACTITIONER

CHAMBERS, KATRINA

Provider ID: 100407061005

Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC
Teleservice

CERTIFIED NURSE PRACTITIONER

DWYER, ERIN
Provider ID: 100283303017
Board Certified: 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: Basic: (P, EB, IB, E, R)
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: 100334276012
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024
Phone: (760) 944-5545
Fax: (760) 944-3927
After Hours Phone: (760) 944-5545
Provider Gender: Female
NPI: 1699078923
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

CERTIFIED NURSE

PRACTITIONER

IORIO, ALANNA
Provider ID: 100449961012
Board Certified: No
COMMUNITY CARE IPA LLC
326 SANTA FE DR STE 105
ENCINITAS, CA 92024
Phone: (760) 452-3340
Fax: (760) 452-3344
After Hours Phone: (760) 452-3340
Provider Gender: Female
NPI: 1295556256
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC
Teleservice

CERTIFIED NURSE PRACTITIONER

SAADA, HASSAN
Provider ID: 100443727007
Board Certified: No
COMMUNITY CARE IPA LLC
320 SANTA FE DR STE 108
ENCINITAS, CA 92024
Phone: (760) 436-4558
Fax: (858) 429-7926
After Hours Phone: (760)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

436-4558
Provider Gender: Male
NPI: 1760009518
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC
Teleservice

CERTIFIED NURSE PRACTITIONER

WALKINS, BETHANY
Provider ID: 100457547015
Board Certified: 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: 1245545581
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network
Teleservice

CERTIFIED REGISTERED NURSE ANESTHETIST

WOODIN, KAREN
Provider ID: 100079514013
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

FAMILY PRACTICE

SHAH, NIYATI
Provider ID: 100443786004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1130 2ND ST
ENCINITAS, CA 92024
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1891136354
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

WILLIE, KADEN
Provider ID: 100350661009
Board Certified: 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: Male
NPI: 1790133767
Provider English Spoken: Y
Provider Language(s) Spoken: Portuguese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-6PM
Website: N/A
IPA: IHP of Southern Cal-PHP

GASTROENTEROLOGY

PATEL, JANKI
Provider ID: 100351876016
Board Certified: 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
Website: N/A
IPA: IHP of Southern Cal-PHP

NEONATAL / PERINATAL MEDICINE

NYMAN, KATHERINE
Provider ID: 100413994015
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
354 SANTA FE DR
ENCINITAS, CA 92024
Phone: (760) 633-6120
Fax: (760) 633-7385
After Hours Phone: (760) 633-6120
Provider Gender: Female
NPI: 1003260951
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY CHILD

KIM MCMANUS, OLIVIA
Provider ID: 100290462042
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL BLDG D
ENCINITAS, CA 92024
Phone: (760) 944-5545
Fax: (760) 944-3927
After Hours Phone: (760) 944-5545
Provider Gender: Female
NPI: 1174870067
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR, CHILDRENS HOSPITAL OF ORANGE COUNTY, RADY CHILDRENS

HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY CHILD

KIM MCMANUS, OLIVIA
Provider ID: 100290462023
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL
BLDG D STE 302
ENCINITAS, CA 92024
Phone: (760) 944-5545
Fax: (760) 944-3927
After Hours Phone: (760) 944-5545
Provider Gender: Female
NPI: 1174870067
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR, CHILDRENS HOSPITAL OF ORANGE COUNTY, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

BANSAL, PREETI
Provider ID: 100042994026
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

BHATIA, SHAGUN
Provider ID: 100329999012
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024
Phone: (760) 944-5545
Fax: (760) 944-3927
After Hours Phone: (760) 944-5545
Provider Gender: Female
NPI: 1104237353

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Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

MOLL, ANGELA
Provider ID: 100041362025
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024
Phone: (760) 944-5545
Fax: (760) 944-3927
After Hours Phone: (760) 944-5545
Provider Gender: Female
NPI: 1861648602
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

OHALLORAN, HENRY
Provider ID: 100007418030
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024
Phone: (760) 944-5545
Fax: (760) 944-3927
After Hours Phone: (760) 944-5545
Provider Gender: Male
NPI: 1235287947
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

YAMANE, MAYA
Provider ID: 100443808013
Board Certified: 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)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

944-5545
Provider Gender: Female
NPI: 1124580139
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPTOMETRIST

ZAIDI, NOORINA
Provider ID: 100431690011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024
Phone: (800) 898-2020
Fax: (844) 897-3788
After Hours Phone: (800) 898-2020
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
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

OTOLARYNGOLOGY

BLISS, MORGAN
Provider ID: 100293581017
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

FRANK, ETHAN
Provider ID: 100439457013
Board Certified: 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\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

LEUIN, SHELBY

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100136251024
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

PATEL, VIJAY
Provider ID: 100397112014
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

QIAN, ZHEN
Provider ID: 100441971009
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

HALEY, JESSICA
Provider ID: 100321174016
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

LASALLE, ELIZABETH
Provider ID: 100446632014
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024
Phone: (760) 944-5545
Fax: (760) 944-3927
After Hours Phone: (760) 944-5545
Provider Gender: Female
NPI: 1235634015
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

NARAYAN, HARI
Provider ID: 100297546034
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL
BLDG D
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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

NARAYAN, HARI
Provider ID: 100297546023
Board Certified: 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: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC ENDOCRINOLOGY

RANADIVE, SAYALI
Provider ID: 100110456021
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024
Phone: (760) 944-5545
Fax: (760) 944-3927
After Hours Phone: (760) 944-5545
Provider Gender: Female
NPI: 1588846380
Provider English Spoken: Y
Provider Language(s) Spoken: German, Hindi, Marathi, Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

CHU, CHRISTOPHER
Provider ID: 100413678013
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024
Phone: (760) 944-5545
Fax: (760) 944-3927
After Hours Phone: (760) 944-5545
Provider Gender: Male
NPI: 1912369273
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Yue Chinese
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

DICKERSON, ANDREW
Provider ID: 100440955012
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024
Phone: (760) 944-5545
Fax: (760) 944-3927
After Hours Phone: (760) 944-5545
Provider Gender: Male
NPI: 1063916633
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

YOUNG, JOCELYN
Provider ID: 100333153010

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024
Phone: (760) 944-5545
Fax: (760) 944-3927
After Hours Phone: (760) 944-5545
Provider Gender: Female
NPI: 1306227491
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UC DAVIS MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC NEPHROLOGY

RASCHKE, ROBIN
Provider ID: 100439492015
Board Certified: 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\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC PULMONOLOGY

CERNELC-KOHAN, MATEJKA
Provider ID: 100216716021
Board Certified: 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: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC PULMONOLOGY

CERNELC-KOHAN, MATEJKA
Provider ID: 100216716012
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC PULMONOLOGY

LENHART-PENDERGRASS, PATRICIA
Provider ID: 100395245013
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024
Phone: (760) 944-5545
Fax: (760) 944-3927
After Hours Phone: (760) 944-5545
Provider Gender: Female
NPI: 1144615659
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC RHEUMATOLOGY

CHANG, JOHANNA
Provider ID: 100151228012
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024
Phone: (760) 944-5545
After Hours Phone: (760) 944-5545
Provider Gender: Female
NPI: 1821242199
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICIANS ASSISTANT

FORSMAN, SHANA
Provider ID: 100326027003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1130 2ND ST
ENCINITAS, CA 92024
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA19437
NPI: 1306026737
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: N/A

PHYSICIANS ASSISTANT

FORSMAN, SHANA
Provider ID: 100326027003
Board Certified: No
IHP OF SOUTHERN CAL-PHP

1130 2ND ST
ENCINITAS, CA 92024
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA19437
NPI: 1306026737
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: N/A

PHYSICIANS ASSISTANT

LANDIS, SARAH
Provider ID: 100380954023
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1130 2ND ST
ENCINITAS, CA 92024
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA58826
NPI: 1144733676
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM F 8:30AM-5:30PM
Website: N/A

PHYSICIANS ASSISTANT

LANDIS, SARAH
Provider ID: 100380954023
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1130 2ND ST
ENCINITAS, CA 92024
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA58826
NPI: 1144733676
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM F 8:30AM-5:30PM
Website: N/A

PHYSICIANS ASSISTANT

LY, COURTNIE
Provider ID: 100457129007
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1130 2ND ST
ENCINITAS, CA 92024
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA62218
NPI: 1538874995
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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM F 8:30AM-5:30PM
Website: N/A

PHYSICIANS ASSISTANT

LY, COURTNIE
Provider ID: 100457129007

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Board Certified: No
IHP OF SOUTHERN CAL-PHP
1130 2ND ST
ENCINITAS, CA 92024
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA62218
NPI: 1538874995
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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-5PM F 8:30AM-5:30PM
Website: N/A

PHYSICIANS ASSISTANT

LY, COURTNIE
Provider ID: 100457129011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1130 2ND ST
ENCINITAS, CA 92024
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1538874995
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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

RODRIGUES, ANNETTE
Provider ID: 100416448013
Board Certified: 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: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICIANS ASSISTANT

VANETSKY, GARY
Provider ID: 100020780013
Board Certified: 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
Hours: M-F 8AM-5PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Website: N/A
IPA: Community Care IPA LLC

PULMONARY DISEASES

KABADI, ALISHA
Provider ID: 100411072025
Board Certified: No
IHP OF SOUTHERN CAL-PHP
326 SANTA FE DR STE 100
ENCINITAS, CA 92024
Phone: (760) 230-8994
Fax: (760) 944-1309
After Hours Phone: (760) 230-8994
Provider Gender: Female
NPI: 1356838957
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Hours: M-F 9AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

SURGERY PEDIATRIC

FAIRBANKS, TIMOTHY
Provider ID: 100135959026
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY PEDIATRIC

KLING, KAREN
Provider ID: 100043066027
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY PEDIATRIC

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

THOMPSON, KYLE
Provider ID: 100441948010
Board Certified: 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\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

UROLOGY

SOTELO, GRACE
Provider ID: 100476441011
Board Certified: 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: 1053938035
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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

ESCONDIDO

ANESTHESIOLOGY PAIN MANAGEMENT

DAIRO, BRANDON
Provider ID: 100347956029
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

ANESTHESIOLOGY PAIN MANAGEMENT

DAIRO, BRANDON
Provider ID: 100347956033
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1955 CITRACADO PKWY
STE 203
ESCONDIDO, CA 92029
Phone: (760) 738-5533
Fax: (760) 738-3835

After Hours Phone: (760) 738-5533
Provider Gender: Male
NPI: 1689092470
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

CARDIAC ELECTROPHYSIOLOGY

SAWHNEY, NAVINDER
Provider ID: 100097506034
Board Certified: 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
Hours: M-F 9AM-5PM
Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

BALLOUT, REEM
Provider ID: 100439695003
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

CARNEY, AMY
Provider ID: 100351839005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
728 E VALLEY PKWY
ESCONDIDO, CA 92025
Phone: (760) 737-6900
After Hours Phone: (760) 737-6900
Provider Gender: Female
License Number: NP8169
NPI: 1164445227
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: Basic: (P, EB, IB, E, R, T)
Hours: M-TU 8AM-5PM W 9AM-5PM

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TH-F 8AM-5PM
Website: N/A
Teleservice

CERTIFIED NURSE PRACTITIONER

CARNEY, AMY
Provider ID: 100351839005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
728 E VALLEY PKWY
ESCONDIDO, CA 92025
Phone: (760) 737-6900
After Hours Phone: (760) 737-6900
Provider Gender: Female
License Number: NP8169
NPI: 1164445227
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: Basic: (P, EB, IB, E, R, T)
Hours: M-TU 8AM-5PM
W 9AM-5PM
TH-F 8AM-5PM
Website: N/A
Teleservice

CERTIFIED NURSE PRACTITIONER

DENLINGER, TAMARA
Provider ID: 100459066003
Board Certified: 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: 1699459032
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

GARGANO-CAMPA, NICOLE
Provider ID: 100457548004
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029
Phone: (442) 281-1008
After Hours Phone: (442) 281-1008
Provider Gender: Female
NPI: 1194488114
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Website: N/A
IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

HEAD, KRISTIN
Provider ID: 100334276022
Board Certified: 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

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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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

JACKSON, MARILYN
Provider ID: 100318412030
Board Certified: No
IHP OF SOUTHERN CAL-PHP
ESCONDIDO, CA 92025
Phone: (619) 270-3600
Fax: (360) 462-2746
After Hours Phone: (619) 270-3600
Provider Gender: Female
NPI: 1699847913
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M 7AM-7:30PM
TU 7AM-4:30PM
W 7AM-7:30PM
TH-F 7AM-4:30PM
Website: N/A
IPA: IHP of Southern Cal-PHP
Telehealth only

CERTIFIED NURSE PRACTITIONER

JACKSON, MARILYN
Provider ID: 100318412025
Board Certified: No
IHP OF SOUTHERN CAL-PHP
ESCONDIDO, CA 92025
Phone: (760) 466-9800
Fax: (360) 462-2741
After Hours Phone: (760) 466-9800
Provider Gender: Female
NPI: 1699847913
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M 7AM-7:30PM
TU 7AM-4:30PM
W 7AM-7:30PM
TH-F 7AM-4:30PM
Website: N/A
IPA: IHP of Southern Cal-PHP
Telehealth only

CERTIFIED NURSE PRACTITIONER

JACKSON, MARILYN
Provider ID: 100318412019
Board Certified: No
IHP OF SOUTHERN CAL-PHP
ESCONDIDO, CA 92025
Phone: (833) 867-4642
Fax: (760) 446-1373
After Hours Phone: (833) 867-4642
Provider Gender: Female
NPI: 1699847913
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M 7AM-7:30PM
TU 7AM-4:30PM
W 7AM-7:30PM
TH-F 7AM-4:30PM
Website: N/A
IPA: IHP of Southern Cal-PHP
Telehealth only

CERTIFIED NURSE

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

PRACTITIONER

JACKSON, MARILYN

Provider ID: 100318412022

Board Certified: No

IHP OF SOUTHERN CAL-PHP

ESCONDIDO, CA 92025

Phone: (760) 466-8600

Fax: (360) 462-2748

After Hours Phone: (760) 466-8600

Provider Gender: Female

NPI: 1699847913

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Hours: M 7AM-7:30PM
TU 7AM-4:30PM
W 7AM-7:30PM
TH-F 7AM-4:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

Telehealth only

CERTIFIED NURSE PRACTITIONER

JACKSON, MARILYN

Provider ID: 100318412018

Board Certified: No

IHP OF SOUTHERN CAL-PHP

ESCONDIDO, CA 92025

Phone: (760) 520-8100

Fax: (360) 462-2745

After Hours Phone: (760) 520-8100

Provider Gender: Female

NPI: 1699847913

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Hours: M 7AM-7:30PM
TU 7AM-4:30PM
W 7AM-7:30PM
TH-F 7AM-4:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

Telehealth only

CERTIFIED NURSE PRACTITIONER

JANNESARI, ROYA

Provider ID: 100352459002

Board Certified: No

IHP OF SOUTHERN CAL-PHP

625 CITRACADO PKWY STE 108
ESCONDIDO, CA 92025

Phone: (760) 743-1431

Fax: (760) 743-6455

After Hours Phone: (760) 743-1431

Provider Gender: Female

NPI: 1063585099

Provider English Spoken: Y

Provider Language(s) Spoken: Farsi, Persian

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

KAHL, NICHOLAS

Provider ID: 100334990011

Board Certified: No

IHP OF SOUTHERN CAL-PHP

704 E GRAND AVE
ESCONDIDO, CA 92025

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Provider Gender: Male

License Number: NP95006360

NPI: 1821306598

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: Limited: (P, IB, E, R)

Website: N/A

CERTIFIED NURSE PRACTITIONER

KAHL, NICHOLAS

Provider ID: 100334990011

Board Certified: No

IHP OF SOUTHERN CAL-PHP

704 E GRAND AVE
ESCONDIDO, CA 92025

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Provider Gender: Male

License Number: NP95006360

NPI: 1821306598

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (P, IB, E, R)

Website: N/A

CERTIFIED NURSE PRACTITIONER

KUCERA, EMILY

Provider ID: 100486116005

Board Certified: No

IHP OF SOUTHERN CAL-PHP

704 E GRAND AVE
ESCONDIDO, CA 92025

Phone: (619) 662-4100

Fax: (619) 662-4196

After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1770457400

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\99

American Sign Language (ASL): N

Accessibility: Limited: (P, IB, E, R)

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

LINDSEY, SABRINA

Provider ID: 100384424003

Board Certified: 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: 1164860813

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\18

American Sign Language (ASL): N

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

ODONNELL, NICOLE

Provider ID: 100451250003

Board Certified: No

IHP OF SOUTHERN CAL-PHP

488 E VALLEY PKWY STE 400
ESCONDIDO, CA 92025

Phone: (833) 867-4642

Fax: (360) 462-2741

After Hours Phone: (833) 867-4642

Provider Gender: Female

NPI: 1043708456

Provider English Spoken: Y

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Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

SOTO MAYA, ANAYELI
Provider ID: 100459103003
Board Certified: 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: 1336955525
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

WALDRUP, LA RHONDA
Provider ID: 100406799007
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029
Phone: (442) 281-3193
Fax: (442) 281-3197
After Hours Phone: (442) 281-3193
Provider Gender: Female
NPI: 1831627181
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

WALKINS, BETHANY
Provider ID: 100457547013
Board Certified: 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: 1245545581
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network
Teleservice

CERTIFIED REGISTERED NURSE ANESTHETIST

WOODIN, KAREN
Provider ID: 100079514007
Board Certified: No
COMMUNITY CARE IPA LLC
488 E VALLEY PKWY
ESCONDIDO, CA 92025
Phone: (877) 217-8505
Fax: (760) 735-6296
After Hours Phone: (877)

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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
Hours: M-F 9AM-5PM
Website: N/A
IPA: Community Care IPA LLC

CHIROPRACTOR

ROBINSON, DEAN
Provider ID: 100046260005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Provider Gender: Male
License Number: DC12036
NPI: 1851320337
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.ihpsocal.org

CHIROPRACTOR

ROBINSON, DEAN
Provider ID: 100046260005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Provider Gender: Male
License Number: DC12036
NPI: 1851320337
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.ihpsocal.org

CHIROPRACTOR

ZECHA, RONALD
Provider ID: 100081904025
Board Certified: No
IHP OF SOUTHERN CAL-PHP
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Provider Gender: Male
License Number: DC28605
NPI: 1427252121
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-12PM
Website: www.ihpsocal.org

CHIROPRACTOR

ZECHA, RONALD
Provider ID: 100081904025
Board Certified: No
IHP OF SOUTHERN CAL-PHP
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Provider Gender: Male
License Number: DC28605
NPI: 1427252121
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-12PM
Website: www.ihpsocal.org

EMERGENCY MEDICINE

PHAM, LILY
Provider ID: 100420058017
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029
Phone: (760) 739-1543
Fax: (760) 294-9274
After Hours Phone: (760) 739-1543
Provider Gender: Female
NPI: 1811423072
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

EMERGENCY MEDICINE

REALYVASQUEZ, JOHN
Provider ID: 100463697020
Board Certified: 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: 1700464237
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SAN JOAQUIN GENERAL HOSP
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
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: 100364224011
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

CALVILLO, NICOLAS
Provider ID: 100469679004
Board Certified: No

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IHP OF SOUTHERN CAL-PHP
488 E VALLEY PKWY STE 411
ESCONDIDO, CA 92025
Phone: (818) 702-0100
Fax: (360) 462-5827
After Hours Phone: (818) 702-0100
Provider Gender: Male
NPI: 1467017707
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\99
American Sign Language (ASL): N
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

GUTIERREZ-BEASLEY, IGNASIS
Provider ID: 100473248003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
728 E VALLEY PKWY
ESCONDIDO, CA 92025
Phone: (833) 867-4642
Fax: (360) 462-2745
After Hours Phone: (833) 867-4642
Provider Gender: Female
NPI: 1184366593
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: IHP of Southern Cal-PHP

HEARING AID DEALER / SUPPLIER

ANDERSON, ELAINE
Provider ID: 100112511032
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

INTERNAL MEDICINE

CHEN, ANDREW
Provider ID: 100202420015
Board Certified: No
COMMUNITY CARE IPA LLC
2130 CITRACADO PKWY STE 220
ESCONDIDO, CA 92029
Phone: (760) 743-0546
Fax: (760) 743-8005
After Hours Phone: (760) 743-0546
Provider Gender: Male
NPI: 1134357007
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, PALOMAR HEALTH, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Website: N/A
IPA: Community Care IPA LLC

INTERNAL MEDICINE

VETTICADEN, SANTOSH
Provider ID: 100368170005
Board Certified: No

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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: Male
NPI: 1679102461
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\99
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

INTERVENTIONAL CARDIOLOGY

BAYAT, HAMED
Provider ID: 100071303031
Board Certified: No
COMMUNITY CARE IPA LLC
2130 CITRACADO PKWY STE 220
ESCONDIDO, CA 92029
Phone: (760) 743-0546
Fax: (760) 317-9769
After Hours Phone: (760) 743-0546
Provider Gender: Male
NPI: 1356344196
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Website: N/A
IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT, Community Care IPA LLC

INTERVENTIONAL CARDIOLOGY

BAYAT, HAMED
Provider ID: 100071303032
Board Certified: No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
2130 CITRACADO PKWY STE 220
ESCONDIDO, CA 92029
Phone: (760) 743-0546
Fax: (760) 317-9769
After Hours Phone: (760) 743-0546
Provider Gender: Male
NPI: 1356344196
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Website: N/A
IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT, Community Care IPA LLC

INTERVENTIONAL CARDIOLOGY

HONASOGE, AKILESH
Provider ID: 100471192009
Board Certified: No
IHP OF SOUTHERN CAL-PHP
488 E VALLEY PKWY STE 107
ESCONDIDO, CA 92025
Phone: (760) 294-0480
Fax: (760) 294-0481
After Hours Phone: (760) 294-0480
Provider Gender: Male
NPI: 1497118020

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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\99
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP Teleservice

NEONATAL / PERINATAL MEDICINE

LE, CRYSTAL
Provider ID: 100145578009
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

SWEENEY, NATHALY
Provider ID: 100196389010
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029
Phone: (442) 281-3193
Fax: (442) 281-3197
After Hours Phone: (442) 281-3193
Provider Gender: Female
NPI: 1164572632
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

GOLD, JEFFREY
Provider ID: 100212423024
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

HAMILTON, ROSS
Provider ID: 100435395029
Board Certified: No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY
STE 102
ESCONDIDO, CA 92029
Phone: (760) 631-3000
Fax: (760) 631-3016
After Hours Phone: (760) 631-3000
Provider Gender: Male
NPI: 1538587852
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Hours: M-F 8:30AM-4:30PM
Website: N/A
IPA: Community Care IPA LLC

NEUROLOGY

KIM MCMANUS, OLIVIA
Provider ID: 100290462028
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029
Phone: (858) 966-5819
Fax: (760) 294-9274
After Hours Phone: (858) 966-5819
Provider Gender: Female
NPI: 1174870067
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR, CHILDRENS HOSPITAL OF ORANGE COUNTY, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

ZIMBRIC, MICHAEL
Provider ID: 100041783031
Board Certified: 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

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CHILDREN'S HOSPITAL OAKLAND
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

BANSAL, PREETI
Provider ID: 100042994034
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

BHATIA, SHAGUN
Provider ID: 100329999026
Board Certified: 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: 1104237353
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

MOLL, ANGELA
Provider ID: 100041362035
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

MOLL, ANGELA
Provider ID: 100041362030
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 206
ESCONDIDO, CA 92025
Phone: (760) 755-7600
After Hours Phone: (760) 755-7600
Provider Gender: Female
NPI: 1861648602
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

OHALLORAN, HENRY
Provider ID: 100007418038
Board Certified: 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\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

YAMANE, MAYA
Provider ID: 100443808018
Board Certified: 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

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NPI: 1124580139
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPTOMETRIST

DUONG, NGHI
Provider ID: 100441394017
Board Certified: No
IHP OF SOUTHERN CAL-PHP
700 W EL NORTE PKWY
ESCONDIDO, CA 92026
Phone: (800) 765-2737
Fax: (619) 291-6577
After Hours Phone: (800) 765-2737
Provider Gender: Female
NPI: 1285832501
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
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

OPTOMETRIST

ZAIDI, NOORINA
Provider ID: 100431690013
Board Certified: No
IHP OF SOUTHERN CAL-PHP
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Phone: (800) 898-2020
Fax: (844) 897-3788
After Hours Phone: (800) 898-2020
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
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

OPTOMETRIST

ZAIDI, NOORINA
Provider ID: 100431690025
Board Certified: No
COMMUNITY CARE IPA LLC
700 W EL NORTE
PKWY STE 200
ESCONDIDO, CA 92026
Phone: (800) 898-2020
Fax: (844) 897-3788
After Hours Phone: (800) 898-2020
Provider Gender: Female
NPI: 1023477262
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\99
American Sign Language (ASL): N
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

OTOLARYNGOLOGY

BLISS, MORGAN
Provider ID: 100293581026
Board Certified: 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

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Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

FRANK, ETHAN
Provider ID: 100439457015
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029
Phone: (760) 755-7600
Fax: (760) 755-7699
After Hours Phone: (760) 755-7600
Provider Gender: Male
NPI: 1720584345
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

LEUIN, SHELBY
Provider ID: 100136251022
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

PATEL, VIJAY
Provider ID: 100397112017
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029
Phone: (760) 755-7600
Fax: (760) 755-7699
After Hours Phone: (760) 755-7600
Provider Gender: Male
NPI: 1508250747
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

QIAN, ZHEN
Provider ID: 100441971012
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029
Phone: (760) 755-7600
Fax: (760) 755-7699
After Hours Phone: (760) 755-7600
Provider Gender: Male
NPI: 1356796783
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

DAVIS, CHRISTOPHER
Provider ID: 100027737029
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

HALEY, JESSICA
Provider ID: 100321174017
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

HALEY, JESSICA
Provider ID: 100321174022
Board Certified: No
RADY CHILDRENS HEALTH

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

LASALLE, ELIZABETH
Provider ID: 100446632016
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029
Phone: (760) 294-9260
Fax: (760) 294-9274
After Hours Phone: (760) 294-9260
Provider Gender: Female
NPI: 1235634015
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

NARAYAN, HARI
Provider ID: 100297546027
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

AGHILI, ROXANA
Provider ID: 100419888012
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: KAISER FOUNDATION HOSPITAL SAN DIEGO, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
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: 100435004016
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029
Phone: (760) 739-1543
Fax: (760) 294-9274
After Hours Phone: (760) 739-1543
Provider Gender: Male
NPI: 1336727791
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHILDRENS HOSPITAL OF ORANGE COUNTY, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
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: 100365371020
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029
Phone: (760) 739-1543
Fax: (760) 294-9274
After Hours Phone: (760) 739-1543
Provider Gender: Female
NPI: 1316162324
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

MENDES, CHANTAL
Provider ID: 100397382009
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029
Phone: (760) 739-1543
Fax: (760) 294-9274
After Hours Phone: (760)

739-1543
Provider Gender: Female
NPI: 1134681265
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

PERTL, URSULA
Provider ID: 100072222029
Board Certified: 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: 1609947464
Provider English Spoken: Y
Provider Language(s) Spoken: German, Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
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: 100376522017
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY STE 100
ESCONDIDO, CA 92029
Phone: (760) 755-7600
Fax: (760) 755-7699
After Hours Phone: (760) 755-7600
Provider Gender: Female
NPI: 1992202964
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

TODD, SARAH
Provider ID: 100338040021
Board Certified: 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\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
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: 100198556027
Board Certified: 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: Basic: (P, EB, IB, E, R)
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: 100198556022
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC ENDOCRINOLOGY

RANADIVE, SAYALI
Provider ID: 100110456023
Board Certified: 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\18
American Sign Language (ASL): N
- *Accessibility: Basic: (P, EB, IB, E, R)*
- *Hours: M-F 8AM-5PM*
- *Website: N/A*

IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

CHU, CHRISTOPHER
Provider ID: 100413678015
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
- 2125 CITRACADO PKWY
  STE 100
  ESCONDIDO, CA 92029
- *Phone: (760) 294-9260*

Fax: (760) 294-9274
- *After Hours Phone: (760) 294-9260*

Provider Gender: Male
NPI: 1912369273
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish, Yue Chinese*

Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
- *Accessibility: Basic: (P, EB, IB, E, R)*
- *Hours: M-F 8AM-5PM*
- *Website: N/A*

IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

DICKERSON, ANDREW
Provider ID: 100440955014
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
- 2125 CITRACADO PKWY
  STE 100
  ESCONDIDO, CA 92029
- *Phone: (760) 294-9260*

Fax: (760) 294-9274
- *After Hours Phone: (760) 294-9260*

Provider Gender: Male
NPI: 1063916633
- *Provider English Spoken: Y*

Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
- *Accessibility: Basic: (P, EB, IB, E, R)*
- *Hours: M-F 8AM-5PM*
- *Website: N/A*

IPA: Rady Childrens Health Network

PEDIATRIC RHEUMATOLOGY

LEVY, AVIYA
Provider ID: 100441433006
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
- 2125 CITRACADO PKWY
  STE 100
  ESCONDIDO, CA 92029
- *Phone: (760) 294-9260*

Fax: (760) 294-9274
- *After Hours Phone: (760) 294-9260*

Provider Gender: Female
NPI: 1144726936

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICAL MEDICINE / REHABILITATION

BHUPATHIRAJU, NINA
Provider ID: 100430035021
Board Certified: No
IHP OF SOUTHERN CAL-PHP
2181 CITRACADO PKWY
ESCONDIDO, CA 92029
Phone: (442) 277-6100
Fax: (224) 633-1935
After Hours Phone: (442) 277-6100
Provider Gender: Female
NPI: 1427498914
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER, PALOMAR REHABILITATION INSTITUTE
Medi-Cal Open Panel: Yes
Min/Max Age: 17\99
American Sign Language (ASL): N
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

CHENG, ISABEL
Provider ID: 100459125003
Board Certified: 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: 1578387049
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

FONTANILLA, ROBERT
Provider ID: 100453455003
Board Certified: 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: Male
NPI: 1184005258
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

GHASSEMLOU, DANIELLE
Provider ID: 100452749003
Board Certified: 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: 1578199527
Provider English Spoken: Y

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 6\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

NCHOTU, SUCCESS
Provider ID: 100442909003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
425 N DATE ST
ESCONDIDO, CA 92025
Phone: (760) 520-8300
Fax: (858) 633-4698
After Hours Phone: (760) 520-8300
Provider Gender: Male
NPI: 1073157210
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

NIAKAMAL, EVAN
Provider ID: 100389590003
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

RODRIGUES, ANNETTE
Provider ID: 100416448015
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICIANS ASSISTANT

SHARPE, NORMA
Provider ID: 100091046017
Board Certified: No
IHP OF SOUTHERN CAL-PHP
704 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: PA20490
NPI: 1619100237
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R)
Website: N/A

PHYSICIANS ASSISTANT

SHARPE, NORMA
Provider ID: 100091046017
Board Certified: No
IHP OF SOUTHERN CAL-PHP
704 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: PA20490
NPI: 1619100237
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R)
Website: N/A

PHYSICIANS ASSISTANT

YZAGUIRRE, BRADEN
Provider ID: 100452513004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
425 N DATE ST
ESCONDIDO, CA 92025
Phone: (833) 867-4642
Fax: (360) 462-2752
After Hours Phone: (833) 867-4642
Provider Gender: Male
NPI: 1861210452
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\99
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PODIATRIST

NEGRON, RICARDO
Provider ID: 100322784017
Board Certified: No
IHP OF SOUTHERN CAL-PHP
728 E VALLEY PKWY
ESCONDIDO, CA 92025
Phone: (760) 737-6900
After Hours Phone: (760) 737-6900
Provider Gender: Male
License Number: DPM5260
NPI: 1932548393
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: Providence St Joseph Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: N/A

PODIATRIST

NEGRON, RICARDO
Provider ID: 100322784017
Board Certified: No
IHP OF SOUTHERN CAL-PHP
728 E VALLEY PKWY
ESCONDIDO, CA 92025
Phone: (760) 737-6900
After Hours Phone: (760) 737-6900
Provider Gender: Male
License Number: DPM5260
NPI: 1932548393
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: Providence St Joseph Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Accessibility: Basic: (P, EB, IB, E, R, T)
Website: N/A

PODIATRIST

READ, TRENTON
Provider ID: 100400838004
Board Certified: 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
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

PODIATRIST

READ, TRENTON
Provider ID: 100400838013
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

PSYCHOLOGIST

TEETER-WITT, ALYSSA
Provider ID: 100389151005
Board Certified: 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\18
American Sign Language (ASL): N
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

TEETER-WITT, ALYSSA
Provider ID: 100389151003
Board Certified: 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\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Website: N/A
IPA: IHP of Southern Cal-PHP

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

PULMONARY DISEASES

QUAN, MICHELE GRACE

Provider ID: 100353472009
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

RADIATION ONCOLOGY

COLEMAN, LORI

Provider ID: 100009016029
Board Certified: No
COMMUNITY CARE IPA LLC
2125 CITRACADO PKWY
STE 110
ESCONDIDO, CA 92029
Phone: (760) 739-3371
Fax: (760) 739-3779
After Hours Phone: (760) 739-3371
Provider Gender: Female
NPI: 1053348920
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR, SHARP MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, PALOMAR MEDICAL CENTER, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 19\100
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

RADIATION ONCOLOGY

VAKILIAN, SIAVOSH

Provider ID: 100239950043
Board Certified: No
IHP OF SOUTHERN CAL-PHP
701 E GRAND AVE STE 200
ESCONDIDO, CA 92025
Phone: (760) 839-7370
Fax: (858) 429-7938
After Hours Phone: (760) 839-7370
Provider Gender: Male
NPI: 1427456151
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MEMORIAL HOSPITAL, PIONEERS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

RADIOLOGY DIAGNOSTIC

VAKILIAN, SIAVOSH

Provider ID: 100239950025
Board Certified: No
COMMUNITY CARE IPA LLC
701 E GRAND AVE STE 200
ESCONDIDO, CA 92025
Phone: (760) 839-7370
Fax: (858) 429-7938
After Hours Phone: (760) 839-7370

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Provider Gender: Male
NPI: 1427456151
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MEMORIAL HOSPITAL, PIONEERS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

SPEECH PATHOLOGIST

DURNAN, CASSANDRA
Provider ID: 100401867008
Board Certified: 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
Hours: M-F 7AM-7PM
Website: N/A
IPA: IHP of Southern Cal-PHP

SURGERY GENERAL

CASILLAS BERUMEN, SERGIO
Provider ID: 100416078006
Board Certified: 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, EL CENTRO REGIONAL MEDICAL CENTER, EL CENTRO REGIONAL MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

SURGERY GENERAL

GROVE, JAY
Provider ID: 100000131017
Board Certified: 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)

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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
Hours: M-F 9AM-5PM
Website: N/A
IPA: Community Care IPA LLC
Teleservice

SURGERY GENERAL VASCULAR

BORJON, AGUSTIN
Provider ID: 100439711007
Board Certified: No
COMMUNITY CARE IPA LLC
2130 CITRACADO PKWY
STE 300
ESCONDIDO, CA 92029
Phone: (760) 739-7666
Fax: (760) 739-7633
After Hours Phone: (760) 739-7666
Provider Gender: Male
NPI: 1124472311
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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

SURGERY ORTHOPEDIC

EDMONDS, ERIC
Provider ID: 100112637037
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029
Phone: (760) 480-8770
Fax: (760) 480-8811
After Hours Phone: (760) 480-8770
Provider Gender: Male
NPI: 1013048412
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY ORTHOPEDIC

SHIEH, ALVIN
Provider ID: 100412091008
Board Certified: No
COMMUNITY CARE IPA LLC
2130 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029
Phone: (760) 743-4789
Fax: (858) 485-5071
After Hours Phone: (760) 743-4789
Provider Gender: Male
NPI: 1316322100
Provider English Spoken: Y
Provider Language(s) Spoken: Mandarin
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

SURGERY PEDIATRIC

KLING, KAREN
Provider ID: 100043066029
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY PEDIATRIC

THOMPSON, KYLE
Provider ID: 100441948015
Board Certified: 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\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

FALLBROOK

CERTIFIED NURSE PRACTITIONER

APRIL, MONIQUE
Provider ID: 100432104019
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Provider Gender: Female
License Number: NP95009340
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: Limited: (EB, IB)
Hours: M 8:30AM-4PM
TU 8:30AM-12:30PM
W-TH 8:30AM-4PM

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Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

APRIL, MONIQUE

Provider ID: 100432104019

Board Certified: No

IHP OF SOUTHERN CAL-PHP

321 E ALVARADO ST
FALLBROOK, CA 92028

Phone: (760) 723-6200

After Hours Phone: (760) 723-6200

Provider Gender: Female

License Number: NP95009340

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: Limited: (EB, IB)

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

Website: www.vistacommunityclinic.org

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Provider ID: 100432104019

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After Hours Phone: (760) 723-6200

Provider Gender: Female

License Number: NP95009340

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: Limited: (EB, IB)

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

Website: www.vistacommunityclinic.org

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APRIL, MONIQUE

Provider ID: 100432104019

Board Certified: No

IHP OF SOUTHERN CAL-PHP

321 E ALVARADO ST

FALLBROOK, CA 92028

Phone: (760) 723-6200

After Hours Phone: (760) 723-6200

Provider Gender: Female

License Number: NP95009340

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: Limited: (EB, IB)

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

Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

APRIL, MONIQUE

Provider ID: 100432104019

Board Certified: No

IHP OF SOUTHERN CAL-PHP

321 E ALVARADO ST
FALLBROOK, CA 92028

Phone: (760) 723-6200

After Hours Phone: (760) 723-6200

Provider Gender: Female

License Number: NP95009340

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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: Limited: (EB, IB)*
- *Hours: M 8:30AM-4PM*
  TU 8:30AM-12:30PM
  W-TH 8:30AM-4PM
- *Website: www.vistacommunityclinic.org*

CERTIFIED NURSE PRACTITIONER

APRIL, MONIQUE

Provider ID: 100432104019

Board Certified: No

IHP OF SOUTHERN CAL-PHP

- 321 E ALVARADO ST
  FALLBROOK, CA 92028
- *Phone: (760) 723-6200*
- *After Hours Phone: (760) 723-6200*

Provider Gender: Female

License Number: NP95009340

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: Limited: (EB, IB)*
- *Hours: M 8:30AM-4PM*
  TU 8:30AM-12:30PM
  W-TH 8:30AM-4PM
- *Website: www.vistacommunityclinic.org*

CERTIFIED NURSE PRACTITIONER

CHIRIBOGA, MEGAN

Provider ID: 100398353012

Board Certified: No

IHP OF SOUTHERN CAL-PHP

- 321 E ALVARADO ST
  FALLBROOK, CA 92028
- *Phone: (760) 631-5000*
- *After Hours Phone: (760) 631-5000*

Provider Gender: Female

License Number: NP95020845

NPI: 1942931589

- *Provider English Spoken: Y*

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

- *Accessibility: Limited: (EB, IB)*
- *Hours: M 8:30AM-4PM*
  TU 8:30AM-12:30PM
  W-TH 8:30AM-4PM
- *Website: www.vistacommunityclinic.org*

CERTIFIED NURSE PRACTITIONER

CHIRIBOGA, MEGAN

Provider ID: 100398353012

Board Certified: No

IHP OF SOUTHERN CAL-PHP

- 321 E ALVARADO ST
  FALLBROOK, CA 92028
- *Phone: (760) 631-5000*
- *After Hours Phone: (760) 631-5000*

Provider Gender: Female

License Number: NP95020845

NPI: 1942931589

- *Provider English Spoken: Y*

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

- *Accessibility: Limited: (EB, IB)*
- *Hours: M 8:30AM-4PM*
  TU 8:30AM-12:30PM
  W-TH 8:30AM-4PM
- *Website: www.vistacommunityclinic.org*

CERTIFIED NURSE PRACTITIONER

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CHIRIBOGA, MEGAN
Provider ID: 100398353012
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Provider Gender: Female
License Number: NP95020845
NPI: 1942931589
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M 8:30AM-4PM
TU 8:30AM-12:30PM
W-TH 8:30AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

CHIRIBOGA, MEGAN
Provider ID: 100398353012
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Provider Gender: Female
License Number: NP95020845
NPI: 1942931589
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M 8:30AM-4PM
TU 8:30AM-12:30PM
W-TH 8:30AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

CHIRIBOGA, MEGAN
Provider ID: 100398353012
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Provider Gender: Female
License Number: NP95020845
NPI: 1942931589
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M 8:30AM-4PM
TU 8:30AM-12:30PM
W-TH 8:30AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

CHIRIBOGA, MEGAN
Provider ID: 100398353012
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Provider Gender: Female
License Number: NP95020845
NPI: 1942931589
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M 8:30AM-4PM

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TU 8:30AM-12:30PM
W-TH 8:30AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

EVERETT, ELIZABETH
Provider ID: 100418186030
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Provider Gender: Female
License Number: NP95025094
NPI: 1942952767
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: Limited: (EB, IB)
Hours: M 8AM-4PM
TU 8AM-12:30PM
W-TH 8AM-5PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE

PRACTITIONER

EVERETT, ELIZABETH
Provider ID: 100418186030
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Provider Gender: Female
License Number: NP95025094
NPI: 1942952767
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: Limited: (EB, IB)
Hours: M 8AM-4PM
TU 8AM-12:30PM
W-TH 8AM-5PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

EVERETT, ELIZABETH
Provider ID: 100418186030
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Provider Gender: Female
License Number: NP95025094
NPI: 1942952767
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: Limited: (EB, IB)
Hours: M 8AM-4PM
TU 8AM-12:30PM
W-TH 8AM-5PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

EVERETT, ELIZABETH
Provider ID: 100418186030
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Gender: Female
License Number: NP95025094
NPI: 1942952767
- *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: Limited: (EB, IB)*
- *Hours: M 8AM-4PM TU 8AM-12:30PM W-TH 8AM-5PM*
- *Website: www.vistacommunityclinic.org*

CERTIFIED NURSE PRACTITIONER

EVERETT, ELIZABETH
Provider ID: 100418186030
Board Certified: No
IHP OF SOUTHERN CAL-PHP
- 321 E ALVARADO ST FALLBROOK, CA 92028
- *Phone: (760) 723-6200*
- *After Hours Phone: (760) 723-6200*

Provider Gender: Female
License Number: NP95025094
NPI: 1942952767
- *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: Limited: (EB, IB)*
- *Hours: M 8AM-4PM TU 8AM-12:30PM W-TH 8AM-5PM*
- *Website: www.vistacommunityclinic.org*

CERTIFIED NURSE PRACTITIONER

EVERETT, ELIZABETH
Provider ID: 100418186030
Board Certified: No
IHP OF SOUTHERN CAL-PHP
- 321 E ALVARADO ST FALLBROOK, CA 92028
- *Phone: (760) 723-6200*
- *After Hours Phone: (760) 723-6200*

Provider Gender: Female
License Number: NP95025094
NPI: 1942952767
- *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: Limited: (EB, IB)*
- *Hours: M 8AM-4PM TU 8AM-12:30PM W-TH 8AM-5PM*
- *Website: www.vistacommunityclinic.org*

CERTIFIED NURSE PRACTITIONER

GUIDI, CASEY
Provider ID: 100399317002
Board Certified: 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: 1013349919
- *Provider English Spoken: Y*

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 12\None
American Sign Language (ASL): N
- *Accessibility: Limited: (EB, IB, E, R, T)*
- *Website: N/A*

IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

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CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET

Provider ID: 100345409030

Board Certified: 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

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: 100345409018

Board Certified: No

IHP OF SOUTHERN CAL-PHP

321 E ALVARADO ST
FALLBROOK, CA 92028

Phone: (760) 723-6200

After Hours Phone: (760) 723-6200

Provider Gender: Female

License Number: NP95003447

NPI: 1245695006

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (EB, IB)

Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET

Provider ID: 100345409018

Board Certified: No

IHP OF SOUTHERN CAL-PHP

321 E ALVARADO ST
FALLBROOK, CA 92028

Phone: (760) 723-6200

After Hours Phone: (760) 723-6200

Provider Gender: Female

License Number: NP95003447

NPI: 1245695006

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (EB, IB)

Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET

Provider ID: 100345409018

Board Certified: No

IHP OF SOUTHERN CAL-PHP

321 E ALVARADO ST
FALLBROOK, CA 92028

Phone: (760) 723-6200

After Hours Phone: (760) 723-6200

Provider Gender: Female

License Number: NP95003447

NPI: 1245695006

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

N

Accessibility: Limited: (EB, IB)

Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET

Provider ID: 100345409018

Board Certified: No

IHP OF SOUTHERN CAL-PHP

321 E ALVARADO ST
FALLBROOK, CA 92028

Phone: (760) 723-6200

After Hours Phone: (760) 723-6200

Provider Gender: Female

License Number: NP95003447

NPI: 1245695006

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (EB, IB)

Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET

Provider ID: 100345409018

Board Certified: No

IHP OF SOUTHERN CAL-PHP

321 E ALVARADO ST
FALLBROOK, CA 92028

Phone: (760) 723-6200

After Hours Phone: (760) 723-6200

Provider Gender: Female

License Number: NP95003447

NPI: 1245695006

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (EB, IB)

Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET

Provider ID: 100345409018

Board Certified: No

IHP OF SOUTHERN CAL-PHP

321 E ALVARADO ST
FALLBROOK, CA 92028

Phone: (760) 723-6200

After Hours Phone: (760) 723-6200

Provider Gender: Female

License Number: NP95003447

NPI: 1245695006

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (EB, IB)

Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET

Provider ID: 100345409032

Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
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

KIRKLAND, STEPHANIE
Provider ID: 100358241008
Board Certified: 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: 1083813661
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHRISTUS SANTA ROSA MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-TH 8AM-2PM
F 8AM-5PM
SA 9AM-4PM
Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

RACKHAM, KELLY
Provider ID: 100368543012
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Provider Gender: Male
License Number: NP95015717
NPI: 1801497284
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M 8AM-4PM
TU 8AM-12:30PM
W-TH 8AM-5PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

RACKHAM, KELLY
Provider ID: 100368543012
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Provider Gender: Male
License Number: NP95015717
NPI: 1801497284
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M 8AM-4PM
TU 8AM-12:30PM
W-TH 8AM-5PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

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PRACTITIONER

RACKHAM, KELLY

Provider ID: 100368543012

Board Certified: No

IHP OF SOUTHERN CAL-PHP

321 E ALVARADO ST
FALLBROOK, CA 92028

Phone: (760) 723-6200

After Hours Phone: (760) 723-6200

Provider Gender: Male

License Number: NP95015717

NPI: 1801497284

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (EB, IB)

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

Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

RACKHAM, KELLY

Provider ID: 100368543012

Board Certified: No

IHP OF SOUTHERN CAL-PHP

321 E ALVARADO ST
FALLBROOK, CA 92028

Phone: (760) 723-6200

After Hours Phone: (760) 723-6200

Provider Gender: Male

License Number: NP95015717

NPI: 1801497284

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (EB, IB)

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

Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

RACKHAM, KELLY

Provider ID: 100368543012

Board Certified: No

IHP OF SOUTHERN CAL-PHP

321 E ALVARADO ST
FALLBROOK, CA 92028

Phone: (760) 723-6200

After Hours Phone: (760) 723-6200

Provider Gender: Male

License Number: NP95015717

NPI: 1801497284

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (EB, IB)

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

Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

RACKHAM, KELLY

Provider ID: 100368543012

Board Certified: No

IHP OF SOUTHERN CAL-PHP

321 E ALVARADO ST
FALLBROOK, CA 92028

Phone: (760) 723-6200

After Hours Phone: (760) 723-6200

Provider Gender: Male

License Number: NP95015717

NPI: 1801497284

Provider English Spoken: Y

Provider Language(s)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M 8AM-4PM
TU 8AM-12:30PM
W-TH 8AM-5PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

STOJANOVSKA, JOVANA
Provider ID: 100413318002
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

WHYE, MONIQUE
Provider ID: 100480830005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Provider Gender: Female
License Number: NP16927
NPI: 1811088776
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M 8:30AM-4PM
TU 8:30AM-12:30PM
W-TH 8:30AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

WHYE, MONIQUE
Provider ID: 100480830005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Provider Gender: Female
License Number: NP16927
NPI: 1811088776
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M 8:30AM-4PM
TU 8:30AM-12:30PM
W-TH 8:30AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

WHYE, MONIQUE
Provider ID: 100480830005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Gender: Female
License Number: NP16927
NPI: 1811088776
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M 8:30AM-4PM
TU 8:30AM-12:30PM
W-TH 8:30AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

WHYE, MONIQUE
Provider ID: 100480830005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Provider Gender: Female
License Number: NP16927
NPI: 1811088776
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M 8:30AM-4PM
TU 8:30AM-12:30PM
W-TH 8:30AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

WHYE, MONIQUE
Provider ID: 100480830005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Provider Gender: Female
License Number: NP16927
NPI: 1811088776
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M 8:30AM-4PM
TU 8:30AM-12:30PM
W-TH 8:30AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

WHYE, MONIQUE
Provider ID: 100480830005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Provider Gender: Female
License Number: NP16927
NPI: 1811088776
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M 8:30AM-4PM
TU 8:30AM-12:30PM
W-TH 8:30AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

WHYE, MONIQUE
Provider ID: 100480830005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760) 723-6200
Provider Gender: Female
License Number: NP16927
NPI: 1811088776
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB)
Hours: M 8:30AM-4PM
TU 8:30AM-12:30PM
W-TH 8:30AM-4PM
Website: www.vistacommunityclinic.org

FAMILY PRACTICE

MILLIRON, ANTHONY
Provider ID: 100459183004
Board Certified: No

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: 1265011084
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\99
American Sign Language (ASL): N
Hours: M 8:30AM-5:30PM
TU-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP
Teleservice

PEDIATRICS

KIRKLAND, STEPHANIE
Provider ID: 100358241011
Board Certified: 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: 1083813661
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHRISTUS SANTA ROSA MEDICAL CENTER
Medi-Cal Open Panel: No
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-TH 8AM-2PM
F 8AM-5PM
SA 9AM-4PM
Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

PEDIATRICS

ROBINSON, DAISY
Provider ID: 100052395011
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-4PM
Website: N/A
IPA: IHP of Southern Cal-PHP

IMPERIAL BEACH

CERTIFIED NURSE PRACTITIONER

ALLEN, KATHERINE
Provider ID: 100358973004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
949 PALM AVE
IMPERIAL BEACH, CA 91932
Phone: (619) 429-3733
Fax: (877) 673-1361
After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 1831557024
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

Accessibility: Limited: (P, EB, IB, E)
Hours: M 8AM-5PM
TU 8AM-7:30PM
W 8AM-5PM
TH 8AM-7:30PM
F 8AM-5PM
SA 8AM-12PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

CUNNINGHAM, STEPHANIE
Provider ID: 100413128002
Board Certified: No
IHP OF SOUTHERN CAL-PHP
949 PALM AVE
IMPERIAL BEACH, CA 91932
Phone: (619) 429-3733
Fax: (877) 673-1361
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: Limited: (P, EB, IB, E)
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

LUNA, ABIGAIL
Provider ID: 100454852005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
949 PALM AVE
IMPERIAL BEACH, CA 91932
Phone: (619) 429-3733
Fax: (877) 673-1361
After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 1366299315
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Hours: M 8AM-5PM
TU 8AM-7:30PM
W 8AM-5PM
TH 8AM-7:30PM
F 8AM-5PM
SA 8AM-12PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

OCONNELL, STEFANY
Provider ID: 100401596003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
949 PALM AVE
IMPERIAL BEACH, CA 91932
Phone: (619) 429-3733
Fax: (877) 673-1361
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: Limited: (P, EB, IB, E)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

OPARA, CHINYERE
Provider ID: 100387177007
Board Certified: No
IHP OF SOUTHERN CAL-PHP

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949 PALM AVE
IMPERIAL BEACH, CA 91932
Phone: (619) 429-3733
Fax: (877) 673-1361
After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 1083221683
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

RAJIV, RENUKA
Provider ID: 100454952005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
949 PALM AVE
IMPERIAL BEACH, CA 91932
Phone: (619) 429-3733
Fax: (877) 673-1361
After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 1821819301
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Hours: M 8AM-5PM
TU 8AM-7:30PM
W 8AM-5PM
TH 8AM-7:30PM
F 8AM-5PM
SA 8AM-12PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

WOOLSEY, EMILY
Provider ID: 100458657003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
949 PALM AVE
IMPERIAL BEACH, CA 91932
Phone: (619) 429-3733
Fax: (877) 673-1361
After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 1861147340
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: Limited: (P, EB, IB, E)
Hours: M 8AM-5PM
TU 8AM-7:30PM
W 8AM-5PM
TH 8AM-7:30PM
F 8AM-5PM
SA 8AM-12PM
Website: N/A
IPA: IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

CHENG, BRANDON
Provider ID: 100423333007
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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

CHUNG, PETER
Provider ID: 100451454005
Board Certified: 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: 1023837887
Provider English Spoken: Y
Provider Language(s) Spoken: Korean
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-TH 7AM-7PM
F 7AM-12PM
Website: N/A
IPA: Community Care IPA LLC

REGISTERED PHYSICAL THERAPIST

NGUYEN, TIA
Provider ID: 100418736014
Board Certified: No
IHP OF SOUTHERN CAL-PHP
600 PALM AVE STE 126
IMPERIAL BEACH, CA
91932
Phone: (619) 482-3000
Fax: (619) 332-4220
After Hours Phone: (619) 482-3000
Provider Gender: Female
NPI: 1457136269
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
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: 100418736015
Board Certified: 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
Hours: M-TH 7AM-7PM
F 7AM-4PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

PASCUAL, CHRISTOPHER
Provider ID: 100361481012
Board Certified: 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

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Provider Gender: Male
NPI: 1093328064
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 10\None
American Sign Language (ASL): N
- *Hours: M-TH 7AM-7PM*
  F 7AM-5PM
  SA 8AM-2PM
- *Website: N/A*

IPA: Community Care IPA LLC

REGISTERED PHYSICAL THERAPIST

SPARKS, TODD
Provider ID: 100008189023
Board Certified: No
IHP OF SOUTHERN CAL-PHP
- 600 PALM AVE STE 126
  IMPERIAL BEACH, CA
  91932
- *Phone: (619) 482-3000*

Fax: (619) 332-4220
- *After Hours Phone: (619) 482-3000*

Provider Gender: Male
NPI: 1265481139
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

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

VAISMAN, SAMANTHA
Provider ID: 100380415016
Board Certified: 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
- *Hours: M-F 8AM-5PM*
- *Website: N/A*

IPA: Community Care IPA LLC

REGISTERED PHYSICAL THERAPIST

VERISSIMO, TAYLOR
Provider ID: 100439741003
Board Certified: No
COMMUNITY CARE IPA LLC
- 600 PALM AVE STE 126
  IMPERIAL BEACH, CA
  91932
- *Phone: (619) 482-3000*

Fax: (619) 332-4220
- *After Hours Phone: (619) 482-3000*

Provider Gender: Female
NPI: 1124871629
- *Provider English Spoken: Y*

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
- *Hours: M-F 8AM-5PM*
- *Website: N/A*

IPA: Community Care IPA LLC

REGISTERED PHYSICAL THERAPIST

VILLANUEVA, GIOVANNI
Provider ID: 100357282009
Board Certified: No
IHP OF SOUTHERN CAL-PHP
- 600 PALM AVE STE 126
  IMPERIAL BEACH, CA

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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
Hours: M-TH 7AM-7PM F 7AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

LA JOLLA

ANESTHESIOLOGY

WANG, MICHELLE
Provider ID: 100379847004
Board Certified: No
UCSD MEDICAL GROUP
9300 CAMPUS 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

CARDIOVASCULAR DISEASE

BHATIA, HARPREET
Provider ID: 100397662003
Board Certified: No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (539) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1750709168
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: UCSD Medical Group

CARDIOVASCULAR DISEASE

DAMANI, SAMIR
Provider ID: 100025094033
Board Certified: 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
Hours: M-F 8AM-5PM SA 9AM-4PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

GOSHEN, KIRSTEN

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100318031012
Board Certified: No
IHP OF SOUTHERN CAL-PHP
9850 GENESEE AVE STE 570
LA JOLLA, CA 92037
Phone: (858) 457-4917
Fax: (858) 246-6615
After Hours Phone: (858) 457-4917
Provider Gender: Female
NPI: 1447795661
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL): N
Hours: M-F 9AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

GOSHEN, KIRSTEN
Provider ID: 100318031013
Board Certified: No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 570
LA JOLLA, CA 92037
Phone: (858) 457-4917
Fax: (858) 246-6615
After Hours Phone: (858) 457-4917
Provider Gender: Female
NPI: 1447795661
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\100
American Sign Language (ASL): N
Hours: M-F 9AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

IORIO, ALANNA
Provider ID: 100449961014
Board Certified: No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 560
LA JOLLA, CA 92037
Phone: (858) 552-1410
Fax: (760) 452-3344
After Hours Phone: (858) 552-1410
Provider Gender: Female
NPI: 1295556256
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC
Teleservice

CERTIFIED NURSE PRACTITIONER

MARTINEZ, JOYCELLE
Provider ID: 100191926015
Board Certified: 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: 1891906228
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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American Sign Language (ASL): N
Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

PAULSON, KERRY
Provider ID: 100318060004
Board Certified: 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
Hours: M-F 9AM-5PM
Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

RUIZ, KYLE
Provider ID: 100418272011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
9850 GENESEE AVE STE 650
LA JOLLA, CA 92037
Phone: (858) 800-2480
Fax: (858) 216-1908
After Hours Phone: (858) 800-2480
Provider Gender: Male
NPI: 1962108332
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, KINDRED HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 18\99
American Sign Language (ASL): N
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED REGISTERED NURSE ANESTHETIST

WOODIN, KAREN
Provider ID: 100079514014
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

CERTIFIED REGISTERED NURSE MIDWIFE

GOODWIN, RACHEL
Provider ID: 100188278012
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE MIDWIFE

GREAR MANN, MELISSA
Provider ID: 100133296007
Board Certified: No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR STE 200
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1255384475
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE MIDWIFE

GUNTHER, HOPE
Provider ID: 100173743008
Board Certified: 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
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: 100172955017
Board Certified: No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR STE 200
LA JOLLA, CA 92037
Phone: (858) 657-8745
After Hours Phone: (858) 657-8745
Provider Gender: Female
NPI: 1891752069
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
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: 100172955016
Board Certified: No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

LA JOLLA, CA 92037
Phone: (858) 657-8745
After Hours Phone: (858) 657-8745
Provider Gender: Female
NPI: 1891752069
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

GASTROENTEROLOGY

DZIEGIELEWSKI, CLAUDIA
Provider ID: 100456056008
Board Certified: No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1093548117
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: UCSD Medical Group

GASTROENTEROLOGY

DZIEGIELEWSKI, CLAUDIA
Provider ID: 100456056009
Board Certified: 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: 1093548117
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, T)
Website: N/A
IPA: UCSD Medical Group

GASTROENTEROLOGY

SINH, PREETIKA
Provider ID: 100481322014
Board Certified: No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1497047369
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: UCSD Medical Group

GASTROENTEROLOGY

SINH, PREETIKA
Provider ID: 100481322015
Board Certified: 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: 1497047369
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, T)
Website: N/A
IPA: UCSD Medical Group

INTERNAL MEDICINE

HOGARTH, MICHAEL
Provider ID: 100030665011
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

INTERVENTIONAL CARDIOLOGY

DAMANI, SAMIR
Provider ID: 100025094030
Board Certified: No
IHP OF SOUTHERN CAL-PHP
9850 GENESEE AVE STE 650
LA JOLLA, CA 92037
Phone: (858) 800-2480
Fax: (858) 216-1908
After Hours Phone: (858) 800-2480
Provider Gender: Male
NPI: 1457379372
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM SA 9AM-4PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

NEONATAL / PERINATAL

MEDICINE

DEL ROSARIO, PAMELA
Provider ID: 100293804009
Board Certified: 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, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL

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MEDICINE

HIETALATI, SAMANTHA
Provider ID: 100393994006
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

NYMAN, KATHERINE
Provider ID: 100413994018
Board Certified: 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, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

PHAM, BETTY
Provider ID: 100358704014
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
9300 CAMPUS POINT DR
FL 8
LA JOLLA, CA 92037
Phone: (858) 249-5800
Fax: (858) 249-5839
After Hours Phone: (858) 249-5800
Provider Gender: Female
NPI: 1790217750
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

SAJTI, ENIKO
Provider ID: 100216712010
Board Certified: No

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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\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

HAMILTON, ROSS
Provider ID: 100435395030
Board Certified: 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
Hours: M-F 8:30AM-4:30PM
Website: N/A
IPA: Community Care IPA LLC

OBSTETRICS / GYNECOLOGY

HILLMAN, ROBERT
Provider ID: 100474941011
Board Certified: 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: 1750636452
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, R)
Website: N/A
IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

HILLMAN, ROBERT
Provider ID: 100474941012
Board Certified: No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1750636452
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: UCSD Medical Group

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

OPHTHALMOLOGY

ALLEN, RACHAEL

Provider ID: 100454131007

Board Certified: No

IHP OF SOUTHERN CAL-PHP

9834 GENESEE AVE STE 200
LA JOLLA, CA 92037

Phone: (800) 765-2737

Fax: (858) 450-9451

After Hours Phone: (800) 765-2737

Provider Gender: Female

NPI: 1801275391

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

OPHTHALMOLOGY

HUANG, LINGLING

Provider ID: 100463280013

Board Certified: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1902398506

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

Website: N/A

IPA: UCSD Medical Group

OPHTHALMOLOGY

HUANG, LINGLING

Provider ID: 100463280015

Board Certified: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (858) 657-6035

Fax: (858) 657-6559

After Hours Phone: (858) 657-6035

Provider Gender: Female

NPI: 1902398506

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: Limited: (P, EB, IB, T)

Website: N/A

IPA: UCSD Medical Group

OPHTHALMOLOGY

HUANG, LINGLING

Provider ID: 100463280017

Board Certified: No

UCSD MEDICAL GROUP

9415 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 822-1849

After Hours Phone: (858) 534-6290

Provider Gender: Female

NPI: 1902398506

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

Website: N/A

IPA: UCSD Medical Group

OPTOMETRIST

DUONG, NGHI

Provider ID: 100441394014

Board Certified: No

IHP OF SOUTHERN CAL-PHP

9834 GENESEE AVE STE 200

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LA JOLLA, CA 92037
Phone: (858) 457-3050
Fax: (858) 457-0851
After Hours Phone: (858) 457-3050
Provider Gender: Female
NPI: 1285832501
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
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

RADIOLOGY DIAGNOSTIC

HANNSUN, GEMMY
Provider ID: 100374256007
Board Certified: No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1992120026
Provider English Spoken: Y
Provider Language(s) Spoken: Khmer, Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

KONDILI, DHIMITER
Provider ID: 100374722007
Board Certified: No
UCSD MEDICAL GROUP
9300 CAMPUS 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

SLATER, JERRY
Provider ID: 100374872007
Board Certified: No
UCSD MEDICAL GROUP
9300 CAMPUS 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

ZAMORA, JESUS
Provider ID: 100347655059

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1457525578
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PROVIDENCE LITTLE CO OF MARY MED CTR SAN PEDRO, PROVIDENCE LITTLE CO OF MARY MED CTR TORRANCE, REDLANDS COMMUNITY HOSP, UCI HEALTH-LOS ALAMITOS, VALLEY CHILDRENS HOSPITAL, ANTELOPE VALLEY HOSP MED CTR, Highland Hospital, Highland Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: UCSD Medical Group

SURGERY CRITICAL CARE

ADAMS, LAURA
Provider ID: 100376974006
Board Certified: No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1144616541
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

SURGERY GENERAL

BORTZ, PASCAL
Provider ID: 100363724012
Board Certified: No
IHP OF SOUTHERN CAL-PHP
9850 GENESEE AVE STE 570
LA JOLLA, CA 92037
Phone: (858) 457-4917
Fax: (858) 246-6615
After Hours Phone: (858) 457-4917
Provider Gender: Male
NPI: 1821330796
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 9AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

SURGERY NEUROLOGICAL

U, HOI
Provider ID: 100009655010
Board Certified: Yes
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1164468146
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL

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CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

SURGERY ORTHOPEDIC

CHOI, JIHOON
Provider ID: 100377335007
Board Certified: No
UCSD MEDICAL GROUP
9300 CAMPUS 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
Website: N/A
IPA: UCSD Medical Group

SURGERY ORTHOPEDIC

CHOI, JIHOON
Provider ID: 100377335005
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

SURGERY ORTHOPEDIC

GOEB, YANNICK
Provider ID: 100377339005
Board Certified: 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
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

SURGERY ORTHOPEDIC

GOEB, YANNICK
Provider ID: 100377339007
Board Certified: No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

SURGERY ORTHOPEDIC

MITCHELL, JOSEPH
Provider ID: 100361146007
Board Certified: No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1699161471
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

SURGERY ORTHOPEDIC

MITCHELL, JOSEPH
Provider ID: 100361146004
Board Certified: 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: 1699161471
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

SURGERY THORACIC

RAMIREZ, ALFREDO
Provider ID: 100355532003
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

UROLOGY

SOTELO, GRACE

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100476441009
Board Certified: 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: 1053938035
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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

LA MESA

CARDIOVASCULAR DISEASE

KOTHA, PURUSHOTHAM
Provider ID: 100014500006
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 9AM-5PM
Website: N/A
IPA: Community Care IPA LLC

CARDIOVASCULAR DISEASE

REDDY, REDDIWANDLA
Provider ID: 100026002009
Board Certified: No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
5565 GROSSMONT CENTER DR STE 202
LA MESA, CA 91942
Phone: (619) 377-6262
Fax: (619) 461-3108
After Hours Phone: (619) 377-6262
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: Limited: (P, EB, E, T)
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT
Teleservice

CERTIFIED NURSE PRACTITIONER

HOERRES, LYNN
Provider ID: 100449858011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
8851 CENTER DR STE 505

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LA MESA, CA 91942
Phone: (619) 461-3880
Fax: (619) 461-3895
After Hours Phone: (619) 461-3880
Provider Gender: Female
NPI: 1689226508
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\99
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 9AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP
Teleservice

CERTIFIED NURSE PRACTITIONER

LAHUYNH, JONATHAN
Provider ID: 100457591007
Board Certified: No
IHP OF SOUTHERN CAL-PHP
8851 CENTER DR STE 505
LA MESA, CA 91942
Phone: (619) 461-3880
Fax: (619) 461-3895
After Hours Phone: (619) 461-3880
Provider Gender: Male
NPI: 1063188670
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 9AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

HEARING AID DEALER / SUPPLIER

ANDERSON, ELAINE
Provider ID: 100112511035
Board Certified: No
COMMUNITY CARE IPA LLC
5565 GROSSMONT CENTER DR
LA MESA, CA 91942
Phone: (619) 589-5414
Fax: (619) 589-7391
After Hours Phone: (619) 589-5414
Provider Gender: Female
NPI: 1063558856
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

HOSPITALIST MD/DO

KUPELIAN, CHLOE
Provider ID: 100379318007
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
5555 GROSSMONT CENTER DR
LA MESA, CA 91942
Phone: (619) 740-6000
Fax: (619) 740-4885
After Hours Phone: (619) 740-6000
Provider Gender: Female
NPI: 1780013748
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

INTERNAL MEDICINE

YELLEN, LAURENCE

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100035599008
Board Certified: 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: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

INTERVENTIONAL CARDIOLOGY

HONASOGE, AKILESH
Provider ID: 100471192008
Board Certified: No
IHP OF SOUTHERN CAL-PHP
8898 LA MESA BLVD
LA MESA, CA 91942
Phone: (619) 439-2464
Fax: (619) 480-2017
After Hours Phone: (619) 439-2464
Provider Gender: Male
NPI: 1497118020
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\99
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP
Teleservice

INTERVENTIONAL CARDIOLOGY

TAGHIZADEH, BEHZAD
Provider ID: 100246104008
Board Certified: 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: Limited: (P, EB, E)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

OPHTHALMOLOGY

BARNARD, LUKE
Provider ID: 100436521012
Board Certified: No
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hospital Affiliation: Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

OPHTHALMOLOGY

BARNARD, LUKE
Provider ID: 100436521008
Board Certified: 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): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

OTOLARYNGOLOGY

SAID, MENA
Provider ID: 100431590014
Board Certified: No
COMMUNITY CARE IPA LLC
5565 GROSSMONT CENTER DR STE 101
LA MESA, CA 91942
Phone: (619) 464-3353
Fax: (619) 464-6720
After Hours Phone: (619) 464-3353
Provider Gender: Male
NPI: 1053859678
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital, SHARP CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

PHYSICIANS ASSISTANT

WHITE, KYLE
Provider ID: 100401949009
Board Certified: No
IHP OF SOUTHERN CAL-PHP
5565 GROSSMONT CENTER DR STE 101
LA MESA, CA 91942
Phone: (619) 464-3353
Fax: (619) 464-7509
After Hours Phone: (619) 464-3353
Provider Gender: Male
NPI: 1922768860
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

RADIATION ONCOLOGY

CARMONA, RUBEN
Provider ID: 100388410015
Board Certified: 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

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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: Basic: (P, EB, IB, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

RADIATION ONCOLOGY

COLEMAN, LORI
Provider ID: 100009016028
Board Certified: 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: Basic: (P, EB, IB, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

LAKESIDE

CERTIFIED NURSE PRACTITIONER

JACKSON, MARILYN
Provider ID: 100318412024
Board Certified: No
IHP OF SOUTHERN CAL-PHP
LAKESIDE, CA 92040
Phone: (858) 218-3000
Fax: (360) 462-2744
After Hours Phone: (858) 218-3000
Provider Gender: Female
NPI: 1699847913
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M 7AM-7:30PM
TU 7AM-4:30PM
W 7AM-7:30PM
TH-F 7AM-4:30PM
Website: N/A
IPA: IHP of Southern Cal-PHP
Telehealth only

CHIROPRACTOR

HOURIHAN, KEITH
Provider ID: 100007335006
Board Certified: 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: Basic: (P, EB,

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT

CHIROPRACTOR

PAGE, BIANCA
Provider ID: 100333966007
Board Certified: No
IHP OF SOUTHERN CAL-PHP
10039 VINE ST
LAKESIDE, CA 92040
Phone: (858) 218-3000
After Hours Phone: (858) 218-3000
Provider Gender: Female
License Number: DC33688
NPI: 1649787607
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.ihpsocal.org

CHIROPRACTOR

PAGE, BIANCA
Provider ID: 100333966007
Board Certified: No
IHP OF SOUTHERN CAL-PHP
10039 VINE ST
LAKESIDE, CA 92040
Phone: (858) 218-3000
After Hours Phone: (858) 218-3000
Provider Gender: Female
License Number: DC33688
NPI: 1649787607
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.ihpsocal.org

LEMON GROVE

CERTIFIED NURSE PRACTITIONER

ALLEN, KATHERINE
Provider ID: 100358973001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
After Hours Phone: (619) 515-2550
Provider Gender: Female
License Number: NP95009933
NPI: 1831557024
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM
Website: N/A

CERTIFIED NURSE PRACTITIONER

ALLEN, KATHERINE
Provider ID: 100358973001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
After Hours Phone: (619) 515-2550
Provider Gender: Female
License Number: NP95009933
NPI: 1831557024
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB,

IB, E, T)
Hours: M-F 9AM-5PM
Website: N/A

CERTIFIED NURSE PRACTITIONER

WILLIAMS, TAKISHA
Provider ID: 100391830006
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
After Hours Phone: (619) 515-2550
Provider Gender: Female
License Number: NP95013978
NPI: 1881727386
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM
Website: N/A

CERTIFIED NURSE PRACTITIONER

WILLIAMS, TAKISHA
Provider ID: 100391830006
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
After Hours Phone: (619) 515-2550
Provider Gender: Female
License Number: NP95013978
NPI: 1881727386
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM
Website: N/A

PHYSICIANS ASSISTANT

FLEMING, DAVID
Provider ID: 100334501003
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
After Hours Phone: (619) 515-2550
Provider Gender: Male
License Number: PA12416
NPI: 1932329505
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 9AM-5PM
Website: N/A

PHYSICIANS ASSISTANT

FLEMING, DAVID
Provider ID: 100334501003
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 515-2550
After Hours Phone: (619) 515-2550
Provider Gender: Male
License Number: PA12416
NPI: 1932329505
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

N

Accessibility: Limited: (P, EB, IB, E, T)

Hours: M-F 9AM-5PM

Website: N/A

MURRIETA

CERTIFIED NURSE PRACTITIONER

HEAD, KRISTIN

Provider ID: 100334276015

Board Certified: No

RADY CHILDRENS HEALTH NETWORK

25170 HANCOCK AVE STE 1
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951) 600-1640

Provider Gender: Female

NPI: 1699078923

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\None

American Sign Language (ASL): N

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

MIRACLE, ANGELYN

Provider ID: 100145652007

Board Certified: 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

Hours: SU 8:30AM-12PM
M-F 8AM-5PM
SA 8:30AM-12PM

Website: N/A

IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

SYED-UDDIN, SUMIYAH

Provider ID: 100403982003

Board Certified: No

RADY CHILDRENS HEALTH NETWORK

25500 MEDICAL CENTER DR
MURRIETA, CA 92562

Phone: (951) 696-6124

Fax: (951) 696-6293

After Hours Phone: (951) 696-6124

Provider Gender: Female

NPI: 1225606478

Provider English Spoken: Y

Provider Language(s) Spoken: Hindi, Urdu

Cultural Competency: N

Hospital Affiliation: SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL): N

Website: N/A

IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

WALKINS, BETHANY

Provider ID: 100457547012

Board Certified: No

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: 1245545581
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network
Teleservice

NEONATAL / PERINATAL MEDICINE

NYMAN, KATHERINE
Provider ID: 100413994014
Board Certified: 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, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

WEST, JULIE
Provider ID: 100397293007
Board Certified: 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, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

GOLD, JEFFREY
Provider ID: 100212423029
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE FL 1
MURRIETA, CA 92562

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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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY CHILD

GOLD, JEFFREY
Provider ID: 100212423019
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY CHILD

GUIDO-ESTRADA, NATALIE
Provider ID: 100293954014
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY CHILD

KIM MCMANUS, OLIVIA
Provider ID: 100290462024
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1174870067
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR, CHILDRENS HOSPITAL OF ORANGE

COUNTY, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

BANSAL, PREETI
Provider ID: 100042994030
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1871664631
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

BHATIA, SHAGUN
Provider ID: 100329999016
Board Certified: 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\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

MOLL, ANGELA
Provider ID: 100041362031
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

OHALLORAN, HENRY
Provider ID: 100007418034
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
After Hours Phone: (951) 600-1640
Provider Gender: Male
NPI: 1235287947
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

YAMANE, MAYA
Provider ID: 100443808009
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1124580139
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

BLISS, MORGAN
Provider ID: 100293581022
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health

Network

OTOLARYNGOLOGY

CARVALHO, DANIELA

Provider ID: 100111076018
Board Certified: 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\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

FRANK, ETHAN

Provider ID: 100439457012
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Male
NPI: 1720584345
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

PATEL, VIJAY

Provider ID: 100397112013
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

QIAN, ZHEN

Provider ID: 100441971007
Board Certified: 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)

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600-1640
Provider Gender: Male
NPI: 1356796783
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

BORQUEZ, ALEJANDRO
Provider ID: 100376287003
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

DAVIS, CHRISTOPHER
Provider ID: 100027737023
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

DUMMER, KIRSTEN
Provider ID: 100332559021
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

LASALLE, ELIZABETH
Provider ID: 100446632013
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1235634015
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

MCCANDLESS, RACHEL
Provider ID: 100219076012
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1487821815
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

NARAYAN, HARI
Provider ID: 100297546021
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

WILLIAMS, MATTHEW
Provider ID: 100247116007
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
After Hours Phone: (951) 600-1640

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

DEVERA, GEMMIE
Provider ID: 100057498004
Board Certified: Yes
RADY CHILDRENS HEALTH NETWORK
25500 MEDICAL CENTER DR
MURRIETA, CA 92562
Phone: (951) 696-6124
After Hours Phone: (951) 696-6124
Provider Gender: Female
NPI: 1366622078
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

DO, STEPHANIE
Provider ID: 100343545003
Board Certified: 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 RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

KINGDON, JOANNA
Provider ID: 100417084008
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE STE 150
MURRIETA, CA 92562
Phone: (858) 966-7800
Fax: (858) 966-8231
After Hours Phone: (858) 966-7800
Provider Gender: Female
NPI: 1609495399
Provider English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM
Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

LAM, SOPHIA
Provider ID: 100472925008
Board Certified: 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: 1669932018
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
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

MESIWALA, ADNAN
Provider ID: 100365221006
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25500 MEDICAL CENTER DR
MURRIETA, CA 92562
Phone: (951) 696-6161
Fax: (951) 696-6105
After Hours Phone: (951) 696-6161
Provider Gender: Male
NPI: 1528483955
Provider English Spoken: Y
Provider Language(s) Spoken: Gujarati
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

MILLS, DAVID
Provider ID: 100416724006
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25500 MEDICAL CENTER DR
MURRIETA, CA 92562
Phone: (951) 696-6124
Fax: (951) 696-6293
After Hours Phone: (951) 696-6124
Provider Gender: Male
NPI: 1194145946
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

OZCAN, ALI
Provider ID: 100376572009
Board Certified: 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, 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
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

PARK, BRIAN
Provider ID: 100416430006
Board Certified: 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
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

RANASURIYA, DUNISHA
Provider ID: 100343547009
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

RAWANI-PATEL, PRITI
Provider ID: 100465172005
Board Certified: 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: 1376957027
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
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

SADRE, SARA
Provider ID: 100472511008
Board Certified: 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: 1972169845
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
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

SCHROTER, STEPHANIE
Provider ID: 100349875006
Board Certified: 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 RANCHO

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

SHETH, SARIKA
Provider ID: 100352939006
Board Certified: 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\None
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

SOUDER, CHRISTOPHER
Provider ID: 100166031009
Board Certified: 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: 1851540199
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Medi-Cal Open Panel: No
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

TANG, ANDREW
Provider ID: 100395379006
Board Certified: 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, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):

N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

TRAN, THERESA
Provider ID: 100350518009
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25500 MEDICAL CENTER DR
MURRIETA, CA 92562
Phone: (951) 696-6124
Fax: (951) 696-6293
After Hours Phone: (951) 696-6124
Provider Gender: Female
NPI: 1417496985
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Vietnamese
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

VEGA, CAROLINA
Provider ID: 100439174004
Board Certified: 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, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

YIM, WESLEY
Provider ID: 100469211006
Board Certified: 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: Male
NPI: 1457988537
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):

N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC ENDOCRINOLOGY

ING, JORDAN
Provider ID: 100472960008
Board Certified: 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: 1962066035
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC ENDOCRINOLOGY

RANADIVE, SAYALI
Provider ID: 100110456020
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1588846380
Provider English Spoken: Y
Provider Language(s) Spoken: German, Hindi, Marathi, Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC ENDOCRINOLOGY

SINGH, PUJA
Provider ID: 100419234006
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1841721172
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

CHU, CHRISTOPHER
Provider ID: 100413678012

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: 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\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

DICKERSON, ANDREW
Provider ID: 100440955009
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Male
NPI: 1063916633
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

JAZAYERI, AMIR
Provider ID: 100441879005
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Male
NPI: 1316385925
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

SHARMA, ANITA
Provider ID: 100443393005
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1871989335
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC NEPHROLOGY

RASCHKE, ROBIN
Provider ID: 100439492014
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
Phone: (858) 966-8052
Fax: (858) 966-7789
After Hours Phone: (858) 966-8052
Provider Gender: Female
NPI: 1609365402
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC PULMONOLOGY

LENHART-PENDERGRASS, PATRICIA
Provider ID: 100395245012
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC PULMONOLOGY

RAO, APARNA
Provider ID: 100325259012
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC RHEUMATOLOGY

PHADKE, OMKAR
Provider ID: 100452392006
Board Certified: 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: 1598140238
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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

LOPEZ, XIMENA
Provider ID: 100419308005
Board Certified: 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\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

NGO, MAI
Provider ID: 100068402018
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE STE 1
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1508910787
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, UCSF MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

PATTERSON, MARY
Provider ID: 100236163012
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

VARGAS TRUJILLO, MARCELA
Provider ID: 100258755008
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICAL MEDICINE / REHABILITATION

ALGRA, JEFFREY
Provider ID: 100324507007
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICAL MEDICINE / REHABILITATION

BIFFL, SUSAN
Provider ID: 100323974008
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1366589640
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICAL MEDICINE / REHABILITATION

DALAL, PRITHA
Provider ID: 100218804010
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1609017532
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICAL MEDICINE / REHABILITATION

SCOTT-WYARD, PHOEBE
Provider ID: 100190325033
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICAL MEDICINE / REHABILITATION

SKALSKY, ANDREW
Provider ID: 100047579012
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICIANS ASSISTANT

RODRIGUES, ANNETTE
Provider ID: 100416448012

Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY GENERAL

FAIRBANKS, TIMOTHY
Provider ID: 100135959025
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY GENERAL

KLING, KAREN
Provider ID: 100043066030
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1982775144
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, NATIONAL NAVAL MED CTR, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY ORTHOPEDIC

CHENG, YU-TSUN
Provider ID: 100046358018
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE

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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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY PEDIATRIC

THANGARAJAH, HARIHARAN
Provider ID: 100256000008
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
After Hours Phone: (951) 600-1640
Provider Gender: Male
NPI: 1598979593
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY PEDIATRIC

THOMPSON, KYLE
Provider ID: 100441948009
Board Certified: 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\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NATIONAL CITY

CARDIOVASCULAR DISEASE

DAMANI, SAMIR
Provider ID: 100025094034
Board Certified: 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

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American Sign Language (ASL): N
Hours: M-F 8AM-5PM SA 9AM-4PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

AQUINO, FELINO
Provider ID: 100333694014
Board Certified: No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Male
License Number: NP22974
NPI: 1356684781
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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-6PM F 8AM-5PM
Website: www.opsamheath .org
Teleservice

CERTIFIED NURSE PRACTITIONER

AQUINO, FELINO
Provider ID: 100333694014
Board Certified: No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Male
License Number: NP22974
NPI: 1356684781
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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-6PM F 8AM-5PM
Website: www.opsamheath .org
Teleservice

CERTIFIED NURSE PRACTITIONER

BIMSTEIN, JAIME
Provider ID: 100457622006
Board Certified: 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
Provider Gender: Male
NPI: 1730430844
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R)
Hours: M-F 9AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

CUNNINGHAM, ISIS
Provider ID: 100415795003
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
655 EUCLID AVE STE 205

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NATIONAL CITY, CA 91950
Phone: (619) 470-1945
Fax: (619) 475-5048
After Hours Phone: (619) 470-1945
Provider Gender: Female
NPI: 1770124927
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 9AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

DRISCOLL, SUSAN
Provider ID: 100360073017
Board Certified: No
IHP OF SOUTHERN CAL-PHP
330 E 8TH ST
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 434-3514
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: NP95012943
NPI: 1477755684
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

DRISCOLL, SUSAN
Provider ID: 100360073017
Board Certified: No
IHP OF SOUTHERN CAL-PHP
330 E 8TH ST
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 434-3514
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: NP95012943
NPI: 1477755684
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

FERNANDO, JENNIFER
Provider ID: 100460124003
Board Certified: No
COMMUNITY CARE IPA LLC
2835 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
NPI: 1346259611
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-TH 8AM-6PM F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

GULLY, MICHELLE
Provider ID: 100407971002
Board Certified: No
COMMUNITY CARE IPA LLC
1428 HIGHLAND AVE

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NATIONAL CITY, CA 91950
Phone: (844) 200-2426
Fax: (619) 356-2726
After Hours Phone: (844) 200-2426
Provider Gender: Female
NPI: 1801557947
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, KINDRED HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

KIM, YUNMI
Provider ID: 100446291004
Board Certified: No
COMMUNITY CARE IPA LLC
2101 GRANGER AVE STE 101
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
Fax: (619) 356-2726
After Hours Phone: (844) 200-2426
Provider Gender: Female
NPI: 1467166942
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-6PM F 8AM-5PM
Website: www.opsamheath .org

CERTIFIED NURSE PRACTITIONER

KIM, YUNMI
Provider ID: 100446291006
Board Certified: No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95023829
NPI: 1467166942
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-6PM F 8AM-5PM
Website: www.opsamheath .org

CERTIFIED NURSE PRACTITIONER

KIM, YUNMI
Provider ID: 100446291006
Board Certified: No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95023829
NPI: 1467166942
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

KIM, YUNMI
Provider ID: 100446291006
Board Certified: No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95023829
NPI: 1467166942
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-6PM F 8AM-5PM
Website: www.opsamheath .org

CERTIFIED NURSE PRACTITIONER

LIM, IMELDA
Provider ID: 100334142003
Board Certified: No
OPERATION SAMAHAN

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95000203
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
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-6PM F 8AM-5PM
Website: www.opsamheath.org
Teleservice

CERTIFIED NURSE PRACTITIONER

LIM, IMELDA
Provider ID: 100334142003
Board Certified: No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95000203
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
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-6PM F 8AM-5PM
Website: www.opsamheath.org
Teleservice

CERTIFIED NURSE PRACTITIONER

LIM, IMELDA
Provider ID: 100334142008
Board Certified: 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
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

LUM, YUIN-WAH
Provider ID: 100342623002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA 91950
Phone: (619) 515-2399
After Hours Phone: (619) 515-2399
Provider Gender: Female
License Number: NP95010663
NPI: 1942764477
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB,

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IB, E, R, T)
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
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

LUM, YUIN-WAH
Provider ID: 100342623002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA 91950
Phone: (619) 515-2399
After Hours Phone: (619) 515-2399
Provider Gender: Female
License Number: NP95010663
NPI: 1942764477
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
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
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

MAGNO, JOANA
Provider ID: 100482442001
Board Certified: No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95023407
NPI: 1619671377
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-6PM
F 8AM-5PM
Website: www.opsamheath.org

CERTIFIED NURSE PRACTITIONER

MAGNO, JOANA
Provider ID: 100482442001
Board Certified: No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95023407
NPI: 1619671377
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-6PM
F 8AM-5PM
Website: www.opsamheath.org

CERTIFIED NURSE PRACTITIONER

MCCULLOUGH, LYAN LOVE
Provider ID: 100433423005
Board Certified: No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (619) 474-2284
After Hours Phone: (619) 474-2284
Provider Gender: Female
License Number: NP95028990

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NPI: 1063759181
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Tagalog*

Cultural Competency: N
Hospital Affiliation: UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER, KINDRED HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
- *Accessibility: Basic: (P, EB, IB, E, R, T)*
- *Website: www.opsamheath.org*

CERTIFIED NURSE PRACTITIONER

MCCULLOUGH, LYAN LOVE
Provider ID: 100433423005
Board Certified: No
OPERATION SAMAHAN
- 2743 HIGHLAND AVE NATIONAL CITY, CA 91950
- *Phone: (619) 474-2284*
- *After Hours Phone: (619) 474-2284*

Provider Gender: Female
License Number: NP95028990
NPI: 1063759181
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Tagalog*

Cultural Competency: N
Hospital Affiliation: UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER, KINDRED HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
- *Accessibility: Basic: (P, EB, IB, E, R, T)*
- *Website: www.opsamheath.org*

CERTIFIED NURSE PRACTITIONER

MIDORO, ABEGAILLE
Provider ID: 100415584009
Board Certified: No
COMMUNITY CARE IPA LLC
- 2835 HIGHLAND AVE STE A 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
- *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: 100415584006
Board Certified: 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
- *Hours: M-TU 8:30AM-5:30PM W 10AM-7PM*

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

TH-F 8:30AM-5:30PM
Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

NINER, JEANNE
Provider ID: 100458628003
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
502 EUCLID AVE STE 201
NATIONAL CITY, CA 91950
Phone: (619) 475-6204
After Hours Phone: (619) 475-6204
Provider Gender: Female
NPI: 1558699769
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Website: N/A
IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

NOVENO, HILARIO JR
Provider ID: 100344345026
Board Certified: No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (619) 474-2284
After Hours Phone: (619) 474-2284
Provider Gender: Male
License Number: NP95010779
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: Basic: (P, EB, IB, E, R, T)
Website: www.opsamheath.org

CERTIFIED NURSE PRACTITIONER

NOVENO, HILARIO JR
Provider ID: 100344345026
Board Certified: No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (619) 474-2284
After Hours Phone: (619) 474-2284
Provider Gender: Male
License Number: NP95010779
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: Basic: (P, EB, IB, E, R, T)
Website: www.opsamheath.org

CERTIFIED NURSE PRACTITIONER

RUIZ, KYLE
Provider ID: 100418272010
Board Certified: 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: 1962108332
Provider English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, KINDRED HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 18\99
American Sign Language (ASL): N
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

STOREY, ERIC
Provider ID: 100407007004
Board Certified: No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Male
License Number: NP95019667
NPI: 1205598984
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-6PM F 8AM-5PM
Website: www.opsamheath.org

CERTIFIED NURSE PRACTITIONER

STOREY, ERIC
Provider ID: 100407007004
Board Certified: No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Male
License Number: NP95019667
NPI: 1205598984
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-6PM F 8AM-5PM
Website: www.opsamheath.org

CHIROPRACTOR

CABALLERO, JAMES
Provider ID: 100112203014
Board Certified: No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Male
License Number: DC27726
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: Basic: (P, EB, IB, E, R, T)
Website: www.opsamheath.org

CHIROPRACTOR

CABALLERO, JAMES
Provider ID: 100112203014
Board Certified: No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Male
License Number: DC27726
NPI: 1093991549

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.opsamheath.org

DERMATOLOGY

BOHRER, NICHOLAS
Provider ID: 100465360011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
655 EUCLID AVE STE 304
NATIONAL CITY, CA 91950
Phone: (619) 267-8303
Fax: (619) 267-4835
After Hours Phone: (619) 267-8303
Provider Gender: Male
NPI: 1689134348
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\100
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

FAMILY PRACTICE

KELLER, TILDEN
Provider ID: 100470899006
Board Certified: No
IHP OF SOUTHERN CAL-PHP
601 E 14TH ST STE 201
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 785-3436
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1548687957
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

OCEGUEDA, JOSHUA
Provider ID: 100377020009
Board Certified: No
IHP OF SOUTHERN CAL-PHP
601 E 14TH ST STE 201
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 785-3436
After Hours Phone: (619) 662-4100
Provider Gender: Male
NPI: 1336643345
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
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

ROBERTS, POMAI
Provider ID: 100323487011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
601 E 14TH ST STE 201
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 785-3436
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
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: 100438861008
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

TRAN, KIM
Provider ID: 100438861009
Board Certified: 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: Limited: (P, EB, IB, E)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

INTERVENTIONAL CARDIOLOGY

DAMANI, SAMIR
Provider ID: 100025094031
Board Certified: 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
Hours: M-F 8AM-5PM
SA 9AM-4PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

INTERVENTIONAL CARDIOLOGY

PANDHI, JAY
Provider ID: 100317135014
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

OBSTETRICS / GYNECOLOGY

DEL ROSARIO, GELEN
Provider ID: 100002504019
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 9AM-5PM
Website: N/A
IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT, Community Care IPA LLC, Rady Childrens Health Network

OBSTETRICS / GYNECOLOGY

DEL ROSARIO, GELEN
Provider ID: 100002504022
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 9AM-5PM
Website: N/A
IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT, Community Care IPA LLC, Rady Childrens Health Network

OBSTETRICS / GYNECOLOGY

DEL ROSARIO, GELEN
Provider ID: 100002504027
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 9AM-5PM
Website: N/A
IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT, Community Care IPA LLC, Rady Childrens Health Network

OBSTETRICS / GYNECOLOGY

WINESBURG, JENNIFER
Provider ID: 100166663025
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

OPHTHALMOLOGY

BARNARD, LUKE
Provider ID: 100436521010
Board Certified: 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
Hours: M-TU 8:30AM-6PM
W 8:30AM-5PM
TH 8:30AM-6PM
F 8:30AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

OPHTHALMOLOGY

BARNARD, LUKE
Provider ID: 100436521013
Board Certified: 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
Hours: M-TU 8:30AM-6PM
W 8:30AM-5PM
TH 8:30AM-6PM
F 8:30AM-5PM
Website: N/A

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

OPHTHALMOLOGY

THEODORE, SHARON

Provider ID: 100058656145
Board Certified: 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: 1831145739
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: LOMA LINDA UNIVERSITY MED CTR, DESERT REGIONAL MED CTR, FRENCH HOSPITAL MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 21\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PEDIATRIC DERMATOLOGY

BOHRER, NICHOLAS

Provider ID: 100465360005
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
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: Male
NPI: 1689134348
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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

PEDIATRIC DERMATOLOGY

LEE, STEPHANIE

Provider ID: 100344988018
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
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: 1568824183
Provider English Spoken: Y
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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

PEREZ, SANDRA

Provider ID: 100070834014
Board Certified: No
IHP OF SOUTHERN CAL-PHP
601 E 14TH ST STE 201
NATIONAL CITY, CA 91950
Phone: (619) 662-4100
Fax: (619) 785-3436
After Hours Phone: (619) 662-4100
Provider Gender: Female

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NPI: 1073674370
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

BANGS, SASHA
Provider ID: 100348734003
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA 91950
Phone: (619) 515-2399
After Hours Phone: (619) 515-2399
Provider Gender: Female
License Number: PA55660
NPI: 1720524374
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
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
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

BANGS, SASHA
Provider ID: 100348734003
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA 91950
Phone: (619) 515-2399
After Hours Phone: (619) 515-2399
Provider Gender: Female
License Number: PA55660
NPI: 1720524374
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
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
Website: www.fhcsd.org

PODIATRIST

ATMAR, AKMAL
Provider ID: 100315099005
Board Certified: No
COMMUNITY CARE IPA LLC
2345 E 8TH ST STE 105
NATIONAL CITY, CA 91950
Phone: (858) 275-6320
Fax: (877) 671-6835
After Hours Phone: (858) 275-6320
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
Hours: M-F 9AM-5PM
Website: N/A
IPA: Community Care IPA LLC

PODIATRIST

DAVIDSON III, JOHN
Provider ID: 100330956040

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Board Certified: 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
Hours: M-TH 9AM-4:30PM F 9AM-12PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

PODIATRIST

DAVIDSON III, JOHN
Provider ID: 100330956006
Board Certified: 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
Hours: M-TH 9AM-4:30PM F 9AM-12PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

REGISTERED PHYSICAL THERAPIST

CHENG, BRANDON
Provider ID: 100423333008
Board Certified: 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
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

CHUNG, PETER
Provider ID: 100451454012
Board Certified: 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: Male

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NPI: 1023837887
Provider English Spoken: Y
Provider Language(s) Spoken: Korean
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-TH 7AM-7PM
F 7AM-12PM
Website: N/A
IPA: Community Care IPA LLC

REGISTERED PHYSICAL THERAPIST

NGUYEN, TIA
Provider ID: 100418736009
Board Certified: 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
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: 100418736007
Board Certified: 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
Hours: M-TH 7AM-7PM
F 7AM-4PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

PASCUAL, CHRISTOPHER
Provider ID: 100361481014
Board Certified: No
COMMUNITY CARE IPA LLC
3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950
Phone: (619) 482-3000
Fax: (619) 695-0050
After Hours Phone: (619) 482-3000
Provider Gender: Male
NPI: 1093328064
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 10\None
American Sign Language (ASL): N
Hours: M-TH 7AM-7PM
F 7AM-5PM
SA 8AM-2PM
Website: N/A
IPA: Community Care IPA LLC

REGISTERED PHYSICAL THERAPIST

SPARKS, TODD
Provider ID: 100008189024
Board Certified: 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)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
- *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

TORRES, MICHAEL ANDREW
Provider ID: 100450939004
Board Certified: 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: 1770302218
- *Provider English Spoken: Y*

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
- *Hours: M-F 8AM-5PM*
- *Website: N/A*

IPA: Community Care IPA LLC

REGISTERED PHYSICAL THERAPIST

VILLANUEVA, GIOVANNI
Provider ID: 100357282011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
- 3400 E 8TH ST STE 108
  NATIONAL CITY, CA 91950
- *Phone: (619) 482-3000*

Fax: (619) 695-0050
- *After Hours Phone: (619) 482-3000*

Provider Gender: Male
NPI: 1063046878
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
- *Hours: M-F 7AM-7PM*
- *Website: N/A*

IPA: IHP of Southern Cal-PHP

OCEANSIDE

ANESTHESIOLOGY PAIN MANAGEMENT

DAIRO, BRANDON
Provider ID: 100347956030
Board Certified: No
COMMUNITY CARE IPA LLC
- 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: 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
- *Hours: M-F 8AM-5PM*
- *Website: N/A*

IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

CERTIFIED NURSE PRACTITIONER

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BALDWIN, ANDREA
Provider ID: 100312612005
Board Certified: 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
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: 100334163008
Board Certified: No
IHP OF SOUTHERN CAL-PHP
2210 MESA DR STE 300
OCEANSIDE, CA 92054
Phone: (760) 757-5841
After Hours Phone: (760) 757-5841
Provider Gender: Female
License Number: NP95001653
NPI: 1427325166
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
SA 8AM-4:30PM
Website: N/A

CERTIFIED NURSE PRACTITIONER

BINETTE, DONYA
Provider ID: 100334163008
Board Certified: No
IHP OF SOUTHERN CAL-PHP
2210 MESA DR STE 300
OCEANSIDE, CA 92054
Phone: (760) 757-5841
After Hours Phone: (760) 757-5841
Provider Gender: Female
License Number: NP95001653
NPI: 1427325166
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
SA 8AM-4:30PM
Website: N/A

CERTIFIED NURSE PRACTITIONER

BINETTE, DONYA
Provider ID: 100334163007
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
2210 MESA DR STE 300
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1427325166
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
SA 8AM-4:30PM
Website: N/A
IPA: Rady Childrens Health Network

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CERTIFIED NURSE PRACTITIONER

CARROLL, MAYA

Provider ID: 100396575004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
619 CROUCH ST STE 100
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1699315473
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

CHIRIBOGA, MEGAN

Provider ID: 100398353009
Board Certified: 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
License Number: NP95020845
NPI: 1942931589
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

CHIRIBOGA, MEGAN

Provider ID: 100398353009
Board Certified: 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
License Number: NP95020845
NPI: 1942931589
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

CHIRIBOGA, MEGAN

Provider ID: 100398353009
Board Certified: 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
License Number: NP95020845
NPI: 1942931589
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

CHIRIBOGA, MEGAN
Provider ID: 100398353009
Board Certified: 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
License Number: NP95020845
NPI: 1942931589
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

CHIRIBOGA, MEGAN
Provider ID: 100398353009
Board Certified: 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
License Number: NP95020845
NPI: 1942931589
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
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Cultural Competency: N
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CERTIFIED NURSE PRACTITIONER

DECARLI, TASIA
Provider ID: 100274833025
Board Certified: 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

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License Number: NP95001650
NPI: 1598158768
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
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OCEANSIDE, CA 92057
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After Hours Phone: (760) 631-5000
Provider Gender: Female
License Number: NP95001650
NPI: 1598158768
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
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CERTIFIED NURSE PRACTITIONER

EVERETT, ELIZABETH
Provider ID: 100418186028
Board Certified: 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
License Number: NP95025094
NPI: 1942952767
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: Basic: (P, EB, IB, E, R, T)
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Provider Language(s) Spoken: Sign Language
Cultural Competency: N
Medi-Cal Open Panel: Yes
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Min/Max Age: 0\None

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American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

GENOVESE, KELLY

Provider ID: 100412952002

Board Certified: 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: Basic: (P, EB, IB, E, R)

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

HALGEDAHL, YI TING

Provider ID: 100324621010

Board Certified: 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

License Number: NP95006826

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: Basic: (P, EB, IB, E, R, T)

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

Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

HALGEDAHL, YI TING

Provider ID: 100324621009

Board Certified: 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

License Number: NP95006826

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: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

HALGEDAHL, YI TING

Provider ID: 100324621022

Board Certified: 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

License Number: NP95006826

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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

HALGEDAHL, YI TING
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Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Provider Gender: Female
License Number: NP95006826
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: Basic: (P, EB, IB, E, R, T)
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American Sign Language (ASL):

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Accessibility: Basic: (P, EB, IB, E, R, T)

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

Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

HARRIS, PAMELA

Provider ID: 100417497017

Board Certified: 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

License Number: NP95022679

NPI: 1407545221

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

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Cultural Competency: N

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Provider English Spoken: Y

Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

HARRIS, PAMELA
Provider ID: 100417497017
Board Certified: 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
License Number: NP95022679
NPI: 1407545221
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

HARRIS, PAMELA
Provider ID: 100417497017
Board Certified: 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
License Number: NP95022679
NPI: 1407545221
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

HEAD, KRISTIN
Provider ID: 100334276018
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1020
Fax: (760) 547-1021
After Hours Phone: (760) 547-1020
Provider Gender: Female
NPI: 1699078923
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET
Provider ID: 100345409015
Board Certified: No
IHP OF SOUTHERN CAL-PHP
818 PIER VIEW WAY
OCEANSIDE, CA 92054

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Provider Gender: Female
License Number: NP95003447
NPI: 1245695006
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TU 8AM-5PM
W 8AM-7PM
TH-F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET
Provider ID: 100345409015
Board Certified: 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
License Number: NP95003447
NPI: 1245695006
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TU 8AM-5PM
W 8AM-7PM
TH-F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET
Provider ID: 100345409028
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1245695006
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET
Provider ID: 100345409025
Board Certified: 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: 1245695006
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Network

CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET

Provider ID: 100345409026

Board Certified: No

IHP OF SOUTHERN CAL-PHP

818 PIER VIEW WAY
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1245695006

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Website: N/A

IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

LANG, LESLIE

Provider ID: 100276698014

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

NAVA, PETER

Provider ID: 100389708019

Board Certified: 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

License Number: NP95016584

NPI: 1689251571

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

NAVA, PETER

Provider ID: 100389708019

Board Certified: 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

License Number: NP95016584

NPI: 1689251571

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
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F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

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4700 N RIVER RD
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Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Male
License Number: NP95016584
NPI: 1689251571
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
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After Hours Phone: (760) 631-5000
Provider Gender: Male
License Number: NP95016584
NPI: 1689251571
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
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Website: www.vistacommunityclinic.org

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Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Male
License Number: NP95016584
NPI: 1689251571
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
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F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

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NAVA, PETER
Provider ID: 100389708019
Board Certified: No
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4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Male
License Number: NP95016584
NPI: 1689251571
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

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NAVA, PETER
Provider ID: 100389708019
Board Certified: 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
License Number: NP95016584
NPI: 1689251571
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

NIBBELINK AHEARN, SANDRA
Provider ID: 100439342003
Board Certified: 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: Limited: (P, EB, IB, E)
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: 100439342006
Board Certified: 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: Limited: (P, EB, IB, E)
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: 100237811011
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hours: M-F 8AM-5PM
SA 9AM-4PM
Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

RAYTA, NICOLE
Provider ID: 100365303003
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

RICHARDS, KRISINDA
Provider ID: 100444621003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1669914941
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

SANACORA, RACHEL
Provider ID: 100403948009
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1000
Fax: (760) 547-1021
After Hours Phone: (760) 547-1000
Provider Gender: Female
NPI: 1548987985
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

SANTIAGO, AMANDA
Provider ID: 100331142003
Board Certified: No
COMMUNITY CARE IPA LLC
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1619488731
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
SA 9AM-4PM
Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

SANTIAGO, AMANDA
Provider ID: 100331142005
Board Certified: 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
License Number: NP95007724
NPI: 1619488731
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

SANTIAGO, AMANDA
Provider ID: 100331142005
Board Certified: 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
License Number: NP95007724
NPI: 1619488731
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

SANTIAGO, AMANDA
Provider ID: 100331142005
Board Certified: 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
License Number: NP95007724
NPI: 1619488731
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

SANTIAGO, AMANDA
Provider ID: 100331142005

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: 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
License Number: NP95007724
NPI: 1619488731
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

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SANTIAGO, AMANDA
Provider ID: 100331142005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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After Hours Phone: (760) 631-5000
Provider Gender: Female
License Number: NP95007724
NPI: 1619488731
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
TH 8AM-12PM
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SA 9AM-4PM
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OCEANSIDE, CA 92057
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Provider Gender: Female
License Number: NP95007724
NPI: 1619488731
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

VAUGHAN, ROBERT
Provider ID: 100386669001
Board Certified: No
IHP OF SOUTHERN CAL-PHP
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: NP95012681
NPI: 1780233221
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

VAUGHAN, ROBERT
Provider ID: 100386669001
Board Certified: No
IHP OF SOUTHERN CAL-PHP
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: NP95012681
NPI: 1780233221
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

VAUGHAN, ROBERT
Provider ID: 100386669004
Board Certified: 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: Male
NPI: 1780233221
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 2\None
American Sign Language (ASL): N
Hours: M-F 8AM-8PM
SA 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

WALKER, ALEXANDRA
Provider ID: 100430076003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NP95026439
NPI: 1578220612
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

WALKER, ALEXANDRA
Provider ID: 100430076003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NP95026439
NPI: 1578220612
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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N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

WALKINS, BETHANY
Provider ID: 100457547008
Board Certified: 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: 1245545581
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Website: N/A
IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

WHYE, MONIQUE
Provider ID: 100480830003
Board Certified: 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
License Number: NP16927
NPI: 1811088776
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

WHYE, MONIQUE
Provider ID: 100480830003
Board Certified: 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
License Number: NP16927
NPI: 1811088776
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

WHYE, MONIQUE
Provider ID: 100480830003
Board Certified: 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
License Number: NP16927
NPI: 1811088776

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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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

WHYE, MONIQUE
Provider ID: 100480830003
Board Certified: 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
License Number: NP16927
NPI: 1811088776
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

WHYE, MONIQUE
Provider ID: 100480830003
Board Certified: 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
License Number: NP16927
NPI: 1811088776
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

WHYE, MONIQUE
Provider ID: 100480830003
Board Certified: 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
License Number: NP16927
NPI: 1811088776
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8AM-5PM
TH 8AM-12PM
F 8AM-5PM
SA 9AM-4PM
Website: www.vistacommunityclinic.org

CERTIFIED REGISTERED NURSE MIDWIFE

KELLY, KATHERINE

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Provider ID: 100342703006
Board Certified: 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: Basic: (P, EB, IB, E, R)
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED REGISTERED NURSE MIDWIFE

PERLMAN, TAMARA
Provider ID: 100137490014
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CHIROPRACTOR

ANDREWS, BRAD
Provider ID: 100276036015
Board Certified: 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
Website: N/A
IPA: IHP of Southern Cal-PHP

DERMATOLOGY

BROWN, REGINA
Provider ID: 100436783016
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

EMERGENCY MEDICINE

PHAM, LILY
Provider ID: 100420058015

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Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1000
Fax: (760) 547-1021
After Hours Phone: (760) 547-1000
Provider Gender: Female
NPI: 1811423072
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

EMERGENCY MEDICINE

REALYVASQUEZ, JOHN
Provider ID: 100463697018
Board Certified: 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: 1700464237
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SAN JOAQUIN GENERAL HOSP
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

FAMILY PRACTICE

MILLER, DIANA
Provider ID: 100350934013
Board Certified: 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: 1407204969
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: 18\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

SALAMANCA, OMAR
Provider ID: 100333689013
Board Certified: 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
Hours: M-F 8AM-5PM SA 8AM-4:30PM
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

SALAMATIPOUR, ASHKAN
Provider ID: 100464747029
Board Certified: 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: 1457939043
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-8PM SA 9AM-4PM
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

SALAMATIPOUR, ASHKAN
Provider ID: 100464747027
Board Certified: 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: 1457939043
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-8PM SA 9AM-4PM
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

SALAMATIPOUR, ASHKAN
Provider ID: 100464747024
Board Certified: 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: 1457939043
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-8PM SA 9AM-4PM
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

SEAWELL, CHRISTINE
Provider ID: 100445156003
Board Certified: 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: 1982280939
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IPA: IHP of Southern Cal-PHP

INTERVENTIONAL CARDIOLOGY

MOUSSAVIAN, MEHRAN

Provider ID: 100009399076
Board Certified: No
IHP OF SOUTHERN CAL-PHP
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
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, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-5PM
Website: www.ihpsocal.org

INTERVENTIONAL CARDIOLOGY

MOUSSAVIAN, MEHRAN

Provider ID: 100009399076
Board Certified: No
IHP OF SOUTHERN CAL-PHP
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
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, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-5PM
Website: www.ihpsocal.org

OBSTETRICS / GYNECOLOGY

LOEFFLER, ALLISON

Provider ID: 100149393015
Board Certified: 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)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

OPHTHALMOLOGY

BANSAL, PREETI
Provider ID: 100042994028
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

BHATIA, SHAGUN
Provider ID: 100329999019
Board Certified: 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\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

MOLL, ANGELA
Provider ID: 100041362027
Board Certified: 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

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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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

OHALLORAN, HENRY
Provider ID: 100007418031
Board Certified: 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\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

YAMANE, MAYA
Provider ID: 100443808015
Board Certified: 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\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPTOMETRIST

KIM, MICHAEL
Provider ID: 100350746010
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
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: 100350746015
Board Certified: 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
Hours: SU 8AM-5PM M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

OTOLARYNGOLOGY

BLISS, MORGAN
Provider ID: 100293581018
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

FRANK, ETHAN
Provider ID: 100439457014
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1020
Fax: (760) 547-1021
After Hours Phone: (760) 547-1020
Provider Gender: Male
NPI: 1720584345
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

LEUIN, SHELBY
Provider ID: 100136251023
Board Certified: No
RADY CHILDRENS HEALTH NETWORK

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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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

PATEL, VIJAY
Provider ID: 100397112015
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

LASALLE, ELIZABETH
Provider ID: 100446632015
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1020
Fax: (760) 547-1021
After Hours Phone: (760) 547-1020
Provider Gender: Female
NPI: 1235634015
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

AGHILI, ROXANA
Provider ID: 100419888010
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1000
Fax: (760) 547-1021
After Hours Phone: (760) 547-1000
Provider Gender: Female

NPI: 1851927883
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: KAISER FOUNDATION HOSPITAL SAN DIEGO, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
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: 100156641018
Board Certified: 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\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
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: 100435004011
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1000
Fax: (760) 547-1021
After Hours Phone: (760) 547-1000
Provider Gender: Male
NPI: 1336727791
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHILDRENS HOSPITAL OF ORANGE COUNTY, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
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: 100365371009
Board Certified: 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

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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: Basic: (P, EB, IB, E, R)
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: 100417084009
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1000
Fax: (760) 547-1021
After Hours Phone: (760) 547-1000
Provider Gender: Female
NPI: 1609495399
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

PARK, RONALD
Provider ID: 100077687030
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1000
Fax: (760) 547-1021
After Hours Phone: (760) 547-1000
Provider Gender: Male
NPI: 1881695914
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

PERTL, URSULA
Provider ID: 100072222031
Board Certified: 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: 1609947464
Provider English Spoken: Y
Provider Language(s) Spoken: German, Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

RUSSELL, SAMUEL
Provider ID: 100410838012
Board Certified: 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: Basic: (P, EB, IB, E, R)
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: 100376522012
Board Certified: 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: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

TODD, SARAH
Provider ID: 100338040019
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1000

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
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: 100198556023
Board Certified: 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: Basic: (P, EB, IB, E, R)
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: 100110456022
Board Certified: 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\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

CHU, CHRISTOPHER
Provider ID: 1004136780l4
Board Certified: 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)

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547-1020
Provider Gender: Male
NPI: 1912369273
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Yue Chinese
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC NEPHROLOGY

RASCHKE, ROBIN
Provider ID: 100439492016
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (858) 966-8052
Fax: (858) 966-7789
After Hours Phone: (858) 966-8052
Provider Gender: Female
NPI: 1609365402
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC PULMONOLOGY

LENHART-PENDERGRASS, PATRICIA
Provider ID: 100395245014
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC RHEUMATOLOGY

CARTWRIGHT, VICTORIA
Provider ID: 100464884005
Board Certified: 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: 1174591747
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes

Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

KINGDON, JOANNA
Provider ID: 100417084019
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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: 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\21
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
SA 8AM-4:30PM
Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

PHYSICIANS ASSISTANT

BLAKESPEAR, JEREMY
Provider ID: 100043481009
Board Certified: No
IHP OF SOUTHERN CAL-PHP
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058
Phone: (760) 433-3155
After Hours Phone: (760) 433-3155
Provider Gender: Male
License Number: PA19825
NPI: 1750474177
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Website: N/A

PHYSICIANS ASSISTANT

BLAKESPEAR, JEREMY
Provider ID: 100043481009
Board Certified: No
IHP OF SOUTHERN CAL-PHP
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058
Phone: (760) 433-3155
After Hours Phone: (760) 433-3155
Provider Gender: Male
License Number: PA19825
NPI: 1750474177
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Website: N/A

PHYSICIANS ASSISTANT

LANDRY, BROOKE
Provider ID: 100486009002
Board Certified: No
IHP OF SOUTHERN CAL-PHP
3998 VISTA WAY STE 202
OCEANSIDE, CA 92056
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1841077542
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M 9AM-6PM
TU-F 8AM-5PM
SA 8AM-1PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

NORD, GABRIELLE
Provider ID: 100460880001
Board Certified: No
IHP OF SOUTHERN CAL-PHP
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA61252
NPI: 1477125292
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

NORD, GABRIELLE
Provider ID: 100460880004
Board Certified: 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: 1477125292
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-8PM
SA 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

NORD, GABRIELLE
Provider ID: 100460880001
Board Certified: No
IHP OF SOUTHERN CAL-PHP
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA61252
NPI: 1477125292
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

RAMOS, ELENA
Provider ID: 100407216005
Board Certified: 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
Hours: M-F 8AM-5PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

RANDALLS, JESSICA
Provider ID: 100333665003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA54982
NPI: 1538410550
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-5PM
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

RANDALLS, JESSICA
Provider ID: 100333665003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA54982
NPI: 1538410550
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-5PM
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

RODRIGUES, ANNETTE
Provider ID: 100416448014
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PODIATRIST

NGUYEN, THO
Provider ID: 100284944012
Board Certified: No
IHP OF SOUTHERN CAL-PHP
3998 VISTA WAY STE G
OCEANSIDE, CA 92056
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1659714533
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE

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RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-TU 7:30AM-6:30PM W 7:30AM-5:30PM TH 7:30AM-6:30PM F 7:30AM-5PM SA 8AM-4:30PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

JENSEN, BRIAN
Provider ID: 100223007004
Board Certified: 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
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

KRAPES, MICHAEL
Provider ID: 100168537004
Board Certified: 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\18
American Sign Language (ASL): N
Website: N/A
IPA: IHP of Southern Cal-PHP

SURGERY ORTHOPEDIC

CIDAMBI, EMILY
Provider ID: 100351572012
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (858) 966-6789
Fax: (858) 966-8519
After Hours Phone: (858) 966-6789
Provider Gender: Female
NPI: 1659634699
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY PEDIATRIC

FAIRBANKS, TIMOTHY
Provider ID: 100135959027
Board Certified: 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,

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY PEDIATRIC

KLING, KAREN
Provider ID: 100043066028
Board Certified: 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): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY PEDIATRIC

THOMPSON, KYLE
Provider ID: 100441948012
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1020
Fax: (760) 547-1021
After Hours Phone: (760) 547-1020
Provider Gender: Male
NPI: 1598147050
Provider English Spoken: Y
Provider Language(s) Spoken: French
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

POWAY

CERTIFIED NURSE PRACTITIONER

JACKSON, MARILYN
Provider ID: 100318412027
Board Certified: No
IHP OF SOUTHERN CAL-PHP
POWAY, CA 92064
Phone: (858) 218-3000
Fax: (360) 462-2742
After Hours Phone: (858) 218-3000
Provider Gender: Female
NPI: 1699847913
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes

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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M 7AM-7:30PM
TU 7AM-4:30PM
W 7AM-7:30PM
TH-F 7AM-4:30PM
Website: N/A
IPA: IHP of Southern Cal-PHP
Telehealth only

CERTIFIED NURSE PRACTITIONER

WOLFE, AMANDA
Provider ID: 100229508005
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
15525 POMERADO RD STE B1
POWAY, CA 92064
Phone: (858) 457-8333
After Hours Phone: (858) 457-8333
Provider Gender: Female
NPI: 1063813475
Provider English Spoken: Y
Provider Language(s) Spoken: Russian, Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

WRIGHT, KIMBERLY
Provider ID: 100340281004
Board Certified: No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064
Phone: (858) 675-3200
Fax: (858) 673-1587
After Hours Phone: (858) 675-3200
Provider Gender: Female
NPI: 1811400708
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

DERMATOLOGY

POUSTI, BOBAK
Provider ID: 100441014008
Board Certified: No
COMMUNITY CARE IPA LLC
15725 POMERADO RD STE 102
POWAY, CA 92064
Phone: (619) 267-8303
Fax: (619) 267-4835
After Hours Phone: (619) 267-8303
Provider Gender: Male
NPI: 1932736451
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-TH 8:30AM-4:30PM
F 8:30AM-4PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

DERMATOLOGY

POUSTI, BOBAK
Provider ID: 100441014006
Board Certified: No
IHP OF SOUTHERN CAL-PHP
15725 POMERADO RD STE

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

102
POWAY, CA 92064
Phone: (619) 267-8303
Fax: (619) 267-4835
After Hours Phone: (619) 267-8303
Provider Gender: Male
NPI: 1932736451
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-TH 8:30AM-4:30PM F 8:30AM-4PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP Teleservice

INTERNAL MEDICINE

CHEN, ANDREW
Provider ID: 100202420016
Board Certified: 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
Hours: M-F 9AM-5PM
Website: N/A
IPA: Community Care IPA LLC

INTERNAL MEDICINE

THAPER, MOHINDERPAL
Provider ID: 100106242018
Board Certified: No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 575
POWAY, CA 92064
Phone: (760) 489-1458
Fax: (760) 489-1246
After Hours Phone: (760) 489-1458
Provider Gender: Male
NPI: 1295795037
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Punjabi
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

INTERVENTIONAL CARDIOLOGY

BAYAT, HAMED
Provider ID: 100071303034
Board Certified: No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064
Phone: (858) 675-3110
Fax: (858) 592-0627
After Hours Phone: (858) 675-3110
Provider Gender: Male
NPI: 1356344196
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 9AM-5PM
Website: N/A
IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT, Community Care IPA LLC

NEONATAL / PERINATAL MEDICINE

WEST, JULIE
Provider ID: 100397293008
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
15615 POMERADO RD
POWAY, CA 92064
Phone: (858) 613-4143
Fax: (858) 613-4539
After Hours Phone: (858) 613-4143
Provider Gender: Female
NPI: 1811151848
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, PALOMAR MEDICAL CENTER, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

HAMILTON, ROSS
Provider ID: 100435395031
Board Certified: 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
Hours: M-F 8:30AM-4:30PM
Website: N/A
IPA: Community Care IPA LLC

OBSTETRICS / GYNECOLOGY

COBB, DAMON
Provider ID: 100141309011
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N

Hours: M-TH 9AM-4:30PM F 9AM-1PM

Website: N/A

IPA: Rady Childrens Health Network

OPHTHALMOLOGY

LOZIER, JEFFREY

Provider ID: 100020221007

Board Certified: Yes

COMMUNITY CARE IPA LLC

15611 POMERADO RD STE 400
POWAY, CA 92064

Phone: (858) 675-3100

Fax: (858) 618-1523

After Hours Phone: (858) 675-3100

Provider Gender: Male

NPI: 1225004450

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R)

Hours: M-F 9AM-5PM

Website: N/A

IPA: Community Care IPA LLC

OPTOMETRIST

KIM, MICHELLE

Provider ID: 100031604008

Board Certified: 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

Hours: M-F 9AM-5PM

Website: N/A

IPA: Community Care IPA LLC

PEDIATRIC DERMATOLOGY

LEE, STEPHANIE

Provider ID: 100344988017

Board Certified: No

RADY CHILDRENS HEALTH NETWORK

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: 1568824183

Provider English Spoken: Y

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

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PHYSICIANS ASSISTANT

BALDWIN, DONNA

Provider ID: 100332665004

Board Certified: No

IHP OF SOUTHERN CAL-PHP

13010 POWAY RD
POWAY, CA 92064

Phone: (858) 218-3000

After Hours Phone: (858) 218-3000

Provider Gender: Female

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Number: PA23310
NPI: 1649692369
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM
Website: N/A

PHYSICIANS ASSISTANT

BALDWIN, DONNA
Provider ID: 100332665004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
13010 POWAY RD
POWAY, CA 92064
Phone: (858) 218-3000
After Hours Phone: (858) 218-3000
Provider Gender: Female
License Number: PA23310
NPI: 1649692369
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM
Website: N/A

PHYSICIANS ASSISTANT

TOTTON, GABRIELLE
Provider ID: 100458436003
Board Certified: 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: 1407488240
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PODIATRIST

BRAZIER, SETH
Provider ID: 100298667014
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
15706 POMERADO RD STE 102
POWAY, CA 92064
Phone: (858) 485-1494
Fax: (858) 485-1515
After Hours Phone: (858) 485-1494
Provider Gender: Male
NPI: 1033554324
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: KAWEAH DELTA DISTRICT HOSP, SELMA COMMUNITY HOSPITAL, ADVENTIST MEDICAL CENTER, ADVENTIST MED CTR REEDLEY
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 9AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PODIATRIST

HAN, KYOUNG
Provider ID: 100276255018
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
15706 POMERADO RD STE 102

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

PODIATRIST

HAN, KYOUNG
Provider ID: 100276255023
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

PODIATRIST

READ, TRENTON
Provider ID: 100400838008
Board Certified: 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
Hours: M-F 9AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

RHEUMATOLOGY

RAO, SOUMYA
Provider ID: 100112040037
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

SURGERY GENERAL

GROVE, JAY
Provider ID: 100000131029
Board Certified: No
COMMUNITY CARE IPA LLC
15611 POMERADO RD
POWAY, CA 92064
Phone: (760) 300-3647
Fax: (858) 207-0034
After Hours Phone: (760) 300-3647
Provider Gender: Male
NPI: 1912971334
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL 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
Website: N/A
IPA: Community Care IPA LLC

SURGERY ORTHOPEDIC

BALIKIAN, PHILIP
Provider ID: 100007475007
Board Certified: No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064
Phone: (858) 613-8900
Fax: (858) 618-1523
After Hours Phone: (858) 613-8900
Provider Gender: Male
NPI: 1407803687
Provider English Spoken: Y
Provider Language(s) Spoken: Armenian, Italian, Spanish, Vietnamese
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT, Community Care IPA LLC
Teleservice

SURGERY ORTHOPEDIC

BALIKIAN, PHILIP
Provider ID: 100007475008
Board Certified: No
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT, Community Care IPA LLC
Teleservice

SURGERY ORTHOPEDIC

BRIED, JAMES
Provider ID: 100052888009
Board Certified: 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: Limited: (P, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

RAMONA

CERTIFIED NURSE PRACTITIONER

DOAN, CHINH
Provider ID: 100017172009
Board Certified: No
IHP OF SOUTHERN CAL-PHP
220 ROTANZI ST
RAMONA, CA 92065
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NP18874
NPI: 1083845069
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: Basic: (P, EB, IB, E, R)
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

DOAN, CHINH
Provider ID: 100017172009
Board Certified: No
IHP OF SOUTHERN CAL-PHP
220 ROTANZI ST
RAMONA, CA 92065
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NP18874
NPI: 1083845069
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: Basic: (P, EB, IB, E, R)
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

ECKENROTH, SAGE
Provider ID: 100460870001
Board Certified: No
IHP OF SOUTHERN CAL-PHP
220 ROTANZI ST
RAMONA, CA 92065

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NP95031140
NPI: 1982447884
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
SA 8AM-12PM
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

ECKENROTH, SAGE
Provider ID: 100460870001
Board Certified: No
IHP OF SOUTHERN CAL-PHP
220 ROTANZI ST
RAMONA, CA 92065
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NP95031140
NPI: 1982447884
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
SA 8AM-12PM
Website: www.ihpsocal.org

CHIROPRACTOR

MOJICA, MARIO
Provider ID: 100087341018
Board Certified: No
IHP OF SOUTHERN CAL-PHP
220 ROTANZI ST
RAMONA, CA 92065
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: DC27130
NPI: 1801962477
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
SA 8AM-12PM
Website: www.ihpsocal.org

CHIROPRACTOR

MOJICA, MARIO
Provider ID: 100087341018
Board Certified: No
IHP OF SOUTHERN CAL-PHP
220 ROTANZI ST
RAMONA, CA 92065
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: DC27130
NPI: 1801962477
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
SA 8AM-12PM
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

REIFENBERGER, JODY
Provider ID: 100185356004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
220 ROTANZI ST
RAMONA, CA 92065

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA22669
NPI: 1386741072
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

REIFENBERGER, JODY
Provider ID: 100185356004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
220 ROTANZI ST
RAMONA, CA 92065
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA22669
NPI: 1386741072
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Website: www.ihpsocal.org

SAN DIEGO

ALLERGY IMMUNOLOGY

BALUCH, NARGES
Provider ID: 100441465003
Board Certified: 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, TEMECULA VALLEY HOSPITAL INC
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

ANESTHESIOLOGY

BAKER, TRAVIS
Provider ID: 100417507006
Board Certified: 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: Male
NPI: 1306341698
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

ANESTHESIOLOGY

BOCKSTAHLER, KRISTA

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100169238043
Board Certified: 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: 1689633257
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, SHARP CHULA VISTA MED CTR, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

ANESTHESIOLOGY

HAMRICK, JUSTIN
Provider ID: 100353324037
Board Certified: 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: Male
NPI: 1912139320
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\25
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

ANESTHESIOLOGY

HUME, QUINN
Provider ID: 100356659038
Board Certified: No
IHP OF SOUTHERN CAL-PHP
9095 RIO SAN DIEGO DR STE 100
SAN DIEGO, CA 92108
Phone: (619) 819-4524
Fax: (619) 342-9641
After Hours Phone: (619) 819-4524
Provider Gender: Male
NPI: 1003977158
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: REDLANDS COMMUNITY HOSP, SAN GORGONIO MEMORIAL HOSP
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

ANESTHESIOLOGY

HWANG, GLORIA
Provider ID: 100028472041
Board Certified: 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: 1801820261
Provider English Spoken: Y
Provider Language(s) Spoken: Mandarin
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, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

ANESTHESIOLOGY

JACKSON, ANNA
Provider ID: 100360129006
Board Certified: 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: 1922426998
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

ANESTHESIOLOGY

KING, BRYAN
Provider ID: 100062677043
Board Certified: 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: Male
NPI: 1992739254
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

ANESTHESIOLOGY

MELENDREZ, JACOB
Provider ID: 100417554006
Board Certified: 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: Male
NPI: 1457856114
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

ANESTHESIOLOGY

SHAH, SONALI
Provider ID: 100375377007
Board Certified: No
IHP OF SOUTHERN CAL-PHP
9095 RIO SAN DIEGO DR STE 100
SAN DIEGO, CA 92108
Phone: (619) 853-8860
Fax: (619) 342-9641
After Hours Phone: (619) 853-8860
Provider Gender: Female
NPI: 1033504055
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: KAISER FOUNDATION HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\99
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

ANESTHESIOLOGY

TRAN, JACQUELINE
Provider ID: 100473383005
Board Certified: 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: 1346867355
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

ANESTHESIOLOGY

TRAN, AN
Provider ID: 100395938039
Board Certified: 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: 1285165654
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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

ANESTHESIOLOGY

TRUONG, CO
Provider ID: 100143667044
Board Certified: 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: 1124350657
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, SHARP CHULA VISTA MED CTR, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

ANESTHESIOLOGY

WASSON, NICHOLAS
Provider ID: 100368448006
Board Certified: 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: Male
NPI: 1538397997
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

ANESTHESIOLOGY PAIN MANAGEMENT

DAIRO, BRANDON
Provider ID: 100347956028
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP Teleservice

ANESTHESIOLOGY PAIN MANAGEMENT

DAIRO, BRANDON
Provider ID: 100347956032
Board Certified: No
IHP OF SOUTHERN CAL-PHP
3434 MIDWAY DR STE 2001
SAN DIEGO, CA 92110
Phone: (619) 325-1161
Fax: (619) 325-1717
After Hours Phone: (619) 325-1161
Provider Gender: Male
NPI: 1689092470
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP Teleservice

ANESTHESIOLOGY PAIN MANAGEMENT

PHILLIPS, COTI
Provider ID: 100397772005
Board Certified: No
UCSD MEDICAL 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: 1639600083
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: UCSD Medical Group

AUDIOLOGIST

EARLES, LYDIA
Provider ID: 100440915014
Board Certified: No
COMMUNITY CARE IPA LLC
5405 OBERLIN DR FL 2
SAN DIEGO, CA 92121
Phone: (858) 909-0770
Fax: (619) 426-0714
After Hours Phone: (858) 909-0770
Provider Gender: Female
NPI: 1528897899
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 9AM-5PM
Website: N/A
IPA: Community Care IPA LLC

AUDIOLOGIST

SHAFER, KESLEY
Provider ID: 100449940016
Board Certified: No
COMMUNITY CARE IPA LLC
5405 OBERLIN DRFL 2
SAN DIEGO, CA 92121
Phone: (858) 909-0770
Fax: (619) 426-0714

After Hours Phone: (858) 909-0770
Provider Gender: Female
NPI: 1750041687
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC Teleservice

CARDIAC ELECTROPHYSIOLOGY

BLUM, RICHARD
Provider ID: 100024376006
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: G53758
NPI: 1043310030
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM
F 8AM-5PM
Website: www.fhcsd.org

CARDIAC ELECTROPHYSIOLOGY

BLUM, RICHARD
Provider ID: 100024376006
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: G53758
NPI: 1043310030
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM
F 8AM-5PM
Website: www.fhcsd.org

CARDIOVASCULAR DISEASE

JAIN, NIKHIL
Provider ID: 100471200005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
286 EUCLID AVE STE 204
SAN DIEGO, CA 92114
Phone: (619) 616-2100
Fax: (619) 768-6301
After Hours Phone: (619) 616-2100
Provider Gender: Male
NPI: 1376049114
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\99
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CARDIOVASCULAR DISEASE

JAIN, NIKHIL
Provider ID: 100471200003
Board Certified: No

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IHP OF SOUTHERN CAL-PHP
412 WASHINGTON ST
SAN DIEGO, CA 92103
Phone: (619) 916-2100
After Hours Phone: (619) 916-2100
Provider Gender: Male
NPI: 1376049114
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\99
American Sign Language (ASL): N
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED ACUPUNCTURIST

APPENZELLER, ERICA
Provider ID: 100107727006
Board Certified: No
IHP OF SOUTHERN CAL-PHP
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
Fax: (619) 234-0206
After Hours Phone: (619) 234-2158
Provider Gender: Female
NPI: 1780828384
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

AGUILA, YESENIA
Provider ID: 100423437003
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

ALLEN, KATHERINE
Provider ID: 100358973007
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1016 OUTER RD
SAN DIEGO, CA 92154
Phone: (619) 429-3733
Fax: (877) 673-1361
After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 1831557024
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M 8AM-5PM
TU 8AM-7:30PM
W 8AM-5PM
TH 8AM-7:30PM
F 8AM-5PM
SA 8AM-12PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE

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PRACTITIONER

AQUINO, FELINO

Provider ID: 100333694020

Board Certified: No

OPERATION SAMAHAN

9855 ERMA RD STE 105
SAN DIEGO, CA 92131

Phone: (844) 200-2426

After Hours Phone: (844) 200-2426

Provider Gender: Male

License Number: NP22974

NPI: 1356684781

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: Basic: (P, EB, IB, E, R, T)

Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

AQUINO, FELINO

Provider ID: 100333694021

Board Certified: No

OPERATION SAMAHAN

9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129

Phone: (844) 200-2426

After Hours Phone: (844) 200-2426

Provider Gender: Male

License Number: NP22974

NPI: 1356684781

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

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

Website: www.operationsamahan.org

CERTIFIED NURSE PRACTITIONER

AQUINO, FELINO

Provider ID: 100333694020

Board Certified: No

OPERATION SAMAHAN

9855 ERMA RD STE 105
SAN DIEGO, CA 92131

Phone: (844) 200-2426

After Hours Phone: (844) 200-2426

Provider Gender: Male

License Number: NP22974

NPI: 1356684781

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: Basic: (P, EB, IB, E, R, T)

Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

AQUINO, FELINO

Provider ID: 100333694021

Board Certified: No

OPERATION SAMAHAN

9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129

Phone: (844) 200-2426

After Hours Phone: (844) 200-2426

Provider Gender: Male

License Number: NP22974

NPI: 1356684781

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

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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

W 10AM-7PM
TH-F 8:30AM-5:30PM
Website: www.operationsamahan.org

CERTIFIED NURSE PRACTITIONER

ARTS, SERENA
Provider ID: 100202427003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Provider Gender: Female
License Number: NP10769
NPI: 1801881552
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E)
Website: N/A

CERTIFIED NURSE PRACTITIONER

ARTS, SERENA
Provider ID: 100202427003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Provider Gender: Female
License Number: NP10769
NPI: 1801881552
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E)
Website: N/A

CERTIFIED NURSE PRACTITIONER

ARVIZU, MARGARITA
Provider ID: 100434342005
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95024510
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM
Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

ARVIZU, MARGARITA
Provider ID: 100434342005
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95024510
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM

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Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

BELEN, NEZER

Provider ID: 100344817001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Provider Gender: Male
License Number: NP95009292
NPI: 1386120723
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

BELEN, NEZER

Provider ID: 100344817001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Provider Gender: Male
License Number: NP95009292
NPI: 1386120723
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

BRYDEN, ALLISON

Provider ID: 100419446005
Board Certified: 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
License Number: NP95015040
NPI: 1902416332
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

BRYDEN, ALLISON

Provider ID: 100419446006
Board Certified: 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
License Number: NP95015040
NPI: 1902416332
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

BRYDEN, ALLISON
Provider ID: 100419446005
Board Certified: 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
License Number: NP95015040
NPI: 1902416332
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

BRYDEN, ALLISON
Provider ID: 100419446004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Female
License Number: NP95015040
NPI: 1902416332
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

BRYDEN, ALLISON
Provider ID: 100419446004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Female
License Number: NP95015040
NPI: 1902416332
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

BRYDEN, ALLISON
Provider ID: 100419446006
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Gender: Female
License Number: NP95015040
NPI: 1902416332
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

BUI, ANH
Provider ID: 100418003008
Board Certified: 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
License Number: NP95025682
NPI: 1184309684
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: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

BUI, ANH
Provider ID: 100418003007
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Male
License Number: NP95025682
NPI: 1184309684
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: Basic: (P, EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

BUI, ANH
Provider ID: 100418003007
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Male
License Number: NP95025682
NPI: 1184309684
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: Basic: (P, EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

BUI, ANH
Provider ID: 100418003008
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

SAN DIEGO, CA 92105
Phone: (619) 563-0250
Fax: (858) 633-4681
After Hours Phone: (619) 563-0250
Provider Gender: Male
License Number: NP95025682
NPI: 1184309684
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: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

BUI, ANH
Provider ID: 100418003006
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

BUI, ANH
Provider ID: 100418003005
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

BURNS, DELLA
Provider ID: 100334189003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: NP7413
NPI: 1871577023
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

BURNS, DELLA

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100334189003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: NP7413
NPI: 1871577023
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

CELESTIN-RAMSEY, AKANKE
Provider ID: 100381069004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
950 S EUCLID AVE
SAN DIEGO, CA 92114
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: NP8563
NPI: 1447450275
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-12PM
Website: www.syhealth.org
Teleservice

CERTIFIED NURSE PRACTITIONER

CELESTIN-RAMSEY, AKANKE
Provider ID: 100381069004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
950 S EUCLID AVE
SAN DIEGO, CA 92114
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: NP8563
NPI: 1447450275
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-12PM
Website: www.syhealth.org
Teleservice

CERTIFIED NURSE PRACTITIONER

CHACO, MEGHAN
Provider ID: 100463911001
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Female
License Number: NP95030516
NPI: 1497580666
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB,

IB, E, R, T)

Hours: M 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9AM-4PM

Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

CHACO, MEGHAN

Provider ID: 100463911001

Board Certified: No

IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858) 810-8700

Provider Gender: Female

License Number: NP95030516

NPI: 1497580666

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Hours: M 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9AM-4PM

Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

CHASE, AVA

Provider ID: 100334482002

Board Certified: No

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619) 515-2300

Provider Gender: Female

License Number: NP95000602

NPI: 1164496386

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

CHASE, AVA

Provider ID: 100334482002

Board Certified: No

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619) 515-2300

Provider Gender: Female

License Number: NP95000602

NPI: 1164496386

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

COHEN, MARGO

Provider ID: 100463821001

Board Certified: No

IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858) 810-8700

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Gender: Female
License Number: NP95012765
NPI: 1003463811
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9AM-4PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

COHEN, MARGO
Provider ID: 100463821001
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Female
License Number: NP95012765
NPI: 1003463811
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9AM-4PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

CORREA, ANN MARIE
Provider ID: 100452657004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
After Hours Phone: (619) 234-2158
Provider Gender: Female
License Number: NP95033117
NPI: 1083420814
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM
Website: WWW.SDAIHC.ORG
Indian Health Services: Indian Health Services: Y

CERTIFIED NURSE PRACTITIONER

CORREA, ANN MARIE
Provider ID: 100452657004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
After Hours Phone: (619) 234-2158
Provider Gender: Female
License Number: NP95033117
NPI: 1083420814
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM
Website: WWW.SDAIHC.ORG
Indian Health Services: Indian Health Services: Y

CERTIFIED NURSE PRACTITIONER

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

CORREA, ANN MARIE
Provider ID: 100452657003
Board Certified: 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: 1083420814
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

COSINO, ANJELICA THERESE
Provider ID: 100332621003
Board Certified: 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
Hours: M-F 9AM-5PM
Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

CRAWFORD, MARK
Provider ID: 100449864033
Board Certified: 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
License Number: NP95030942
NPI: 1487368114
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

CRAWFORD, MARK
Provider ID: 100449864032
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Male
License Number: NP95030942
NPI: 1487368114
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

CERTIFIED NURSE PRACTITIONER

CRAWFORD, MARK

Provider ID: 100449864033

Board Certified: 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

License Number: NP95030942

NPI: 1487368114

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

CRAWFORD, MARK

Provider ID: 100449864032

Board Certified: No

IHP OF SOUTHERN CAL-PHP

4290 POLK AVE
SAN DIEGO, CA 92105

Phone: (619) 563-0250

After Hours Phone: (619) 563-0250

Provider Gender: Male

License Number: NP95030942

NPI: 1487368114

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (EB, IB, E, R, T)

Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

DAVIES-UPPAL, ALLISON

Provider ID: 100412048005

Board Certified: No

IHP OF SOUTHERN CAL-PHP

2630 1ST AVE
SAN DIEGO, CA 92103

Phone: (619) 234-2158

After Hours Phone: (619) 234-2158

Provider Gender: Female

License Number: NP95026125

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: Limited: (P, EB, E, T)

Hours: M-F 8AM-5PM

Website: WWW.SDAIHC.ORG

Indian Health Services: Indian Health Services: Y

CERTIFIED NURSE PRACTITIONER

DAVIES-UPPAL, ALLISON

Provider ID: 100412048005

Board Certified: No

IHP OF SOUTHERN CAL-PHP

2630 1ST AVE
SAN DIEGO, CA 92103

Phone: (619) 234-2158

After Hours Phone: (619) 234-2158

Provider Gender: Female

License Number: NP95026125

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: Limited: (P, EB,

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

E, T)
Hours: M-F 8AM-5PM
Website: WWW.SDAIHC.ORG
Indian Health Services: Indian Health Services: Y

CERTIFIED NURSE PRACTITIONER

DECOOL, TAYLOR
Provider ID: 100450508003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
Fax: (619) 687-1067
After Hours Phone: (619) 233-8500
Provider Gender: Female
NPI: 1548019763
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

DEMESSIE, RAHEL
Provider ID: 100433746012
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95027483
NPI: 1619749041
Provider English Spoken: Y
Provider Language(s) Spoken: Amharic
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM
Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

DEMESSIE, RAHEL
Provider ID: 100433746012
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95027483
NPI: 1619749041
Provider English Spoken: Y
Provider Language(s) Spoken: Amharic
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM
Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

DWYER, ERIN
Provider ID: 100283303003
Board Certified: No
COMMUNITY CARE IPA LLC
4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Phone: (619) 297-4707
Fax: (858) 429-7927
After Hours Phone: (619) 297-4707
Provider Gender: Female
NPI: 1003260894
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

EDNACOT, KARYNNE
Provider ID: 100432696006
Board Certified: 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
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Hours: M-F 9AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

CERTIFIED NURSE PRACTITIONER

EDNACOT, KARYNNE
Provider ID: 100432696005
Board Certified: 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
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Hours: M-F 9AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

CERTIFIED NURSE PRACTITIONER

EMANUEL, ERIN
Provider ID: 100426342004
Board Certified: No
OPERATION SAMAHAN
5296 UNIVERSITY AVE STE F
SAN DIEGO, CA 92105
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95025300
NPI: 1225713894
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A

CERTIFIED NURSE PRACTITIONER

EMANUEL, ERIN
Provider ID: 100426342004
Board Certified: No
OPERATION SAMAHAN
5296 UNIVERSITY AVE STE F
SAN DIEGO, CA 92105
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95025300
NPI: 1225713894

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A

CERTIFIED NURSE PRACTITIONER

FELD, KEREN
Provider ID: 100403773002
Board Certified: 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: Limited: (EB, IB, E, R)
Hours: M-F 8AM-5PM SA 8AM-2PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

FELD, KEREN
Provider ID: 100403773003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: NP95019884
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: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

FELD, KEREN
Provider ID: 100403773003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: NP95019884
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: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

FERMIL, YVONNE
Provider ID: 100198057005
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

FISHER, SLOANE
Provider ID: 100412031007
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1538807003
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES
Medi-Cal Open Panel: No
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

GALLEGOS, CYNTHIA
Provider ID: 100434615001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: NP95016217
NPI: 1174105589
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

GALLEGOS, CYNTHIA
Provider ID: 100434615001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: NP95016217
NPI: 1174105589
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

GARCIA, JOHNNY
Provider ID: 100364051001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

After Hours Phone: (619) 515-2560
Provider Gender: Male
License Number: NP95007000
NPI: 1932622156
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

GARCIA, JOHNNY
Provider ID: 100364051001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Provider Gender: Male
License Number: NP95007000
NPI: 1932622156
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

GOLDFINGER, SARAH
Provider ID: 100342584003
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: NP95011313
NPI: 1134686744
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

GOLDFINGER, SARAH
Provider ID: 100342584003
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: NP95011313
NPI: 1134686744
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

GRAYSON, ANDREA

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100440155002
Board Certified: 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
Hours: M-F 8AM-6PM
Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

GRAYSON, ANDREA
Provider ID: 100440155003
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP23206
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM
Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

GRAYSON, ANDREA
Provider ID: 100440155003
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP23206
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM
Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

HA, THU
Provider ID: 100341820011
Board Certified: 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
License Number: NP95010517
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: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

PRACTITIONER

HA, THU

Provider ID: 100341820004

Board Certified: No

IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858) 810-8700

Provider Gender: Female

License Number: NP95010517

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: Basic: (P, EB, IB, E, R, T)

Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

HA, THU

Provider ID: 100341820003

Board Certified: 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

License Number: NP95010517

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: Basic: (P, EB, IB, E, R, T)

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

Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

HA, THU

Provider ID: 100341820003

Board Certified: 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

License Number: NP95010517

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: Basic: (P, EB, IB, E, R, T)

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

Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

HA, THU

Provider ID: 100341820004

Board Certified: No

IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858) 810-8700

Provider Gender: Female

License Number: NP95010517

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: Basic: (P, EB,

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IB, E, R, T)
Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

HA, THU
Provider ID: 100341820003
Board Certified: 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
License Number: NP95010517
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

HA, THU
Provider ID: 100341820007
Board Certified: No
IHP OF SOUTHERN CAL-PHP
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Provider Gender: Female
NPI: 1346443983
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

HA, THU
Provider ID: 100341820010
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

HA, THU
Provider ID: 100341820003
Board Certified: 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
License Number: NP95010517
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: Basic: (P, EB, IB, E, R, T)

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

Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

HA, THU

Provider ID: 100341820011

Board Certified: 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

License Number: NP95010517

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: Limited: (EB, IB, E, R, T)

Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

HAROUSH, GAL

Provider ID: 100418071006

Board Certified: 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

License Number: NP95025954

NPI: 1992461230

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

HAROUSH, GAL

Provider ID: 100418071008

Board Certified: 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

License Number: NP95025954

NPI: 1992461230

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (EB, IB, E, R, T)

Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

HAROUSH, GAL

Provider ID: 100418071006

Board Certified: 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

License Number: NP95025954

NPI: 1992461230

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

HAROUSH, GAL
Provider ID: 100418071007
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Female
License Number: NP95025954
NPI: 1992461230
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

HAROUSH, GAL
Provider ID: 100418071006
Board Certified: 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
License Number: NP95025954
NPI: 1992461230
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

HAROUSH, GAL
Provider ID: 100418071006
Board Certified: 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
License Number: NP95025954
NPI: 1992461230
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

HAROUSH, GAL
Provider ID: 100418071008
Board Certified: 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
License Number: NP95025954
NPI: 1992461230
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

HAROUSH, GAL
Provider ID: 100418071007
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Female
License Number: NP95025954
NPI: 1992461230
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

HART, BECKY
Provider ID: 100425598003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 645-6405
After Hours Phone: (619) 645-6405
Provider Gender: Female
License Number: NP95025699
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: Limited: (EB, IB, E)
Website: N/A

CERTIFIED NURSE PRACTITIONER

HART, BECKY
Provider ID: 100425598003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 645-6405
After Hours Phone: (619) 645-6405
Provider Gender: Female
License Number: NP95025699
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: Limited: (EB, IB, E)
Website: N/A

CERTIFIED NURSE PRACTITIONER

HART, BECKY
Provider ID: 100425598002
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

PRACTITIONER

HEAD, KRISTIN

Provider ID: 100334276011
Board Certified: 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: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

HEFNER, ANNA

Provider ID: 100434865003
Board Certified: 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
Hours: M-F 8AM-6PM
Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

HEFNER, ANNA

Provider ID: 100434865004
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP5512
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM
Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

HEFNER, ANNA

Provider ID: 100434865004
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP5512
NPI: 1588913537
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP

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CORONADO HOSP AND HEALTHCARE CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM
Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

HILL, GENIELYN
Provider ID: 100406862004
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95020046
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM
Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

HILL, GENIELYN
Provider ID: 100406862004
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95020046
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM
Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

HOANG, CHI
Provider ID: 100333142005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Female
License Number: NP95004600
NPI: 1902350994
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

HOANG, CHI
Provider ID: 100333142005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Female
License Number: NP95004600

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NPI: 1902350994
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

HOANG, CHI
Provider ID: 100333142007
Board Certified: 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
License Number: NP95004600
NPI: 1902350994
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

HOANG, CHI
Provider ID: 100333142007
Board Certified: 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
License Number: NP95004600
NPI: 1902350994
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

HOANG, CHI
Provider ID: 100333142007
Board Certified: 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
License Number: NP95004600
NPI: 1902350994
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

HOANG, CHI
Provider ID: 100333142007
Board Certified: 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
License Number: NP95004600
NPI: 1902350994

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

HOERRES, LYNN
Provider ID: 100449858006
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Phone: (619) 299-2350
Fax: (619) 297-8379
After Hours Phone: (619) 299-2350
Provider Gender: Female
NPI: 1689226508
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Hours: M-F 9AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP Teleservice

CERTIFIED NURSE PRACTITIONER

IBARRA, MARTHA
Provider ID: 100324677016
Board Certified: 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
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: 100324677017
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

SA 9AM-4PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

IBARRA, MARTHA
Provider ID: 100324677003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

IBARRA, MARTHA
Provider ID: 100324677003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

IBARRA, MARTHA
Provider ID: 100324677020
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

IBARRA, MARTHA
Provider ID: 100324677020
Board Certified: No
IHP OF SOUTHERN CAL-PHP

CERTIFIED NURSE PRACTITIONER

IBARRA, MARTHA

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

JOHNSON, SHAWNA
Provider ID: 100333895003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: NP95002518
NPI: 1922237809
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

JOHNSON, SHAWNA
Provider ID: 100333895003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: NP95002518
NPI: 1922237809
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

KEMP, KATHRINE
Provider ID: 100411576001
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Provider Gender: Female
License Number: NP95018497
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: Limited: (EB, IB, E)
Hours: M-F 8AM-5:30PM
Website: N/A

CERTIFIED NURSE PRACTITIONER

KEMP, KATHRINE
Provider ID: 100411576001
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Provider Gender: Female
License Number: NP95018497
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: Limited: (EB, IB, E)
Hours: M-F 8AM-5:30PM
Website: N/A

CERTIFIED NURSE PRACTITIONER

KHAN, MATTHEW
Provider ID: 100342182014
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 515-2426
After Hours Phone: (619) 515-2426
Provider Gender: Male
License Number: NP17838
NPI: 1942456124
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

KHAN, MATTHEW
Provider ID: 100342182014
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 515-2426
After Hours Phone: (619) 515-2426
Provider Gender: Male
License Number: NP17838
NPI: 1942456124
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

KIDANE, ZINNIA
Provider ID: 100417898006
Board Certified: 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
License Number: NP95026032
NPI: 1780334110
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

KIDANE, ZINNIA
Provider ID: 100417898005
Board Certified: 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
License Number: NP95026032
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: Basic: (P, EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

KIDANE, ZINNIA
Provider ID: 100417898003
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

KIDANE, ZINNIA
Provider ID: 100417898004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Provider Gender: Female
NPI: 1780334110
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

KIDANE, ZINNIA
Provider ID: 100417898005
Board Certified: 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
License Number: NP95026032
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: Basic: (P, EB,

IB, E, R, T)
Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

KIDANE, ZINNIA
Provider ID: 100417898006
Board Certified: 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
License Number: NP95026032
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: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

KIDANE, ZINNIA
Provider ID: 100417898005
Board Certified: 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
License Number: NP95026032
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: Basic: (P, EB, IB, E, R, T)
Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

KIDANE, ZINNIA
Provider ID: 100417898005
Board Certified: 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
License Number: NP95026032
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: Basic: (P, EB, IB, E, R, T)
Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

KIM, YUNMI
Provider ID: 100446291005
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95023829
NPI: 1467166942
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

SA 8AM-2PM
Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

KIM, YUNMI
Provider ID: 100446291003
Board Certified: No
COMMUNITY CARE IPA LLC
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
Fax: (858) 578-4417
After Hours Phone: (844) 200-2426
Provider Gender: Female
NPI: 1467166942
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

KIM, YUNMI
Provider ID: 100446291005
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95023829
NPI: 1467166942
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

KOROGODSKI, ANNA
Provider ID: 100384211013
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: NP95019424
NPI: 1326634890
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: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

KOROGODSKI, ANNA
Provider ID: 100384211014
Board Certified: 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
License Number: NP95019424
NPI: 1326634890
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

KOROGODSKI, ANNA
Provider ID: 100384211014
Board Certified: 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
License Number: NP95019424
NPI: 1326634890
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\22
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

KOROGODSKI, ANNA
Provider ID: 100384211013
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: NP95019424
NPI: 1326634890
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: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

KUCERA, EMILY
Provider ID: 100486116003
Board Certified: 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: 1770457400
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\99
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

LENNON, RYAN
Provider ID: 100430348001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2355

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

After Hours Phone: (619) 515-2355
Provider Gender: Female
License Number: NP95027593
NPI: 1558084855
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

LENNON, RYAN
Provider ID: 100430348001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2355
After Hours Phone: (619) 515-2355
Provider Gender: Female
License Number: NP95027593
NPI: 1558084855
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

LIM, IMELDA
Provider ID: 100334142001
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95000203
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
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM
Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

LIM, IMELDA
Provider ID: 100334142001
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95000203
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
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM
Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

LUNA, ABIGAIL
Provider ID: 100454852003
Board Certified: No
IHP OF SOUTHERN CAL-PHP

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

1016 OUTER RD
SAN DIEGO, CA 92154
Phone: (619) 429-3733
Fax: (877) 673-1361
After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 1366299315
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M 8AM-5PM
TU 8AM-7:30PM
W 8AM-5PM
TH 8AM-7:30PM
F 8AM-5PM
SA 8AM-12PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

MANZO, CORINA
Provider ID: 100423270003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
After Hours Phone: (619) 234-2158
Provider Gender: Female
License Number: NP95020369
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: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM
Website: WWW.SDAIHC.ORG
Indian Health Services: Indian Health Services: Y

CERTIFIED NURSE PRACTITIONER

MANZO, CORINA
Provider ID: 100423270003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
After Hours Phone: (619) 234-2158
Provider Gender: Female
License Number: NP95020369
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: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM
Website: WWW.SDAIHC.ORG
Indian Health Services: Indian Health Services: Y

CERTIFIED NURSE PRACTITIONER

MARTIN, RIA
Provider ID: 100316474002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Provider Gender: Female
License Number: NP95005321
NPI: 1437695079
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB,

IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

MARTIN, RIA
Provider ID: 100316474002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Provider Gender: Female
License Number: NP95005321
NPI: 1437695079
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

MARTINEZ, JOYCELLE
Provider ID: 100191926013
Board Certified: 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: 1891906228
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

MEDINA, RUBELETA
Provider ID: 100400885003
Board Certified: No
COMMUNITY CARE IPA LLC
9995 CARMEL MOUNTAIN RD STE B1011
SAN DIEGO, CA 92129
Phone: (844) 200-2426
Fax: (858) 240-6470
After Hours Phone: (844) 200-2426
Provider Gender: Female
NPI: 1881153963
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

MIDORO, ABEGAILLE
Provider ID: 100415584008
Board Certified: No
COMMUNITY CARE IPA LLC
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
Fax: (858) 578-4417
After Hours Phone: (844) 200-2426
Provider Gender: Female
NPI: 1952925851
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N
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: 100415584007
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
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

NEJATI, FRESHTA
Provider ID: 100320201010
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

NGUYEN, NINA
Provider ID: 100387998018
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95020179
NPI: 1417699869
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM
Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

NGUYEN, NINA
Provider ID: 100387998019
Board Certified: No
OPERATION SAMAHAN
5296 UNIVERSITY AVE STE F
SAN DIEGO, CA 92105
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Number: NP95020179
NPI: 1417699869
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A

CERTIFIED NURSE PRACTITIONER

NGUYEN, NINA
Provider ID: 100387998018
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95020179
NPI: 1417699869
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM
Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

NGUYEN, NINA
Provider ID: 100387998019
Board Certified: No
OPERATION SAMAHAN
5296 UNIVERSITY AVE STE F
SAN DIEGO, CA 92105
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95020179
NPI: 1417699869
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A

CERTIFIED NURSE PRACTITIONER

NOCEDA, ANA
Provider ID: 100144861013
Board Certified: 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
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

NOCEDA, ANA
Provider ID: 100144861012
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Female

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Number: NP19505
NPI: 1386971760
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Tagalog*

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: Basic: (P, EB, IB, E, R, T)*
- *Hours: M 8:30AM-5:30PM*
  TU 8:30AM-9PM
  W-F 8:30AM-5:30PM
  SA 9AM-4PM
- *Website: www.sdfamilycare.org*

CERTIFIED NURSE PRACTITIONER

NOCEDA, ANA
Provider ID: 100144861012
Board Certified: No
IHP OF SOUTHERN CAL-PHP
- 7011 LINDA VISTA RD
  SAN DIEGO, CA 92111
- *Phone: (858) 810-8700*
- *After Hours Phone: (858) 810-8700*

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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
- *Accessibility: Basic: (P, EB, IB, E, R, T)*
- *Hours: M 8:30AM-5:30PM*
  TU 8:30AM-9PM
  W-F 8:30AM-5:30PM
  SA 9AM-4PM
- *Website: www.sdfamilycare.org*

CERTIFIED NURSE PRACTITIONER

NOCEDA, ANA
Provider ID: 100144861019
Board Certified: 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
License Number: NP19505
NPI: 1386971760
- *Provider English Spoken: Y*
- *Provider Language(s) Spoken: Tagalog*

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: Limited: (EB, IB, E, R, T)*
- *Hours: M-F 8AM-5PM*
  SA 8AM-2PM
- *Website: www.sdfamilycare.org*

CERTIFIED NURSE PRACTITIONER

NOCEDA, ANA
Provider ID: 100144861013
Board Certified: 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*

Provider Gender: Female
License Number: NP19505
NPI: 1386971760
- *Provider English Spoken: Y*

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

NOCEDA, ANA
Provider ID: 100144861019
Board Certified: 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
License Number: NP19505
NPI: 1386971760
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

OCONNELL, STEFANY
Provider ID: 100401596004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1016 OUTER RD
SAN DIEGO, CA 92154
Phone: (619) 429-3733
Fax: (878) 673-1361
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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

OPARA, CHINYERE
Provider ID: 100387177008
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1016 OUTER RD
SAN DIEGO, CA 92154
Phone: (619) 429-3733
Fax: (877) 673-1361
After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 1083221683
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

ORPILLA, IMELDA
Provider ID: 100332118008
Board Certified: No

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95003211
NPI: 1790785988
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM
Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

ORPILLA, IMELDA
Provider ID: 100332118003
Board Certified: No
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95003211
NPI: 1790785988
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM
Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

ORPILLA, IMELDA
Provider ID: 100332118008
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95003211
NPI: 1790785988
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
Website: www.operationsamahan.org

CERTIFIED NURSE PRACTITIONER

ORPILLA, IMELDA
Provider ID: 100332118003
Board Certified: No
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95003211
NPI: 1790785988
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM
Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

ORPILLA, IMELDA
Provider ID: 100332118003
Board Certified: No
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: NP95003211
NPI: 1790785988
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
Website: www.operationsamahan.org

CERTIFIED NURSE PRACTITIONER

PATIAG, DANIEL

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100368993004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Male
License Number: NP95012511
NPI: 1073169769
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: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9AM-4PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

PATIAG, DANIEL
Provider ID: 100368993009
Board Certified: 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
License Number: NP95012511
NPI: 1073169769
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: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

PATIAG, DANIEL
Provider ID: 100368993003
Board Certified: 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: Male
License Number: NP95012511
NPI: 1073169769
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

PATIAG, DANIEL
Provider ID: 100368993003
Board Certified: 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: Male
License Number: NP95012511
NPI: 1073169769
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: Basic: (P, EB, IB, E, R, T)

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

Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

PATIAG, DANIEL

Provider ID: 100368993004

Board Certified: No

IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858) 810-8700

Provider Gender: Male

License Number: NP95012511

NPI: 1073169769

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: Basic: (P, EB, IB, E, R, T)

Hours: M 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9AM-4PM

Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

PATIAG, DANIEL

Provider ID: 100368993003

Board Certified: 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: Male

License Number: NP95012511

NPI: 1073169769

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: Basic: (P, EB, IB, E, R, T)

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

Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

PATIAG, DANIEL

Provider ID: 100368993009

Board Certified: 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

License Number: NP95012511

NPI: 1073169769

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: Limited: (EB, IB, E, R, T)

Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

PATIAG, DANIEL

Provider ID: 100368993003

Board Certified: No

IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858) 279-0925

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Gender: Male
License Number: NP95012511
NPI: 1073169769
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

PERRY, KATHERINE
Provider ID: 100383230002
Board Certified: No
IHP OF SOUTHERN CAL-PHP
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
After Hours Phone: (619) 234-2158
Provider Gender: Female
License Number: NP95014964
NPI: 1215543426
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM
Website: WWW.SDAIHC.ORG
Indian Health Services: Indian Health Services: Y

CERTIFIED NURSE PRACTITIONER

PERRY, KATHERINE
Provider ID: 100383230002
Board Certified: No
IHP OF SOUTHERN CAL-PHP
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
After Hours Phone: (619) 234-2158
Provider Gender: Female
License Number: NP95014964
NPI: 1215543426
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM
Website: WWW.SDAIHC.ORG
Indian Health Services: Indian Health Services: Y

CERTIFIED NURSE PRACTITIONER

QUINTO, CINDY
Provider ID: 100334808006
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE

PRACTITIONER

QUINTO, CINDY

Provider ID: 100334808002

Board Certified: 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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

QUINTO, CINDY

Provider ID: 100334808006

Board Certified: No

IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858) 810-8700

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

QUINTO, CINDY

Provider ID: 100334808002

Board Certified: 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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

RAJIV, RENUKA

Provider ID: 100454952003

Board Certified: No

IHP OF SOUTHERN CAL-PHP

1016 OUTER RD

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

SAN DIEGO, CA 92154
Phone: (619) 429-3733
Fax: (877) 673-1361
After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 1821819301
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M 8AM-5PM
TU 8AM-7:30PM
W 8AM-5PM
TH 8AM-7:30PM
F 8AM-5PM
SA 8AM-12PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

RODENMEYER, EVE
Provider ID: 100389575008
Board Certified: 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
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

RODENMEYER, EVE
Provider ID: 100389575010
Board Certified: 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
Provider Gender: Female
License Number: NP95019971
NPI: 1225782022
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

RODENMEYER, EVE
Provider ID: 100389575011
Board Certified: 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
License Number: NP95019971
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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

RODENMEYER, EVE
Provider ID: 100389575009
Board Certified: No

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Female
License Number: NP95019971
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: Basic: (P, EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

RODENMEYER, EVE
Provider ID: 100389575011
Board Certified: 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
License Number: NP95019971
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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

RODENMEYER, EVE
Provider ID: 100389575010
Board Certified: 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
Provider Gender: Female
License Number: NP95019971
NPI: 1225782022
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

RODENMEYER, EVE
Provider ID: 100389575009
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Female
License Number: NP95019971
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: Basic: (P, EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

SABIN, NANCY
Provider ID: 100333765003
Board Certified: No
IHP OF SOUTHERN CAL-PHP

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7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Female
License Number: NP4668
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: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM
TU 8:30AM-9PM
W-F 8:30AM-5:30PM
SA 9AM-4PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

SABIN, NANCY
Provider ID: 100333765010
Board Certified: 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
License Number: NP4668
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: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

SABIN, NANCY
Provider ID: 100333765001
Board Certified: 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
License Number: NP4668
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

SABIN, NANCY
Provider ID: 100333765001
Board Certified: 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
License Number: NP4668
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: Basic: (P, EB, IB, E, R, T)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

SABIN, NANCY
Provider ID: 100333765003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Female
License Number: NP4668
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: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM
TU 8:30AM-9PM
W-F 8:30AM-5:30PM
SA 9AM-4PM
Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

SABIN, NANCY
Provider ID: 100333765010
Board Certified: 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
License Number: NP4668
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: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

SABIN, NANCY
Provider ID: 100333765001
Board Certified: 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
License Number: NP4668
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

SABIN, NANCY
Provider ID: 100333765001
Board Certified: 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
License Number: NP4668
NPI: 1285732586
Provider English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

SABIN, NANCY
Provider ID: 100333765006
Board Certified: No
IHP OF SOUTHERN CAL-PHP
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Provider Gender: Female
NPI: 1285732586
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

SABIN, NANCY
Provider ID: 100333765009
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

SANACORA, RACHEL
Provider ID: 100403948007
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2905
Fax: (619) 283-1614
After Hours Phone: (619) 280-2905
Provider Gender: Female
NPI: 1548987985
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
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: 100403948004
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1548987985
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Website: N/A
IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

SANTANGELO, JOANNE
Provider ID: 100333846006
Board Certified: No
IHP OF SOUTHERN CAL-PHP
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Provider Gender: Female
NPI: 1619370475
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL): N
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

SANTANGELO, JOANNE
Provider ID: 100333846009
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

SANTANGELO, JOANNE
Provider ID: 100333846001
Board Certified: 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
License Number: NP2390
NPI: 1619370475
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

SANTANGELO, JOANNE
Provider ID: 100333846001
Board Certified: No
IHP OF SOUTHERN CAL-PHP
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Gender: Female
License Number: NP2390
NPI: 1619370475
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

SANTANGELO, JOANNE
Provider ID: 100333846010
Board Certified: 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
License Number: NP2390
NPI: 1619370475
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

SANTANGELO, JOANNE
Provider ID: 100333846003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Female
License Number: NP2390
NPI: 1619370475
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM
TU 8:30AM-9PM
W-F 8:30AM-5:30PM
SA 9AM-4PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

SANTANGELO, JOANNE
Provider ID: 100333846001
Board Certified: 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
License Number: NP2390
NPI: 1619370475
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

SANTANGELO, JOANNE
Provider ID: 100333846010
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Phone: (619) 563-0250
Fax: (858) 633-4681
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: NP2390
NPI: 1619370475
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

SANTANGELO, JOANNE
Provider ID: 100333846001
Board Certified: 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
License Number: NP2390
NPI: 1619370475
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

SANTANGELO, JOANNE
Provider ID: 100333846003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Female
License Number: NP2390
NPI: 1619370475
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM
TU 8:30AM-9PM
W-F 8:30AM-5:30PM
SA 9AM-4PM
Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

SATTERWHITE, MAURINE
Provider ID: 100334618003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Female
License Number: NP7022
NPI: 1225012842
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
SA 9AM-4PM
Website: www.sdfamilycare .org

CERTIFIED NURSE PRACTITIONER

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

SATTERWHITE, MAURINE
Provider ID: 100334618010
Board Certified: 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
License Number: NP7022
NPI: 1225012842
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

SATTERWHITE, MAURINE
Provider ID: 100334618001
Board Certified: 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
License Number: NP7022
NPI: 1225012842
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

SATTERWHITE, MAURINE
Provider ID: 100334618001
Board Certified: 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
License Number: NP7022
NPI: 1225012842
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

SATTERWHITE, MAURINE
Provider ID: 100334618003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Female
License Number: NP7022
NPI: 1225012842
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB,

IB, E, R, T)
Hours: M-F 8:30AM-5:30PM SA 9AM-4PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

SATTERWHITE, MAURINE
Provider ID: 100334618010
Board Certified: 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
License Number: NP7022
NPI: 1225012842
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

SATTERWHITE, MAURINE
Provider ID: 100334618001
Board Certified: 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
License Number: NP7022
NPI: 1225012842
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

SATTERWHITE, MAURINE
Provider ID: 100334618001
Board Certified: 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
License Number: NP7022
NPI: 1225012842
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

SATTERWHITE, MAURINE
Provider ID: 100334618006
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

SATTERWHITE, MAURINE
Provider ID: 100334618009
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

SAVILLE, EDITH
Provider ID: 100334692002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Female
License Number: NP7374
NPI: 1730567678
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

SAVILLE, EDITH
Provider ID: 100334692002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Female
License Number: NP7374
NPI: 1730567678
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

SAWIRES YAGER, AMANDA
Provider ID: 100463881001
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Female
License Number: NP95009999

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NPI: 1083198147
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9AM-4PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

SAWIRES YAGER, AMANDA
Provider ID: 100463881001
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Female
License Number: NP95009999
NPI: 1083198147
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9AM-4PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

SCOTT, KELLY
Provider ID: 100383223004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
After Hours Phone: (619) 234-2158
Provider Gender: Female
License Number: NP95015026
NPI: 1013420801
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM
Website: WWW.SDAIHC.ORG
Indian Health Services: Indian Health Services: Y

CERTIFIED NURSE PRACTITIONER

SCOTT, KELLY
Provider ID: 100383223004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
After Hours Phone: (619) 234-2158
Provider Gender: Female
License Number: NP95015026
NPI: 1013420801
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM
Website: WWW.SDAIHC.ORG
Indian Health Services: Indian Health Services: Y

CERTIFIED NURSE PRACTITIONER

SNYDER, KIRSTIN

Provider ID: 100400867018
Board Certified: 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
License Number: NP95022719
NPI: 1740905447
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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

SNYDER, KIRSTIN
Provider ID: 100400867018
Board Certified: 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
License Number: NP95022719
NPI: 1740905447
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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

STOREY, ERIC
Provider ID: 100407007003
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Male
License Number: NP95019667
NPI: 1205598984
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM
Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

STOREY, ERIC
Provider ID: 100407007003
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Male
License Number: NP95019667
NPI: 1205598984
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.opsam.org

CERTIFIED NURSE PRACTITIONER

SWANSON, BRIANNA
Provider ID: 100450171007
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: NP95031189
NPI: 1538848148
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

SWANSON, BRIANNA
Provider ID: 100450171007
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: NP95031189
NPI: 1538848148
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

TRAN, ANH
Provider ID: 100482780013
Board Certified: 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: 1174387369
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

TUEROS, VICTORIA
Provider ID: 100183898003
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: NP2286
NPI: 1598989261
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
SA 8AM-5PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

TUEROS, VICTORIA
Provider ID: 100183898003
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: NP2286
NPI: 1598989261
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
SA 8AM-5PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

VIBAL-POASTER, MARIA KHRISTINA
Provider ID: 100338412003
Board Certified: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1376046680
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSF MEDICAL CENTER AT MOUNT ZION
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

VILLALOBOS, REBECA
Provider ID: 100396120007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: NP95015780
NPI: 1184224396
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
SA 8AM-5PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

VILLALOBOS, REBECA
Provider ID: 100396120007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: NP95015780
NPI: 1184224396
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

VU HILL, ERICA
Provider ID: 100047897035
Board Certified: 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
License Number: NM1848
NPI: 1578890737
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: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

VU HILL, ERICA
Provider ID: 100047897035
Board Certified: 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
License Number: NP18891
NPI: 1578890737
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: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

VU HILL, ERICA
Provider ID: 100047897035
Board Certified: 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
License Number: NM1848
NPI: 1578890737
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: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

VU HILL, ERICA
Provider ID: 100047897035
Board Certified: 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
License Number: NM1848
NPI: 1578890737
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: Limited: (EB, IB, E, R, T)

Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

VU HILL, ERICA

Provider ID: 100047897035

Board Certified: 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

License Number: NP18891

NPI: 1578890737

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: Limited: (EB, IB, E, R, T)

Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

WALDRUP, LA RHONDA

Provider ID: 100406799008

Board Certified: No

RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5888

Fax: (858) 966-7483

After Hours Phone: (858) 966-5888

Provider Gender: Female

NPI: 1831627181

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL): N

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

WALKINS, BETHANY

Provider ID: 100457547009

Board Certified: 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: 1245545581

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL): N

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

Teleservice

CERTIFIED NURSE PRACTITIONER

WALKINS, BETHANY

Provider ID: 100457547018

Board Certified: No

RADY CHILDRENS HEALTH NETWORK

5776 RUFFIN RD
SAN DIEGO, CA 92123

Phone: (858) 292-1144

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Fax: (858) 268-5145
After Hours Phone: (858) 292-1144
Provider Gender: Female
NPI: 1245545581
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network
Teleservice

CERTIFIED NURSE PRACTITIONER

WEICKERT, MARIA
Provider ID: 100342580003
Board Certified: 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
Provider Gender: Female
License Number: NP95010814
NPI: 1841758984
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

WEICKERT, MARIA
Provider ID: 100342580003
Board Certified: 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
Provider Gender: Female
License Number: NP95010814
NPI: 1841758984
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

WEIMER, BRYANA
Provider ID: 100450187032
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: NP95031855
NPI: 1942037510
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

WEIMER, BRYANA
Provider ID: 100450187033
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Phone: (619) 280-2058
Fax: (858) 633-4682
After Hours Phone: (619) 280-2058
Provider Gender: Female
License Number: NP95031855
NPI: 1942037510
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

WEIMER, BRYANA
Provider ID: 100450187032
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: NP95031855
NPI: 1942037510
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

WEIMER, BRYANA
Provider ID: 100450187033
Board Certified: 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
License Number: NP95031855
NPI: 1942037510
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED NURSE PRACTITIONER

WILLIAMS, TAKISHA
Provider ID: 100391830005
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Provider Gender: Female
License Number: NP95013978
NPI: 1881727386
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM
TH 9AM-6PM
F 8:30AM-5:30PM
Website: www.fhcsd.org

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

CERTIFIED NURSE PRACTITIONER

WILLIAMS, TAKISHA

Provider ID: 100391830005
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Provider Gender: Female
License Number: NP95013978
NPI: 1881727386
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

WILLIAMS, TAKISHA

Provider ID: 100391830007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Provider Gender: Female
License Number: NP95013978
NPI: 1881727386
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: Basic: (P, EB, IB, E, R, T)
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

WILLIAMS, TAKISHA

Provider ID: 100391830007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Provider Gender: Female
License Number: NP95013978
NPI: 1881727386
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: Basic: (P, EB, IB, E, R, T)
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

WOOLSEY, EMILY

Provider ID: 100458657005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1016 OUTER RD
SAN DIEGO, CA 92154
Phone: (619) 429-3733
Fax: (877) 673-1361
After Hours Phone: (619) 429-3733
Provider Gender: Female
NPI: 1861147340
Provider English Spoken: Y
Provider Language(s) Spoken: Sign Language
Cultural Competency: N
Medi-Cal Open Panel: Yes

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Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M 8AM-5PM
TU 8AM-7:30PM
W 8AM-5PM
TH 8AM-7:30PM
F 8AM-5PM
SA 8AM-12PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED REGISTERED NURSE ANESTHETIST

APPLEGET, JOSEPH
Provider ID: 100346141003
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE ANESTHETIST

SAURE, MELISSA
Provider ID: 100314580007
Board Certified: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1497085104
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE MIDWIFE

BOSTON, LAURA
Provider ID: 100335310003
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: NM792
NPI: 1174553259
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
SA 8AM-5PM
Website: www.fhcsd.org

CERTIFIED REGISTERED NURSE MIDWIFE

BOSTON, LAURA
Provider ID: 100335310003
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: NM792

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NPI: 1174553259
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
SA 8AM-5PM
Website: www.fhcsd.org

CERTIFIED REGISTERED NURSE MIDWIFE

CORTES, CHRISTINE
Provider ID: 100143879019
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: NM1485
NPI: 1467427898
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED REGISTERED NURSE MIDWIFE

CORTES, CHRISTINE
Provider ID: 100143879019
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: NM1485
NPI: 1467427898
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED REGISTERED NURSE MIDWIFE

EKHOLM, JANNA
Provider ID: 100136081020
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: NM1894
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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED REGISTERED NURSE MIDWIFE

EKHOLM, JANNA

Provider ID: 100136081020
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: NM1894
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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED REGISTERED NURSE MIDWIFE

EKHOLM, JANNA
Provider ID: 100136081018
Board Certified: 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: Limited: (EB, IB, E, R)
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED REGISTERED NURSE MIDWIFE

GEPSHTEIN, YANA
Provider ID: 100336425002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Provider Gender: Female
License Number: NM1662
NPI: 1396956512
Provider English Spoken: Y
Provider Language(s) Spoken: Hebrew
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED REGISTERED NURSE MIDWIFE

GEPSHTEIN, YANA
Provider ID: 100336425002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Provider Gender: Female
License Number: NM1662
NPI: 1396956512
Provider English Spoken: Y
Provider Language(s) Spoken: Hebrew
Cultural Competency: N
Medi-Cal Open Panel: Yes

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED REGISTERED NURSE MIDWIFE

GOODWIN, RACHEL
Provider ID: 100188278013
Board Certified: 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: Limited: (P, EB, IB, E)
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE MIDWIFE

GOODWIN, RACHEL
Provider ID: 100188278014
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE MIDWIFE

GREAR MANN, MELISSA
Provider ID: 100133296008
Board Certified: 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: SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE MIDWIFE

GREAR MANN, MELISSA

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100133296009
Board Certified: No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1255384475
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE MIDWIFE

GUNTHER, HOPE
Provider ID: 100173743016
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: NM1421
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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED REGISTERED NURSE MIDWIFE

GUNTHER, HOPE
Provider ID: 100173743009
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE MIDWIFE

GUNTHER, HOPE
Provider ID: 100173743016
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: NM1421
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: Limited: (EB,

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-2PM
Website: www.sdfamilycare.org

CERTIFIED REGISTERED NURSE MIDWIFE

HIRSCH, JENNIFER
Provider ID: 100172955018
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE MIDWIFE

HIRSCH, JENNIFER
Provider ID: 100172955014
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Website: N/A
IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE MIDWIFE

HIRSCH, JENNIFER
Provider ID: 100172955015
Board Certified: No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (619) 543-7878
After Hours Phone: (619) 543-7878
Provider Gender: Female
NPI: 1891752069
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE MIDWIFE

HOLLAND, SIMONE
Provider ID: 100399513004
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

CERTIFIED REGISTERED NURSE MIDWIFE

HOLLAND, SIMONE
Provider ID: 100399513004
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

CERTIFIED REGISTERED NURSE MIDWIFE

TAYLOR, INGE
Provider ID: 100389150004
Board Certified: 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
License Number: NM1543
NPI: 1023090305
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CERTIFIED REGISTERED NURSE MIDWIFE

TAYLOR, INGE
Provider ID: 100389150004
Board Certified: 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
License Number: NM1543
NPI: 1023090305
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CHIROPRACTOR

ASSADIAN, MEHRAK
Provider ID: 100334604003

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Board Certified: No
IHP OF SOUTHERN CAL-PHP
950 S EUCLID AVE
SAN DIEGO, CA 92114
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: DC27523
NPI: 1295278281
Provider English Spoken: Y
Provider Language(s) Spoken: Turkish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-12PM
Website: www.syhealth.org

CHIROPRACTOR

ASSADIAN, MEHRAK
Provider ID: 100334604003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
950 S EUCLID AVE
SAN DIEGO, CA 92114
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: DC27523
NPI: 1295278281
Provider English Spoken: Y
Provider Language(s) Spoken: Turkish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-12PM
Website: www.syhealth.org

CHIROPRACTOR

CABALLERO, JAMES
Provider ID: 100112203010
Board Certified: No
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Male
License Number: DC27726
NPI: 1093991549
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-TU
8:30AM-5:30PM
W 10AM-7PM
TH-F 8:30AM-5:30PM
Website: www.operationsamahan.org

CHIROPRACTOR

CABALLERO, JAMES
Provider ID: 100112203010
Board Certified: No
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Male
License Number: DC27726
NPI: 1093991549
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-TU
8:30AM-5:30PM
W 10AM-7PM
TH-F 8:30AM-5:30PM
Website: www.operationsamahan.org

CHIROPRACTOR

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

CABALLERO, JAMES
Provider ID: 100112203009
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Male
License Number: DC27726
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM
Website: www.opsam.org
Teleservice

CHIROPRACTOR

CABALLERO, JAMES
Provider ID: 100112203009
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Male
License Number: DC27726
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM
Website: www.opsam.org
Teleservice

CHIROPRACTOR

CHAMAPAGNE, ALLISON
Provider ID: 100441539003
Board Certified: 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: Limited: (P, EB, E)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CHIROPRACTOR

CHAMAPAGNE, ALLISON
Provider ID: 100441539004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
After Hours Phone: (619) 234-2158
Provider Gender: Female
License Number: DC35220
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: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM
Website: WWW.SDAIHC.ORG
Indian Health Services: Indian Health Services: Y

CHIROPRACTOR

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

CHAMAPAGNE, ALLISON
Provider ID: 100441539004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
After Hours Phone: (619) 234-2158
Provider Gender: Female
License Number: DC35220
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: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM
Website: WWW.SDAIHC.ORG
Indian Health Services: Indian Health Services: Y

CHIROPRACTOR

KAZEM, AHMAD
Provider ID: 100241576006
Board Certified: No
IHP OF SOUTHERN CAL-PHP
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: DC33300
NPI: 1003296096
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Persian
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

CHIROPRACTOR

KAZEM, AHMAD
Provider ID: 100241576006
Board Certified: No
IHP OF SOUTHERN CAL-PHP
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: DC33300
NPI: 1003296096
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Persian
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

CHIROPRACTOR

LE, BRANDON
Provider ID: 100389048007
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 280-2058
After Hours Phone: (619) 280-2058
Provider Gender: Male
License Number: DC25980
NPI: 1215489166
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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.sdfamilycare.org

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

CHIROPRACTOR

LE, BRANDON

Provider ID: 100389048007

Board Certified: No

IHP OF SOUTHERN CAL-PHP

4290 POLK AVE
SAN DIEGO, CA 92105

Phone: (619) 280-2058

After Hours Phone: (619) 280-2058

Provider Gender: Male

License Number: DC25980

NPI: 1215489166

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: Limited: (EB, IB, E, R, T)

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

Website: www.sdfamilycare.org

CHIROPRACTOR

LOVERN, JENNIFER

Provider ID: 100035169007

Board Certified: No

OPERATION SAMAHAN

9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129

Phone: (844) 200-2426

After Hours Phone: (844) 200-2426

Provider Gender: Female

License Number: DC29074

NPI: 1235469396

Provider English Spoken: Y

Provider Language(s) Spoken: French, Italian, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

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

Website: www.operationsamahan.org

CHIROPRACTOR

LOVERN, JENNIFER

Provider ID: 100035169007

Board Certified: No

OPERATION SAMAHAN

9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129

Phone: (844) 200-2426

After Hours Phone: (844) 200-2426

Provider Gender: Female

License Number: DC29074

NPI: 1235469396

Provider English Spoken: Y

Provider Language(s) Spoken: French, Italian, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

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

Website: www.operationsamahan.org

CHIROPRACTOR

LUU, DANIEL

Provider ID: 100113874008

Board Certified: 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

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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
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: 100438121003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1016 OUTER RD
SAN DIEGO, CA 92154
Phone: (619) 429-3733
Fax: (877) 673-1361
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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CHIROPRACTOR

ROBINSON, DEAN
Provider ID: 100046260050
Board Certified: 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
License Number: DC12036
NPI: 1851320337
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CHIROPRACTOR

ROBINSON, DEAN
Provider ID: 100046260050
Board Certified: 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
License Number: DC12036
NPI: 1851320337
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

CHIROPRACTOR

ROJAS, RICHARD
Provider ID: 100089490004
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: DC31024
NPI: 1538318811
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

CHIROPRACTOR

ROJAS, RICHARD
Provider ID: 100089490004
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: DC31024
NPI: 1538318811
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

CHIROPRACTOR

SOSA, DAVID
Provider ID: 100267733007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: DC33150
NPI: 1013308675
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

CHIROPRACTOR

SOSA, DAVID
Provider ID: 100267733007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: DC33150
NPI: 1013308675
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

CHIROPRACTOR

SOSA, DAVID
Provider ID: 100267733005
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Provider Gender: Male
License Number: DC33150
NPI: 1013308675
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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N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

CHIROPRACTOR

SOSA, DAVID
Provider ID: 100267733005
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Provider Gender: Male
License Number: DC33150
NPI: 1013308675
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

CHIROPRACTOR

TAGHIZADEH, MAJID
Provider ID: 100107830008
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: DC30121
NPI: 1750590600
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Persian, Turkish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

CHIROPRACTOR

TAGHIZADEH, MAJID
Provider ID: 100107830010
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Provider Gender: Male
License Number: DC30121
NPI: 1750590600
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Persian, Turkish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

CHIROPRACTOR

TAGHIZADEH, MAJID
Provider ID: 100107830008
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: DC30121
NPI: 1750590600

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Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Persian, Turkish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

CHIROPRACTOR

TAGHIZADEH, MAJID
Provider ID: 100107830010
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Provider Gender: Male
License Number: DC30121
NPI: 1750590600
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Persian, Turkish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

CHIROPRACTOR

TRUONG, VENNES
Provider ID: 100415582001
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: DC34907
NPI: 1053919928
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM
Website: www.opsam.org

CHIROPRACTOR

TRUONG, VENNES
Provider ID: 100415582001
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Female
License Number: DC34907
NPI: 1053919928
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM
Website: www.opsam.org

DERMATOLOGY

BOHRER, NICHOLAS
Provider ID: 100465360012
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Gender: Male
NPI: 1689134348
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\100
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

DERMATOLOGY

BURROWS, WILLIAM
Provider ID: 100007079011
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: G16236
NPI: 1639199292
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

DERMATOLOGY

BURROWS, WILLIAM
Provider ID: 100007079011
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: G16236
NPI: 1639199292
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

DERMATOLOGY

CALAME, ANTOANELLA
Provider ID: 100107605017
Board Certified: No
IHP OF SOUTHERN CAL-PHP
6605 NANCY RIDGE DR
SAN DIEGO, CA 92121
Phone: (858) 750-2983
Fax: (858) 900-2779
After Hours Phone: (858) 750-2983
Provider Gender: Female
NPI: 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
Hours: M-F 8AM-5PM

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Website: N/A
IPA: IHP of Southern Cal-PHP

DERMATOLOGY

CARTER, NATASHA
Provider ID: 100335124006
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

DERMATOLOGY

CARTER, NATASHA
Provider ID: 100335124006
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

DERMATOLOGY

VEST, BLAKE
Provider ID: 100486560003
Board Certified: 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
NPI: 1891311403
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\99
American Sign Language (ASL): N
Hours: M-F 9AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

DERMATOLOGY

ZUBAIR, RAHEEL
Provider ID: 100417959014
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

EMERGENCY MEDICINE

PHAM, LILY
Provider ID: 100420058014
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2905
Fax: (619) 283-1614
After Hours Phone: (619) 280-2905
Provider Gender: Female
NPI: 1811423072
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
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: 100420058019
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1811423072
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

EMERGENCY MEDICINE

REALYVASQUEZ, JOHN
Provider ID: 100463697016
Board Certified: 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: 1700464237
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SAN JOAQUIN GENERAL HOSP
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

EMERGENCY MEDICINE

REALYVASQUEZ, JOHN
Provider ID: 100463697017
Board Certified: No
RADY CHILDRENS HEALTH

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: 1700464237
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SAN JOAQUIN GENERAL HOSP
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

ENDOCRINOLOGY METABOLISM DIABETES

HOSEIN, NADEEN
Provider ID: 100342345001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Female
License Number: A113255
NPI: 1912051715
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

ENDOCRINOLOGY METABOLISM DIABETES

HOSEIN, NADEEN
Provider ID: 100342345001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Female
License Number: A113255
NPI: 1912051715
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

ENDOCRINOLOGY METABOLISM DIABETES

ISLAM, JULIE
Provider ID: 100333866003
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Provider Gender: Female
License Number: A149552
NPI: 1750780516
Provider English Spoken: Y
Provider Language(s) Spoken: Bengali, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

8:30AM-5:30PM
Website: www.fhcsd.org

ENDOCRINOLOGY METABOLISM DIABETES

ISLAM, JULIE
Provider ID: 100333866003
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Provider Gender: Female
License Number: A149552
NPI: 1750780516
Provider English Spoken: Y
Provider Language(s) Spoken: Bengali, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

FAMILY PRACTICE

ALDERSON, CHEVON
Provider ID: 100454419003
Board Certified: 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: Female
NPI: 1396124145
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

BELL, TRACY
Provider ID: 100424087003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Provider Gender: Female
NPI: 1497821318
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 14\None
American Sign Language (ASL): N
Hours: M-F 8:30AM-5:30PM
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

BELL, TRACY
Provider ID: 100424087004
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: N/A

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

FAMBRO, CYNTHIA

Provider ID: 100350838007

Board Certified: No

IHP OF SOUTHERN CAL-PHP

950 S EUCLID AVE
SAN DIEGO, CA 92114

Phone: (619) 662-4100

Fax: (619) 205-1954

After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1710331707

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Hours: SU 10AM-4PM
M-TU 8:30AM-8PM
W-F 8:30AM-5:30PM
SA 8AM-2:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

KIDDER, BRENDAN

Provider ID: 100334556007

Board Certified: 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: 1275793929

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: Limited: (P, IB, E, T)

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

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

RIDGE, NEAL

Provider ID: 100356750013

Board Certified: 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: 1053381004

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

ROSADO, IVAN

Provider ID: 100365788010

Board Certified: 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

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

SARDINHA, MANUEL

Provider ID: 100465154006

Board Certified: 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: 1356090872

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\99

American Sign Language (ASL): N

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

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

SARDINHA, MANUEL

Provider ID: 100465154008

Board Certified: No

IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4600

After Hours Phone: (858) 810-8700

Provider Gender: Male

NPI: 1356090872

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\99

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

VAN PRATT LEVIN, BENJAMIN

Provider ID: 100418258002

Board Certified: No

IHP OF SOUTHERN CAL-PHP

1016 OUTER RD
SAN DIEGO, CA 92154

Phone: (619) 429-3733

Fax: (877) 673-1361

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

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

VO, PHU LUONG

Provider ID: 100415527005

Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP Teleservice

GASTROENTEROLOGY

BAUMAN, LAURA
Provider ID: 100336971016
Board Certified: 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\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

GASTROENTEROLOGY

CHAVEZ, LUIS
Provider ID: 100442545004
Board Certified: 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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

GASTROENTEROLOGY

DZIEGIELEWSKI, CLAUDIA
Provider ID: 100456056012
Board Certified: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1093548117
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: UCSD Medical Group

GASTROENTEROLOGY

DZIEGIELEWSKI, CLAUDIA
Provider ID: 100456056005
Board Certified: No
UCSD MEDICAL 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: 1093548117
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: UCSD Medical Group

GASTROENTEROLOGY

HAI, FAIZI
Provider ID: 100414604001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: A159324
NPI: 1639523228
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

GASTROENTEROLOGY

HAI, FAIZI
Provider ID: 100414604001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: A159324
NPI: 1639523228
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

GASTROENTEROLOGY

KUMAR, SOMA
Provider ID: 100263971008
Board Certified: 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: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

GASTROENTEROLOGY

KUMAR, SOMA
Provider ID: 100263971004
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

GASTROENTEROLOGY

OLIVER, DEANNA
Provider ID: 100328564048
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM
Website: www.opsam.org

GASTROENTEROLOGY

OLIVER, DEANNA
Provider ID: 100328564048
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-4:30PM
Website: www.opsam.org

GASTROENTEROLOGY

POLK, DAVID
Provider ID: 100000068011
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (760) 294-9260
Fax: (760) 294-9274
After Hours Phone: (760) 294-9260
Provider Gender: Male
NPI: 1427140839
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

GASTROENTEROLOGY

SINH, PREETIKA
Provider ID: 100481322013
Board Certified: No
UCSD MEDICAL 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: 1497047369
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: UCSD Medical Group

GASTROENTEROLOGY

SINH, PREETIKA
Provider ID: 100481322016
Board Certified: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1497047369
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: UCSD Medical Group

GASTROENTEROLOGY

STIPHO, SALLY
Provider ID: 100007555018
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

GASTROENTEROLOGY

STIPHO, SALLY
Provider ID: 100007555018
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

HEARING AID DEALER / SUPPLIER

ANDERSON, ELAINE
Provider ID: 100112511031
Board Certified: No
COMMUNITY CARE IPA LLC
6367 ALVARADO CT STE 101
SAN DIEGO, CA 92120
Phone: (619) 583-7002
Fax: (619) 583-9404
After Hours Phone: (619) 583-7002
Provider Gender: Female
NPI: 1063558856
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

HEARING AID DEALER / SUPPLIER

ANDERSON, ELAINE
Provider ID: 100112511033
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

HEARING AID DEALER / SUPPLIER

GALLAGHER, JEFFERY
Provider ID: 100434665010
Board Certified: 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: 1457926370
Provider English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

HEMATOLOGY / ONCOLOGY

LEE, KAREN
Provider ID: 100376519003
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-5811
Fax: (858) 966-8035
After Hours Phone: (858) 966-5811
Provider Gender: Female
NPI: 1518352970
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

HEMATOLOGY / ONCOLOGY

OGUNLEYE, FOLUSO
Provider ID: 100458728024
Board Certified: No
IHP OF SOUTHERN CAL-PHP
3965 5TH AVE STE 230
SAN DIEGO, CA 92103
Phone: (619) 872-0953
Fax: (619) 872-0953
After Hours Phone: (619) 872-0953
Provider Gender: Male
NPI: 1972766772
Provider English Spoken: Y
Provider Language(s) Spoken: Nigerian
Cultural Competency: N
Hospital Affiliation: MOUNTAINVIEW HOSP, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, TEMECULA VALLEY HOSPITAL INC
Medi-Cal Open Panel: Yes
Min/Max Age: 18\99
American Sign Language (ASL): N
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

HEMATOLOGY / ONCOLOGY

PAUL, MEGAN
Provider ID: 100364098003
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY STE 2W
SAN DIEGO, CA 92123
Phone: (858) 966-5811
Fax: (858) 966-8035
After Hours Phone: (858) 966-5811
Provider Gender: Female
NPI: 1427495894
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

HEPATOLOGY

GISH, ROBERT
Provider ID: 100051208065

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: No
LA MAESTRA FAMILY CLINIC
4074 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 312-0347
After Hours Phone: (619) 312-0347
Provider Gender: Male
License Number: G45632
NPI: 1548281322
Provider English Spoken: Y
Provider Language(s) Spoken: Dutch, French, Spanish, Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A

HEPATOLOGY

GISH, ROBERT
Provider ID: 100051208065
Board Certified: No
LA MAESTRA FAMILY CLINIC
4074 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 312-0347
After Hours Phone: (619) 312-0347
Provider Gender: Male
License Number: G45632
NPI: 1548281322
Provider English Spoken: Y
Provider Language(s) Spoken: Dutch, French, Spanish, Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A

HOSPITALIST MD/DO

KUPELIAN, CHLOE
Provider ID: 100379318004
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5841
Fax: (858) 966-6728
After Hours Phone: (858) 966-5841
Provider Gender: Female
NPI: 1780013748
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

HOSPITALIST MD/DO

SOPHY, ELIZABETH
Provider ID: 100376174008
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Provider Gender: Female
License Number: A157547
NPI: 1013441203
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hours: M-F 8AM-5:30PM
Website: N/A

HOSPITALIST MD/DO

SOPHY, ELIZABETH
Provider ID: 100376174008
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Provider Gender: Female
License Number: A157547
NPI: 1013441203
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E)

Hours: M-F 8AM-5:30PM
Website: N/A

INFECTIOUS DISEASE

ALDOUS, JEANNETTE
Provider ID: 100134749017
Board Certified: 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
Website: N/A
IPA: IHP of Southern Cal-PHP

INFECTIOUS DISEASE

MOODLEY, AMARAN
Provider ID: 100339906003
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (885) 966-7785
Fax: (858) 966-8658
After Hours Phone: (885) 966-7785
Provider Gender: Male
NPI: 1104023670
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

INFECTIOUS DISEASE

PANNARAJ, PIA
Provider ID: 100035994010
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-7785
Fax: (858) 966-8658
After Hours Phone: (858) 966-7785
Provider Gender: Female

NPI: 1942478524
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHILDRENS HOSP OF LOS ANGELES, HOLLYWOOD PRESBYTERIAN MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

INTERNAL MEDICINE

ARUTYUNOV, BORIS
Provider ID: 100249648017
Board Certified: 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
Hours: M-F 9AM-5PM
Website: N/A
IPA: UCSD Medical Group

INTERNAL MEDICINE

BALL, SHELDON
Provider ID: 100394482004
Board Certified: 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
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: 100394482003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Provider Gender: Male
NPI: 1689646275
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

COBURN, BRIAN
Provider ID: 100486417003
Board Certified: 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: Male
NPI: 1528528676
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\99
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

INTERNAL MEDICINE

HOGARTH, MICHAEL
Provider ID: 100030665014
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

INTERNAL MEDICINE

THOMAS, ROBERT
Provider ID: 100345144003
Board Certified: Yes
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1053765909
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

INTERVENTIONAL CARDIOLOGY

HONASOGE, AKILESH
Provider ID: 100471192030
Board Certified: No
IHP OF SOUTHERN CAL-PHP
8707 COMPLEX DR
SAN DIEGO, CA 92123
Phone: (619) 916-2100
Fax: (619) 616-2104
After Hours Phone: (619) 916-2100
Provider Gender: Male
NPI: 1497118020
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\99
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP
Teleservice

INTERVENTIONAL

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

CARDIOLOGY

HONASOGE, AKILESH

Provider ID: 100471192023

Board Certified: No

IHP OF SOUTHERN CAL-PHP

412 WASHINGTON ST
SAN DIEGO, CA 92103

Phone: (619) 916-2100

Fax: (619) 616-2104

After Hours Phone: (619) 916-2100

Provider Gender: Male

NPI: 1497118020

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\99

American Sign Language (ASL): N

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

Teleservice

INTERVENTIONAL CARDIOLOGY

HONASOGE, AKILESH

Provider ID: 100471192019

Board Certified: No

IHP OF SOUTHERN CAL-PHP

286 EUCLID AVE STE 204
SAN DIEGO, CA 92114

Phone: (619) 916-2100

Fax: (619) 768-6301

After Hours Phone: (619) 916-2100

Provider Gender: Male

NPI: 1497118020

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\99

American Sign Language (ASL): N

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

Teleservice

INTERVENTIONAL CARDIOLOGY

MOUSSAVIAN, MEHRAN

Provider ID: 100009399032

Board Certified: No

FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619) 515-2560

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, Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

Website: www.fhcsd.org

INTERVENTIONAL CARDIOLOGY

MOUSSAVIAN, MEHRAN

Provider ID: 100009399032

Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
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, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

INTERVENTIONAL CARDIOLOGY

NARULA, ARVIN
Provider ID: 100217229035
Board Certified: No
IHP OF SOUTHERN CAL-PHP
3131 BERGER AVE STE 200
SAN DIEGO, CA 92123
Phone: (858) 244-6800
Fax: (858) 244-6809
After Hours Phone: (858) 244-6800
Provider Gender: Male
NPI: 1144535709
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

NEONATAL / PERINATAL MEDICINE

CARROLL, JEANNE
Provider ID: 100281008004
Board Certified: Yes
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5818
Fax: (858) 966-7483
After Hours Phone: (858) 966-5818
Provider Gender: Female
NPI: 1386928224
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

DEL ROSARIO, PAMELA
Provider ID: 100293804008
Board Certified: 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, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

FLEMING, SARAH
Provider ID: 100278405005
Board Certified: 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
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, MERCY MEDICAL CENTER REDDING
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

GLENN, TARA
Provider ID: 100374741003
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5818
Fax: (858) 966-7483
After Hours Phone: (858) 966-5818
Provider Gender: Female
NPI: 1992060974
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

HIETALATI, SAMANTHA
Provider ID: 100393994005
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

HONOLD, JOSE
Provider ID: 100068156014
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
4077 5TH AVE
SAN DIEGO, CA 92103
Phone: (619) 691-7000
After Hours Phone: (619) 691-7000
Provider Gender: Male
NPI: 1093886855
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, EL CENTRO REGIONAL MEDICAL CENTER, SCRIPPS MERCY HOSPITAL, PIONEERS MEMORIAL HOSPITAL, PIONEERS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

HONOLD, JOSE
Provider ID: 100068156011
Board Certified: 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, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, EL CENTRO REGIONAL MEDICAL CENTER, SCRIPPS MERCY HOSPITAL, PIONEERS MEMORIAL HOSPITAL, PIONEERS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NEONATAL / PERINATAL MEDICINE

LANE, BRIAN

Provider ID: 100051915007
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5818
Fax: (858) 966-7483
After Hours Phone: (858) 966-5818
Provider Gender: Male
NPI: 1427129287
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

LE, CRYSTAL

Provider ID: 100145578006
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

MCCULLEY, DAVID

Provider ID: 100366906003
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5818
Fax: (858) 966-7483
After Hours Phone: (858) 966-5818
Provider Gender: Male
NPI: 1235304155
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

NYMAN, KATHERINE

Provider ID: 100413994016
Board Certified: 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, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

NYMAN, KATHERINE

Provider ID: 100413994013
Board Certified: 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, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

ODONNELL, F

Provider ID: 100051297009
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5818
Fax: (858) 966-7483
After Hours Phone: (858) 966-5818
Provider Gender: Female
NPI: 1477625325
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL, PALOMAR

MEDICAL CENTER, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

PHAM, BETTY
Provider ID: 100358704013
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (619) 543-3759
Fax: (619) 543-3812
After Hours Phone: (619) 543-3759
Provider Gender: Female
NPI: 1790217750
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

SAJTI, ENIKO
Provider ID: 100216712011
Board Certified: 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\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

SPEZIALE, MARK
Provider ID: 100019303011
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

SWEENEY, NATHALY
Provider ID: 100196389007
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5818
Fax: (858) 966-7483
After Hours Phone: (858) 966-5818
Provider Gender: Female
NPI: 1164572632
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

WEST, JULIE
Provider ID: 100397293009
Board Certified: 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, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEPHROLOGY

ZHONG, YAN
Provider ID: 100217994015
Board Certified: 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: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, Los Angeles General Medical Center, KINDRED HOSPITAL

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SAN DIEGO, SELECT SPECIALTY HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP Teleservice

NEPHROLOGY

ZHONG, YAN
Provider ID: 100217994016
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Phone: (619) 299-2350
Fax: (619) 297-8379
After Hours Phone: (619) 299-2350
Provider Gender: Female
NPI: 1467683540
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, Mandarin
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, Los Angeles General Medical Center, KINDRED HOSPITAL SAN DIEGO, SELECT SPECIALTY HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP Teleservice

NEUROLOGY

CHIRIGOS, ALLISON
Provider ID: 100475608007
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123
Phone: (858) 939-3400
Fax: (858) 939-4102
After Hours Phone: (858) 939-3400
Provider Gender: Female
NPI: 1225590086
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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

CHIRIGOS, ALLISON
Provider ID: 100475608004
Board Certified: 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: 1225590086
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
Hours: M-F 8AM-5PM

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Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

CHIRIGOS, ALLISON
Provider ID: 100475608009
Board Certified: 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: 1225590086
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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

DOVE, KATHERINE
Provider ID: 100418749003
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123
Phone: (858) 966-5819
Fax: (858) 966-4930
After Hours Phone: (858) 966-5819
Provider Gender: Female
NPI: 1033642574
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

FOLSOM, DAVID
Provider ID: 100246799009
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 645-6405
After Hours Phone: (619) 645-6405
Provider Gender: Male
License Number: A65435
NPI: 1710026612
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, EL CENTRO REGIONAL MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E)
Hours: M-F 8:30AM-5PM
Website: N/A

NEUROLOGY

FOLSOM, DAVID
Provider ID: 100246799009
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 645-6405
After Hours Phone: (619) 645-6405
Provider Gender: Male
License Number: A65435
NPI: 1710026612
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD

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MEDICAL CTR, EL CENTRO REGIONAL MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E)
Hours: M-F 8:30AM-5PM
Website: N/A

NEUROLOGY

GOLD, JEFFREY
Provider ID: 100212423030
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

GOLD, JEFFREY
Provider ID: 100212423032
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123
Phone: (858) 966-5819
Fax: (858) 966-4930
After Hours Phone: (858) 966-5819
Provider Gender: Male
NPI: 1568773984
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

GUIDO-ESTRADA, NATALIE
Provider ID: 100293954019
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NEUROLOGY

HANNAWI, ANDREW
Provider ID: 100374731003
Board Certified: 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, EL CENTRO REGIONAL MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

KHAMISHON, BORIS
Provider ID: 100107230018
Board Certified: No
COMMUNITY CARE IPA LLC
6699 ALVARADO RD STE 2301
SAN DIEGO, CA 92120
Phone: (619) 582-2595
Fax: (619) 229-8006
After Hours Phone: (619) 582-2595
Provider Gender: Male
NPI: 1104922038
Provider English Spoken: Y
Provider Language(s) Spoken: Russian
Cultural Competency: N
Hospital Affiliation: UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

NEUROLOGY

KIM MCMANUS, OLIVIA
Provider ID: 100290462021
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123
Phone: (858) 966-5819
Fax: (858) 966-4930
After Hours Phone: (858) 966-5819
Provider Gender: Female
NPI: 1174870067
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR, CHILDRENS HOSPITAL OF ORANGE COUNTY, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

MARTIN, FREDERIC
Provider ID: 100021471005
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

NEUROLOGY

MARTIN, FREDERIC
Provider ID: 100021471005
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

NEUROLOGY

SWEAT, MARIE
Provider ID: 100418717003
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123
Phone: (858) 966-5819
Fax: (858) 966-4930
After Hours Phone: (858) 966-5819
Provider Gender: Female
NPI: 1861929036
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

TAFRESHI, GILDA
Provider ID: 100078929022
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

515-2545
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, SALINAS VALLEY HEALTH MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

NEUROLOGY

TAFRESHI, GILDA
Provider ID: 100078929022
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
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, SALINAS VALLEY HEALTH MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

NEUROLOGY

ZIMBRIC, MICHAEL
Provider ID: 100041783027
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

ZIMBRIC, MICHAEL
Provider ID: 100041783032
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123
Phone: (858) 966-5819
Fax: (858) 966-4930

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY CHILD

GUIDO-ESTRADA, NATALIE
Provider ID: 100293954011
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OBSTETRICS / GYNECOLOGY

BLAKE, GARY
Provider ID: 100008281009
Board Certified: No
IHP OF SOUTHERN CAL-PHP
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Provider Gender: Male
NPI: 1497738439
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL): N
Website: N/A
IPA: IHP of Southern Cal-PHP

OBSTETRICS / GYNECOLOGY

GROGAN, BRIAN
Provider ID: 100399307004
Board Certified: 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: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: IHP of Southern Cal-PHP

OBSTETRICS / GYNECOLOGY

GROGAN, BRIAN
Provider ID: 100399307003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700

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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: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: N/A
IPA: IHP of Southern Cal-PHP

OBSTETRICS / GYNECOLOGY

HILLMAN, ROBERT
Provider ID: 100474941010
Board Certified: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1750636452
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

KOHATSU, KAREN
Provider ID: 100078658012
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
11939 RANCHO BERNARDO RD STE 110
SAN DIEGO, CA 92128
Phone: (858) 618-1156
Fax: (858) 618-3314
After Hours Phone: (858) 618-1156
Provider Gender: Female
NPI: 1679517239
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8:30AM-4:30PM F 8:30AM-2PM
Website: N/A
IPA: Rady Childrens Health Network

OBSTETRICS / GYNECOLOGY

OROPEZA, NANCY
Provider ID: 100398611004
Board Certified: 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: 1154854917
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

OCCUPATIONAL THERAPIST

ACOSTA-MARISCAL, JANICE

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Provider ID: 100437089001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: OT26123
NPI: 1194571984
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

OCCUPATIONAL THERAPIST

ACOSTA-MARISCAL, JANICE
Provider ID: 100437089001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: OT26123
NPI: 1194571984
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

OCCUPATIONAL THERAPIST

LUCAS, MARIA
Provider ID: 100279954003
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: OT4080
NPI: 1427466952
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

OCCUPATIONAL THERAPIST

LUCAS, MARIA
Provider ID: 100279954003
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: OT4080
NPI: 1427466952
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

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OPHTHALMOLOGY

ALLEN, RACHAEL
Provider ID: 100454131004
Board Certified: 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: 1801275391
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

OPHTHALMOLOGY

ALLEN, RACHAEL
Provider ID: 100454131008
Board Certified: No
IHP OF SOUTHERN CAL-PHP
3939 3RD AVE
SAN DIEGO, CA 92103
Phone: (800) 765-2737
Fax: (619) 291-6577
After Hours Phone: (800) 765-2737
Provider Gender: Female
NPI: 1801275391
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB)
Website: N/A
IPA: IHP of Southern Cal-PHP

OPHTHALMOLOGY

BANSAL, PREETI
Provider ID: 100042994029
Board Certified: 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: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

BHATIA, SHAGUN
Provider ID: 100329999006
Board Certified: 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\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

GUALTIERI, CHRISTOPHER
Provider ID: 100053313007
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

OPHTHALMOLOGY

HUANG, LINGLING
Provider ID: 100463280021
Board Certified: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (858) 657-7000
Fax: (619) 471-9100
After Hours Phone: (858) 657-7000
Provider Gender: Female
NPI: 1902398506
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
Website: N/A
IPA: UCSD Medical Group

OPHTHALMOLOGY

HUANG, LINGLING
Provider ID: 100463280018
Board Certified: No
UCSD MEDICAL GROUP
4060 4TH AVE STE 610
SAN DIEGO, CA 92103
Phone: (800) 926-8173
Fax: (888) 539-8781
After Hours Phone: (800) 926-8173
Provider Gender: Female
NPI: 1902398506
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
Website: N/A
IPA: UCSD Medical Group

OPHTHALMOLOGY

HUYNH, PAUL
Provider ID: 100104919029
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4844 UNIVERSITY AVE STE A
SAN DIEGO, CA 92105

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Phone: (619) 283-1303
Fax: (619) 283-1666
After Hours Phone: (619) 283-1303
Provider Gender: Male
NPI: 1871577056
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

OPHTHALMOLOGY

HUYNH, PAUL
Provider ID: 100104919019
Board Certified: 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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

OPHTHALMOLOGY

KHATIB, NORA
Provider ID: 100316851019
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

OPHTHALMOLOGY

MOLL, ANGELA
Provider ID: 100041362028
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 200
SAN DIEGO, CA 92123
Phone: (858) 309-7702

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

NAJAFI, DAVID
Provider ID: 100007783011
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Male
License Number: A68124
NPI: 1396715991
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Persian, Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

OPHTHALMOLOGY

NAJAFI, DAVID
Provider ID: 100007783011
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Male
License Number: A68124
NPI: 1396715991
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Persian, Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

OPHTHALMOLOGY

OHALLORAN, HENRY
Provider ID: 100007418032
Board Certified: No
RADY CHILDRENS HEALTH

NETWORK
7910 FROST ST STE 200
SAN DIEGO, CA 92123
Phone: (858) 309-7702
Fax: (858) 966-7403
After Hours Phone: (858) 309-7702
Provider Gender: Male
NPI: 1235287947
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

SHAW, BLAKE
Provider ID: 100089518005
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Male
License Number: G61394
NPI: 1649206541
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

OPHTHALMOLOGY

SHAW, BLAKE
Provider ID: 100089518007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Provider Gender: Male
License Number: G61394
NPI: 1649206541
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

OPHTHALMOLOGY

SHAW, BLAKE
Provider ID: 100089518007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Provider Gender: Male
License Number: G61394
NPI: 1649206541
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

Website: www.fhcsd.org

OPHTHALMOLOGY

SHAW, BLAKE

Provider ID: 100089518005

Board Certified: No

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619) 515-2300

Provider Gender: Male

License Number: G61394

NPI: 1649206541

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

Website: www.fhcsd.org

OPHTHALMOLOGY

SKAF, AYHAM

Provider ID: 100165160079

Board Certified: No

IHP OF SOUTHERN CAL-PHP

1666 PRECISION PARK LN
SAN DIEGO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Provider Gender: Male

License Number: A120584

NPI: 1285888628

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic, 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: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

Website: www.syhealth.org

OPHTHALMOLOGY

SKAF, AYHAM

Provider ID: 100165160079

Board Certified: No

IHP OF SOUTHERN CAL-PHP

1666 PRECISION PARK LN
SAN DIEGO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Provider Gender: Male

License Number: A120584

NPI: 1285888628

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic, 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: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

Website: www.syhealth.org

OPHTHALMOLOGY

YAMADA, KENTARO

Provider ID: 100037602018

Board Certified: 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

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NPI: 1629047188
Provider English Spoken: Y
Provider Language(s) Spoken: Japanese, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 9AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

OPHTHALMOLOGY

YAMANE, MAYA
Provider ID: 100443808008
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 200
SAN DIEGO, CA 92123
Phone: (858) 309-7702
Fax: (858) 966-7403
After Hours Phone: (858) 309-7702
Provider Gender: Female
NPI: 1124580139
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

YAMANE, MAYA
Provider ID: 100443808012
Board Certified: 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\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

ZABLIT, KARIM
Provider ID: 100029373023
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Provider Gender: Male
License Number: A42127
NPI: 1083700538
Provider English Spoken: Y
Provider Language(s) Spoken: French
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E)
Hours: M-F 8AM-4:45PM
Website: N/A

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

OPHTHALMOLOGY

ZABLIT, KARIM

Provider ID: 100029373023

Board Certified: No

IHP OF SOUTHERN CAL-PHP

1501 IMPERIAL AVE
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619) 233-8500

Provider Gender: Male

License Number: A42127

NPI: 1083700538

Provider English Spoken: Y

Provider Language(s) Spoken: French

Cultural Competency: N

Hospital Affiliation: SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (EB, IB, E)

Hours: M-F 8AM-4:45PM

Website: N/A

OPTOMETRIST

DUONG, NGHI

Provider ID: 100441394015

Board Certified: 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: 1285832501

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

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

Website: N/A

IPA: IHP of Southern Cal-PHP

OPTOMETRIST

DUONG, NGHI

Provider ID: 100441394011

Board Certified: No

IHP OF SOUTHERN CAL-PHP

3939 3RD AVE
SAN DIEGO, CA 92103

Phone: (800) 765-2737

Fax: (619) 291-6577

After Hours Phone: (800) 765-2737

Provider Gender: Female

NPI: 1285832501

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: Limited: (P, EB, IB)

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

Website: N/A

IPA: IHP of Southern Cal-PHP

OPTOMETRIST

SCHWAB, GARY

Provider ID: 100049487007

Board Certified: 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

Website: N/A

IPA: IHP of Southern Cal-PHP

OPTOMETRIST

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

SCHWAB, GARY
Provider ID: 100049487009
Board Certified: 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: Limited: (EB, IB, E, R)
Website: N/A
IPA: IHP of Southern Cal-PHP

ORAL MAXILLOFACIAL SURGEON

DENTICO-OLIN, MARC
Provider ID: 100302405014
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
2878 CAMINO DEL RIO S STE 210
SAN DIEGO, CA 92108
Phone: (619) 298-2200
Fax: (619) 298-2250
After Hours Phone: (619) 298-2200
Provider Gender: Male
NPI: 1629205174
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

ORAL MAXILLOFACIAL SURGEON

DENTICO-OLIN, MARC
Provider ID: 100302405016
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

BLISS, MORGAN
Provider ID: 100293581019
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

CARVALHO, DANIELA
Provider ID: 100111076021
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123
Phone: (858) 309-7701
Fax: (858) 966-8038
After Hours Phone: (858) 309-7701
Provider Gender: Female
NPI: 1154492916
Provider English Spoken: Y
Provider Language(s) Spoken: French, Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

CARVALHO, DANIELA
Provider ID: 100111076015
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 109
SAN DIEGO, CA 92123
Phone: (858) 309-7702
After Hours Phone: (858) 309-7702
Provider Gender: Female
NPI: 1154492916
Provider English Spoken: Y
Provider Language(s) Spoken: French, Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

FRANK, ETHAN
Provider ID: 100439457011
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123
Phone: (858) 309-7701
Fax: (858) 966-8038
After Hours Phone: (858) 309-7701
Provider Gender: Male
NPI: 1720584345
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

LEUIN, SHELBY
Provider ID: 100136251025
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123
Phone: (858) 309-7701
Fax: (858) 966-8038
After Hours Phone: (858) 309-7701
Provider Gender: Female
NPI: 1124230909
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

PATEL, VIJAY
Provider ID: 100397112016
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

QIAN, ZHEN
Provider ID: 100441971006
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123
Phone: (858) 309-7701
Fax: (858) 966-8038
After Hours Phone: (858) 309-7701
Provider Gender: Male
NPI: 1356796783
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PATHOLOGY ANATOMIC CLINICAL

MCKNIGHT, TRISTAN
Provider ID: 100443298003
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123
Phone: (858) 966-6776
Fax: (858) 966-6707
After Hours Phone: (858) 966-6776
Provider Gender: Male
NPI: 1063940567
Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PATHOLOGY ANATOMIC CLINICAL

WANG, DEHUA
Provider ID: 100379061003
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC ALLERGY / IMMUNOLOGY

ALKATIB, RHONDA
Provider ID: 100352364084
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
2655 CAMINO DEL RIO N STE 425
SAN DIEGO, CA 92108
Phone: (619) 286-6687
Fax: (619) 286-6695
After Hours Phone: (619) 286-6687
Provider Gender: Female
NPI: 1417363086
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic, Spanish
Cultural Competency: N
Hospital Affiliation: UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 9AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC ALLERGY / IMMUNOLOGY

GENG, BOB
Provider ID: 100244106018
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Network

PEDIATRIC ALLERGY / IMMUNOLOGY

GENG, BOB

Provider ID: 100244106017
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC ALLERGY / IMMUNOLOGY

LEIBEL, SYDNEY

Provider ID: 100246839014
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-5961
After Hours Phone: (858) 966-5961
Provider Gender: Male
NPI: 1861666919
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC ALLERGY / IMMUNOLOGY

LEIBEL, SYDNEY

Provider ID: 100246839010
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC ALLERGY / IMMUNOLOGY

LEIBEL, SYDNEY

Provider ID: 100246839009
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

BOCK, MATTHEW
Provider ID: 100246555013
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5855
Fax: (858) 966-7903
After Hours Phone: (858) 966-5855
Provider Gender: Male
NPI: 1356514624
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: LOMA LINDA UNIVERSITY MED CTR, LOMA LINDA UNIVERSITY CHILDRENS HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

BORQUEZ, ALEJANDRO
Provider ID: 100376287006
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

CHAU, PETER
Provider ID: 100341375013
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

DAVIS, CHRISTOPHER
Provider ID: 100027737021
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5855
Fax: (858) 966-7903
After Hours Phone: (858) 966-5855
Provider Gender: Male
NPI: 1760691950
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

DUMMER, KIRSTEN
Provider ID: 100332559023
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

GOLDING, IAN
Provider ID: 100341130003
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

GORDON, BRENT
Provider ID: 100072727030
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5855
Fax: (858) 966-7903

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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 Regional Hospital, 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

HALEY, JESSICA
Provider ID: 100321174015
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5855
Fax: (858) 966-7903
After Hours Phone: (858) 966-5855
Provider Gender: Female
NPI: 1023329885
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

JUSTINO, HENRI
Provider ID: 100376289003
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

LASALLE, ELIZABETH
Provider ID: 100446632012
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5855
Fax: (858) 966-7903
After Hours Phone: (858) 966-5855
Provider Gender: Female
NPI: 1235634015
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

LEHNERT SCHUCHARDT, ELEANOR
Provider ID: 100332071008
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5855
Fax: (858) 966-7903
After Hours Phone: (858) 966-5855
Provider Gender: Female
NPI: 1760707210
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

MCCANDLESS, RACHEL
Provider ID: 100219076010
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

NARAYAN, HARI
Provider ID: 100297546014
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

STEINBERG, LEONARD
Provider ID: 100352961003
Board Certified: No

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5855
After Hours Phone: (858) 966-5855
Provider Gender: Male
NPI: 1538279484
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

VAUGHN, GABRIELLE
Provider ID: 100250013006
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5855
Fax: (858) 966-7423
After Hours Phone: (858) 966-5855
Provider Gender: Female
NPI: 1891004461
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 9AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

WANG-GIUFFRE, ELIZABETH
Provider ID: 100450834003
Board Certified: 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: 1265797591
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

WILLIAMS, MATTHEW
Provider ID: 100247116004
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IPA: Rady Childrens Health Network

PEDIATRIC DERMATOLOGY

EICHENFIELD, DAWN

Provider ID: 100374719003
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-6795
Fax: (858) 966-7479
After Hours Phone: (858) 966-6795
Provider Gender: Female
NPI: 1295198091
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC DERMATOLOGY

EICHENFIELD, DAWN

Provider ID: 100374719008
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 120
SAN DIEGO, CA 92123
Phone: (858) 966-6795
Fax: (858) 966-7479
After Hours Phone: (858) 966-6795
Provider Gender: Female
NPI: 1295198091
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC DERMATOLOGY

GOCHNAUER, HEATHER

Provider ID: 100475664007
Board Certified: 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: 1336777093
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC DERMATOLOGY

GOCHNAUER, HEATHER

Provider ID: 100475664006
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 120
SAN DIEGO, CA 92123
Phone: (858) 966-6795
Fax: (858) 966-7479
After Hours Phone: (858) 966-6795
Provider Gender: Female
NPI: 1336777093
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N

Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

AGHILI, ROXANA
Provider ID: 100419888014
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1851927883
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: KAISER FOUNDATION HOSPITAL SAN DIEGO, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

AGHILI, ROXANA
Provider ID: 100419888009
Board Certified: 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\18
American Sign Language (ASL): N
Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

AUSTIN-PAGE, LUKAS
Provider ID: 100189740011
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

BIALOSTOZKY, MARIO

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100245662018
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1609281450
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

BRYL, AMY
Provider ID: 100216880021
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1497079487
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY

MEDICINE

CAMPBELL, SARA
Provider ID: 100246418006
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

CHOO, SUN
Provider ID: 100156641014

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1700047628
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

CHOO, SUN
Provider ID: 100156641016
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2905
Fax: (619) 283-1614
After Hours Phone: (619) 280-2905
Provider Gender: Female
NPI: 1700047628
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

CONRAD, HEATHER
Provider ID: 100024792011
Board Certified: 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\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

CRAWFORD, MICHAEL
Provider ID: 100435004009
Board Certified: 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)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

280-2905
Provider Gender: Male
NPI: 1336727791
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHILDRENS HOSPITAL OF ORANGE COUNTY, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
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: 100435004008
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
Fax: (858) 966-7433
After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1336727791
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHILDRENS HOSPITAL OF ORANGE COUNTY, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

DEL RE, ANGELO
Provider ID: 100216898006
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

DEVERA, GEMMIE
Provider ID: 100057498011
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL
Medi-Cal Open Panel: No
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

DO, STEPHANIE
Provider ID: 100343545009
Board Certified: 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: 1750513644
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Martin Luther King Jr Community Hospital, 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
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

DONOFRIO-ODMANN, JOY
Provider ID: 100198179008
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1740571165
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: VALLEY CHILDRENS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

EKPENYONG, ATIM
Provider ID: 100239519008
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 576-1700
After Hours Phone: (858) 576-1700
Provider Gender: Female
NPI: 1932318565
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

FISHER, JAY
Provider ID: 100398737003
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

GORHAM, LAURA
Provider ID: 100365371005
Board Certified: 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
Hours: M-F 8AM-5PM SA 8AM-2PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

HERSKOVITZ, SCOTT
Provider ID: 100330369005
Board Certified: Yes
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1225393499
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

KHAN, SHAHFAR
Provider ID: 100392068003
Board Certified: 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, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

KINGDON, JOANNA
Provider ID: 100417084007
Board Certified: Yes
RADY CHILDRENS HEALTH NETWORK
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2905
Fax: (619) 283-1614
After Hours Phone: (619) 280-2905
Provider Gender: Female
NPI: 1609495399
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM
Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

LAM, SOPHIA
Provider ID: 100472925009
Board Certified: 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: 1669932018
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

MCEVOY, ANNE
Provider ID: 100441469004
Board Certified: No
RADY CHILDRENS HEALTH

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

MENDES, CHANTAL
Provider ID: 100397382007
Board Certified: 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\None
American Sign Language (ASL): N
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: 100365221004
Board Certified: 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, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

METCALF, ASHLEY
Provider ID: 100247118004
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1073740205
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

MILLS, DAVID
Provider ID: 100416724004
Board Certified: 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, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

NGUYEN, MYLINH
Provider ID: 100330365004
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1730428053
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

NGUYEN, MARGARET
Provider ID: 100216677005
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1942485248
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

OZCAN, ALI
Provider ID: 100376572008
Board Certified: 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, 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
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

PADE, KATHRYN
Provider ID: 100239509009
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

PARK, RONALD
Provider ID: 100077687032
Board Certified: 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
Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

PARK, BRIAN
Provider ID: 100416430005
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1710418744
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

PERTL, URSULA
Provider ID: 100072222032
Board Certified: 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: 1609947464
Provider English Spoken: Y
Provider Language(s) Spoken: German, Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

RANASURIYA, DUNISHA
Provider ID: 100343547004
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

RAWANI-PATEL, PRITI
Provider ID: 100465172004
Board Certified: 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: 1376957027
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
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

ROBERTS, CALE
Provider ID: 100441436004
Board Certified: 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, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

RUSSELL, SAMUEL
Provider ID: 100410838010
Board Certified: 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
Hours: SU-SA 12AM-11:45PM
Website: N/A

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

RUSSELL, SAMUEL
Provider ID: 100410838011
Board Certified: 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
Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

SADRE, SARA
Provider ID: 100472511007
Board Certified: 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: 1972169845
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
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

SALEH, FAREED
Provider ID: 100322032008
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1366691115
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

SCHROTER, STEPHANIE
Provider ID: 100349875003
Board Certified: 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 RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

SHERER, KIMBERLY
Provider ID: 100376522003
Board Certified: 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
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

SHETH, SARIKA
Provider ID: 100352939003
Board Certified: 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\None
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

SOUDER, CHRISTOPHER
Provider ID: 100166031011
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1851540199
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Medi-Cal Open Panel: No
Min/Max Age: 0\18
American Sign Language (ASL):

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

SOUDER, CHRISTOPHER
Provider ID: 100166031010
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123
Phone: (858) 966-6789
Fax: (858) 966-6706
After Hours Phone: (858) 966-6789
Provider Gender: Male
NPI: 1851540199
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Medi-Cal Open Panel: No
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

TAMAS, VANESSA
Provider ID: 100096641006
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 576-1700
After Hours Phone: (858) 576-1700
Provider Gender: Female
NPI: 1326225368
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, CHILDRENS HOSP OF LOS ANGELES, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

TANG, ANDREW
Provider ID: 100395379005
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1184071516
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

TEUFEL, RONALD

Provider ID: 100474080004
Board Certified: 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: Male
NPI: 1588772453
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

TODD, SARAH

Provider ID: 100338040016
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2905
Fax: (619) 283-1614
After Hours Phone: (619) 280-2905
Provider Gender: Female
NPI: 1407299787
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

TRAN, THERESA

Provider ID: 100350518006
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1417496985
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Vietnamese
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

VAIDYA, KAMALA

Provider ID: 100198556019

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: 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
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

VAIDYA, KAMALA
Provider ID: 100198556021
Board Certified: 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
Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

VAN WOY, LAUREN
Provider ID: 100369867007
Board Certified: 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
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

VANE, JACKSON
Provider ID: 100322865003
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

VAYNGORTIN, TATYANA
Provider ID: 100247782008
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

VEGA, CAROLINA
Provider ID: 100439174008
Board Certified: 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, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

WANG, VINCENT
Provider ID: 100015050008
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
Fax: (858) 966-7433
After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1083713655
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHILDRENS HOSP OF LOS ANGELES, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18

American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

WANG, YVETTE
Provider ID: 100320539004
Board Certified: Yes
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1710321278
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

YAPHOCKUN, KAREN KIM
Provider ID: 100310729007
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 576-1700
After Hours Phone: (858) 576-1700
Provider Gender: Female
NPI: 1861880817
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

YIM, WESLEY
Provider ID: 100469211005
Board Certified: 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: 1457988537
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC ENDOCRINOLOGY

ARAFAH, DEEMA

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100437228004
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123
Phone: (858) 966-4032
Fax: (858) 966-6227
After Hours Phone: (858) 966-4032
Provider Gender: Female
NPI: 1235423856
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC ENDOCRINOLOGY

CYMBALUK, ANNA
Provider ID: 100392006003
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC ENDOCRINOLOGY

ING, JORDAN
Provider ID: 100472960007
Board Certified: 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: Male
NPI: 1962066035
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC ENDOCRINOLOGY

PATTERSON, MARY
Provider ID: 100236163017
Board Certified: 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: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC ENDOCRINOLOGY

PATTERSON, MARY
Provider ID: 100236163009
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC ENDOCRINOLOGY

RANADIVE, SAYALI
Provider ID: 100110456019
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123
Phone: (858) 966-4032
Fax: (858) 966-6227
After Hours Phone: (858) 966-4032
Provider Gender: Female
NPI: 1588846380
Provider English Spoken: Y
Provider Language(s) Spoken: German, Hindi, Marathi, Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC ENDOCRINOLOGY

SINGH, PUJA
Provider ID: 100419234004
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123
Phone: (858) 966-4032
Fax: (858) 966-6227
After Hours Phone: (858) 966-4032
Provider Gender: Female
NPI: 1841721172
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC ENDOCRINOLOGY

VARGAS TRUJILLO, MARCELA
Provider ID: 100258755005
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

CHU, CHRISTOPHER
Provider ID: 100413678011
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-4003
Fax: (858) 560-6798
After Hours Phone: (858) 966-4003
Provider Gender: Male
NPI: 1912369273
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Yue Chinese
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

DICKERSON, ANDREW
Provider ID: 100440955007
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
Fax: (858) 966-7433
After Hours Phone: (858) 966-8800
Provider Gender: Male
NPI: 1063916633
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

DICKERSON, ANDREW
Provider ID: 100440955010
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-4003

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

GOYAL, NIDHI
Provider ID: 100212660010
Board Certified: 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: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

GOYAL, NIDHI
Provider ID: 100212660006
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

HARTMANN, PHILLIPP
Provider ID: 100393851003
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

JAZAYERI, AMIR
Provider ID: 100441879004
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-4003
Fax: (858) 560-6798
After Hours Phone: (858) 966-4003
Provider Gender: Male
NPI: 1316385925
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

KATIBIAN, DAVID
Provider ID: 100441882004
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-4003
Fax: (858) 560-6798
After Hours Phone: (858) 966-4003
Provider Gender: Male
NPI: 1073019279
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

LIN, TOM
Provider ID: 100403898003
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-4003
Fax: (858) 560-6798
After Hours Phone: (858) 966-4003
Provider Gender: Male
NPI: 1114136934
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

SCHWARZ, KATHLEEN
Provider ID: 100330298004
Board Certified: 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\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

SHARMA, ANITA
Provider ID: 100443393004
Board Certified: 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\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

YOUNG, JOCELYN
Provider ID: 100333153009
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-4003
Fax: (858) 560-6798
After Hours Phone: (858) 966-4003
Provider Gender: Female
NPI: 1306227491
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UC DAVIS MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

BRIGGS, BENJAMIN
Provider ID: 100364215003
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

CHOO, SUN
Provider ID: 100156641009
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY STE 2
SAN DIEGO, CA 92123
Phone: (858) 966-5811
Fax: (858) 966-8035
After Hours Phone: (858) 966-5811
Provider Gender: Female
NPI: 1700047628
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

ELSTER, JENNIFER
Provider ID: 100287406004
Board Certified: Yes
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5811
Fax: (858) 966-8035
After Hours Phone: (858) 966-5811
Provider Gender: Female
NPI: 1588866115
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

GANESAN, ANUSHA
Provider ID: 100321465004
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health

Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

JAFFRAY, JULIE

Provider ID: 100189831011
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-5811
Fax: (858) 966-8035
After Hours Phone: (858) 966-5811
Provider Gender: Female
NPI: 1396942470
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHILDRENS HOSP OF LOS ANGELES, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

KUO, DENNIS

Provider ID: 100230732005
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5811
Fax: (858) 966-8035
After Hours Phone: (858) 966-5811
Provider Gender: Male
NPI: 1750492146
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

LI, HOJUN

Provider ID: 100431846003
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-5811
Fax: (858) 966-8035
After Hours Phone: (858) 966-5811
Provider Gender: Male
NPI: 1730455239
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

LI, KINCHEON

Provider ID: 100443160003
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Gender: Male
NPI: 1154095990
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

LIOU, ANGELA
Provider ID: 100441929003
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-5811
Fax: (858) 966-8035
After Hours Phone: (858) 966-5811
Provider Gender: Female
NPI: 1598150450
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

SRIDHAR, SUNITA
Provider ID: 100414698007
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
9730 SUMMERS RIDGE RD
SAN DIEGO, CA 92121
Phone: (858) 549-7400
After Hours Phone: (858) 549-7400
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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

SRIDHAR, SUNITA
Provider ID: 100414698003
Board Certified: 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: 1649707365
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

WONG, VICTOR
Provider ID: 100280115005
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

YU, JENNIFER
Provider ID: 100220202005
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5811
Fax: (858) 966-8035
After Hours Phone: (858) 966-5811
Provider Gender: Female
NPI: 1326315599
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

YU, HELENA
Provider ID: 100412833003
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

ZAGE, PETER
Provider ID: 100276598006
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC INFECTIOUS DISEASES

GRACIA, MICHAEL
Provider ID: 100457573005
Board Certified: 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: 1023570215
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC INFECTIOUS DISEASES

MILDER, EDMUND
Provider ID: 100384659003
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-7785
Fax: (858) 966-8658
After Hours Phone: (858) 966-7785
Provider Gender: Male
NPI: 1760460026
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC NEPHROLOGY

EPPERSON, KATRINA
Provider ID: 100444649006
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
4405 VANDEVER AVE STE 5
SAN DIEGO, CA 92120
Phone: (619) 516-6181
Fax: (619) 516-6145
After Hours Phone: (619) 516-6181
Provider Gender: Female
NPI: 1427435825
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL):

N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC NEPHROLOGY

RASCHKE, ROBIN
Provider ID: 100439492013
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8574
Fax: (858) 966-7789
After Hours Phone: (858) 966-8574
Provider Gender: Female
NPI: 1609365402
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC PULMONOLOGY

BHATTACHARJEE, RAKESH
Provider ID: 100254897010
Board Certified: 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
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC PULMONOLOGY

BHATTACHARJEE, RAKESH
Provider ID: 100254897016
Board Certified: 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: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC PULMONOLOGY

BHATTACHARJEE, RAKESH
Provider ID: 100254897007
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC PULMONOLOGY

CERNELC-KOHAN, MATEJKA
Provider ID: 100216716011
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC PULMONOLOGY

CERNELC-KOHAN, MATEJKA
Provider ID: 100216716008
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC PULMONOLOGY

LANDEO GUTIERREZ, JEREMY
Provider ID: 100376541003
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IPA: Rady Childrens Health Network

PEDIATRIC PULMONOLOGY

LANDEO GUTIERREZ, JEREMY
Provider ID: 100376541006
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC PULMONOLOGY

LENHART-PENDERGRASS, PATRICIA
Provider ID: 100395245011
Board Certified: 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
Hours: M-F 8:30AM-4:30PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC PULMONOLOGY

RAO, APARNA
Provider ID: 100325259009
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC PULMONOLOGY

RAO, APARNA
Provider ID: 100325259010
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-5846

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC PULMONOLOGY

RYU, JULIE
Provider ID: 100013606009
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-5846
Fax: (858) 569-5847
After Hours Phone: (858) 966-5846
Provider Gender: Female
NPI: 1568533321
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC PULMONOLOGY

RYU, JULIE
Provider ID: 100013606006
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2 NORTH
SAN DIEGO, CA 92123
Phone: (858) 966-5846
Fax: (858) 569-5847
After Hours Phone: (858) 966-5846
Provider Gender: Female
NPI: 1568533321
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC PULMONOLOGY

TANTISIRA, KELAN
Provider ID: 100366915003
Board Certified: 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
Hours: M-F 8AM-5PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC RHEUMATOLOGY

CARTWRIGHT, VICTORIA
Provider ID: 100464884006
Board Certified: 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: 1174591747
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC RHEUMATOLOGY

CHANG, JOHANNA
Provider ID: 100151228010
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8082
After Hours Phone: (858) 966-8082
Provider Gender: Female
NPI: 1821242199
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC RHEUMATOLOGY

LEVY, AVIYA
Provider ID: 100441433003
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123
Phone: (858) 966-8082
Fax: (858) 966-6791
After Hours Phone: (858) 966-8082
Provider Gender: Female
NPI: 1144726936
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC RHEUMATOLOGY

PHADKE, OMKAR
Provider ID: 100452392004
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAYFL 1
SAN DIEGO, CA 92123
Phone: (951) 600-1640
Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Male
NPI: 1598140238
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

ALAGIRI, MADHU
Provider ID: 100023640010
Board Certified: 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\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

ANDREE, GREGOR
Provider ID: 100216073006
Board Certified: 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
Website: N/A
IPA: IHP of Southern Cal-PHP

PEDIATRICS

ANDREE, GREGOR
Provider ID: 100216073009
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Website: N/A
IPA: IHP of Southern Cal-PHP

PEDIATRICS

BEAUCHAMP-WALTERS, JULIA
Provider ID: 100099212013
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

CAMERON, MELISSA
Provider ID: 100202775009
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5841
Fax: (858) 966-6728
After Hours Phone: (858) 966-5841
Provider Gender: Female
NPI: 1902983752
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

CANTU, ALICIA
Provider ID: 100052223008
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

CANTU, ALICIA
Provider ID: 100052223009
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 300
SAN DIEGO, CA 92123
Phone: (858) 966-8974
Fax: (858) 966-6721
After Hours Phone: (858) 966-8974
Provider Gender: Female
NPI: 1922179688
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

CHONG, AMY
Provider ID: 100300066003
Board Certified: Yes
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5803
Fax: (858) 966-5992
After Hours Phone: (858) 966-5803
Provider Gender: Female
NPI: 1720423288
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

DOAN STEPHENS, CRYSTAL
Provider ID: 100350009005
Board Certified: 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
Website: N/A
IPA: IHP of Southern Cal-PHP

PEDIATRICS

DOAN STEPHENS, CRYSTAL
Provider ID: 100350009008
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Website: N/A
IPA: IHP of Southern Cal-PHP

PEDIATRICS

DOSHI, AMI
Provider ID: 100010158008
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5841
Fax: (858) 966-6728
After Hours Phone: (858) 966-5841
Provider Gender: Female
NPI: 1801099676
Provider English Spoken: Y
Provider Language(s) Spoken: Gujarati, Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

DOSHI, AMI
Provider ID: 100010158009
Board Certified: 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\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

EARLEY, SAMANTHA
Provider ID: 100442268003
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5841
Fax: (858) 966-6728
After Hours Phone: (858) 966-5841
Provider Gender: Female
NPI: 1144647520
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

GERRITY, REBECCA
Provider ID: 100472956004
Board Certified: 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: 1598228918
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

HUANG, MARIA
Provider ID: 100251548004
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

SAN DIEGO, CA 92123
Phone: (858) 966-5841
Fax: (858) 966-6728
After Hours Phone: (858) 966-5841
Provider Gender: Female
NPI: 1770841140
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

JIMENEZ BACARDI, ADRIA
Provider ID: 100349441007
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5841
Fax: (858) 966-6728
After Hours Phone: (858) 966-5841
Provider Gender: Male
NPI: 1467847293
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: ST MARYS HOSPITAL AND MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

KHARE, MANASWITHA
Provider ID: 100280152004
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

LEE, BEGEM
Provider ID: 100244036005
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

LOPEZ, XIMENA
Provider ID: 100419308004
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123
Phone: (858) 966-4032
Fax: (858) 966-6227
After Hours Phone: (858) 966-4032
Provider Gender: Female
NPI: 1740316405
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

MANNINO AVILA, ELIZABETH
Provider ID: 100220315004
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

MILLS, TATYANA
Provider ID: 100439481007
Board Certified: 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\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

MILLS, TATYANA
Provider ID: 100439481008
Board Certified: No
RADY CHILDRENS HEALTH NETWORK

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5841
Fax: (858) 966-6728
After Hours Phone: (858) 966-5841
Provider Gender: Female
NPI: 1962964999
Provider English Spoken: Y
Provider Language(s) Spoken: Russian
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

NGO, MAI
Provider ID: 100068402019
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

NGO, MAI
Provider ID: 100068402021
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

PATEL, AARTI
Provider ID: 100279966004
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

PIERCE, HEATHER
Provider ID: 100028318008
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

POLICH, MICHELLE
Provider ID: 100380639003
Board Certified: Yes
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1780118018
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

POOLE, DAVID
Provider ID: 100442096003
Board Certified: 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\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

RUNGVIVATJARUS, TIRANUN
Provider ID: 100324001004
Board Certified: No

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5841
Fax: (858) 966-6728
After Hours Phone: (858) 966-5841
Provider Gender: Female
NPI: 1407276363
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRICS

STOVER, LAURIE
Provider ID: 100047034004
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICAL MEDICINE / REHABILITATION

ALGRA, JEFFREY
Provider ID: 100324507013
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICAL MEDICINE / REHABILITATION

BIFFL, SUSAN
Provider ID: 100323974012
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 195
SAN DIEGO, CA 92123
Phone: (858) 966-8974
Fax: (858) 966-6721
After Hours Phone: (858) 966-8974
Provider Gender: Female
NPI: 1366589640
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICAL MEDICINE / REHABILITATION

DALAL, PRITHA
Provider ID: 100218804015
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 195
SAN DIEGO, CA 92123
Phone: (858) 966-8974
After Hours Phone: (858) 966-8974
Provider Gender: Female
NPI: 1609017532
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICAL MEDICINE / REHABILITATION

SCOTT-WYARD, PHOEBE
Provider ID: 100190325037
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 195
SAN DIEGO, CA 92123
Phone: (858) 966-8974
After Hours Phone: (858) 966-8974
Provider Gender: Female
NPI: 1336356203
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHILDRENS HOSP OF LOS ANGELES, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICAL MEDICINE / REHABILITATION

SKALSKY, ANDREW
Provider ID: 100047579020
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICIANS ASSISTANT

ALEXANDER, JAMIE
Provider ID: 100340384008
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Male

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Number: PA55735
NPI: 1184117251
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.sdfamilycare.org

PHYSICIANS ASSISTANT

ALEXANDER, JAMIE
Provider ID: 100340384008
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Male
License Number: PA55735
NPI: 1184117251
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.sdfamilycare.org

PHYSICIANS ASSISTANT

ALVARADO, EDMUND
Provider ID: 100073894006
Board Certified: 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
Provider Gender: Male
License Number: PA20888
NPI: 1720303340
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

ALVARADO, EDMUND
Provider ID: 100073894006
Board Certified: 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
Provider Gender: Male
License Number: PA20888
NPI: 1720303340
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

BERGEN, SOPHEA
Provider ID: 100398417002
Board Certified: No
IHP OF SOUTHERN CAL-PHP
6719 ALVARADO RD STE 308
SAN DIEGO, CA 92120

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

CASTILLO, PATRICIA
Provider ID: 100023532007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Provider Gender: Female
License Number: PA17220
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: Basic: (P, EB, IB, E, R, T)
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

CASTILLO, PATRICIA
Provider ID: 100023532007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Provider Gender: Female
License Number: PA17220
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: Basic: (P, EB, IB, E, R, T)
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

CASTILLO, PATRICIA
Provider ID: 100023532007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Provider Gender: Female
License Number: PA17220
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: Basic: (P, EB, IB, E, R, T)
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

CASTILLO, PATRICIA
Provider ID: 100023532007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Provider Gender: Female
License Number: PA17220
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: Basic: (P, EB, IB, E, R, T)
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

CASTILLO, PATRICIA
Provider ID: 100023532006
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8:30AM-5:30PM
F 8:30AM-5PM
Website: N/A
IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT

PHYSICIANS ASSISTANT

CONTRERAS, LORETTA
Provider ID: 100342418002
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Provider Gender: Female
License Number: PA54617
NPI: 1679096341
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E)
Hours: M 8:30AM-5:30PM
TU-W 8:30AM-5PM
TH 8:30AM-9PM
F 8:30AM-5PM
Website: N/A

PHYSICIANS ASSISTANT

CONTRERAS, LORETTA
Provider ID: 100342418002
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Provider Gender: Female
License Number: PA54617
NPI: 1679096341
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E)
Hours: M 8:30AM-5:30PM
TU-W 8:30AM-5PM
TH 8:30AM-9PM
F 8:30AM-5PM
Website: N/A

PHYSICIANS ASSISTANT

DAVID, MARVIC
Provider ID: 100334755001
Board Certified: No
FAMILY HEALTH CENTERS OF

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Male
License Number: PA53748
NPI: 1750832317
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

DAVID, MARVIC
Provider ID: 100334755001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Male
License Number: PA53748
NPI: 1750832317
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

DERISSI, DANA
Provider ID: 100215317011
Board Certified: 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
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICIANS ASSISTANT

DRAME, SALWA
Provider ID: 100378343002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 515-2426
After Hours Phone: (619) 515-2426
Provider Gender: Female
License Number: PA59481
NPI: 1093136426
Provider English Spoken: Y
Provider Language(s) Spoken: French, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

PHYSICIANS ASSISTANT

DRAME, SALWA

Provider ID: 100378343002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 515-2426
After Hours Phone: (619) 515-2426
Provider Gender: Female
License Number: PA59481
NPI: 1093136426
Provider English Spoken: Y
Provider Language(s) Spoken: French, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

FINK, PATRICK

Provider ID: 100334838002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Provider Gender: Male
License Number: PA52704
NPI: 1922380328
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

FINK, PATRICK

Provider ID: 100334838002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Provider Gender: Male
License Number: PA52704
NPI: 1922380328
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM TH 9AM-6PM F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

GARCIA, DEANA

Provider ID: 100067216004
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Provider Gender: Female
License Number: PA21042
NPI: 1447567995
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

GARCIA, DEANA
Provider ID: 100067216004
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Provider Gender: Female
License Number: PA21042
NPI: 1447567995
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

GUTH, CARA
Provider ID: 100373828008
Board Certified: 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
Hours: M-F 9AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP Teleservice

PHYSICIANS ASSISTANT

HERNANDEZ, GABRIELA
Provider ID: 100430362003
Board Certified: 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: 1417635392
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICIANS ASSISTANT

HOXMEIER, KRYSTA
Provider ID: 100369703001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Provider Gender: Female
License Number: PA58505
NPI: 1104203454
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

Website: www.fhcsd.org

PHYSICIANS ASSISTANT

HOXMEIER, KRYSTA

Provider ID: 100369703001

Board Certified: No

FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619) 515-2560

Provider Gender: Female

License Number: PA58505

NPI: 1104203454

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

Website: www.fhcsd.org

PHYSICIANS ASSISTANT

KIERNAN, ROBERT

Provider ID: 100460519001

Board Certified: No

IHP OF SOUTHERN CAL-PHP

950 S EUCLID AVE
SAN DIEGO, CA 92114

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Provider Gender: Male

License Number: PA13891

NPI: 1538164702

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

Website: www.syhealth.org

PHYSICIANS ASSISTANT

KIERNAN, ROBERT

Provider ID: 100460519001

Board Certified: No

IHP OF SOUTHERN CAL-PHP

950 S EUCLID AVE
SAN DIEGO, CA 92114

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Provider Gender: Male

License Number: PA13891

NPI: 1538164702

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

Website: www.syhealth.org

PHYSICIANS ASSISTANT

LAPINA, LORI

Provider ID: 100334962001

Board Certified: No

FAMILY HEALTH CENTERS OF SAN DIEGO

3544 30TH ST
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619) 515-2424

Provider Gender: Female

License Number: PA23231

NPI: 1245670413

Provider English Spoken: Y

Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8:30AM-5:30PM
F 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

LAPINA, LORI
Provider ID: 100334962003
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Female
License Number: PA23231
NPI: 1245670413
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM
F 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

LAPINA, LORI
Provider ID: 100334962001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Provider Gender: Female
License Number: PA23231
NPI: 1245670413
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8:30AM-5:30PM
F 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

LAPINA, LORI
Provider ID: 100334962001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Provider Gender: Female
License Number: PA23231
NPI: 1245670413
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8:30AM-5:30PM
F 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

LAPINA, LORI
Provider ID: 100334962001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Provider Gender: Female
License Number: PA23231
NPI: 1245670413

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8:30AM-5:30PM
F 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

LAPINA, LORI
Provider ID: 100334962003
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Female
License Number: PA23231
NPI: 1245670413
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM
F 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

LINDEMANN, CHRISTINA
Provider ID: 100375604003
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

LLOYD, MATTHEW
Provider ID: 100416646001
Board Certified: 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
Provider Gender: Male
License Number: PA62752
NPI: 1487307369
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

LLOYD, MATTHEW
Provider ID: 100416646002
Board Certified: 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
Provider Gender: Male
License Number: PA62752

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NPI: 1487307369
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

LLOYD, MATTHEW
Provider ID: 100416646002
Board Certified: 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
Provider Gender: Male
License Number: PA62752
NPI: 1487307369
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

LLOYD, MATTHEW
Provider ID: 100416646001
Board Certified: 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
Provider Gender: Male
License Number: PA62752
NPI: 1487307369
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

LOPEZ, MARIO
Provider ID: 100141636006
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 515-2426
After Hours Phone: (619) 515-2426
Provider Gender: Male
License Number: PA21385
NPI: 1932335080
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

LOPEZ, MARIO
Provider ID: 100141636006
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 515-2426
After Hours Phone: (619) 515-2426
Provider Gender: Male
License Number: PA21385
NPI: 1932335080
Provider English Spoken: Y

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

LOPEZ, MARIO
Provider ID: 100141636005
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: PA21385
NPI: 1932335080
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

LOPEZ, MARIO
Provider ID: 100141636005
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: PA21385
NPI: 1932335080
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

MILLER, LAUREL
Provider ID: 100111661007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Provider Gender: Female
License Number: PA20378
NPI: 1598992133
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

MILLER, LAUREL
Provider ID: 100111661007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Provider Gender: Female
License Number: PA20378
NPI: 1598992133
Provider English Spoken: Y

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

MOREO, HUNTER
Provider ID: 100432755011
Board Certified: No
COMMUNITY CARE IPA LLC
11770 BERNARDO PLAZA CT STE 270
SAN DIEGO, CA 92128
Phone: (858) 485-0554
Fax: (858) 429-7933
After Hours Phone: (858) 485-0554
Provider Gender: Female
NPI: 1043062334
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP Teleservice

PHYSICIANS ASSISTANT

MOREO, HUNTER
Provider ID: 100432755009
Board Certified: No
IHP OF SOUTHERN CAL-PHP
11770 BERNARDO PLAZA CT STE 270
SAN DIEGO, CA 92128
Phone: (858) 485-0554
Fax: (858) 429-7933
After Hours Phone: (858) 485-0554
Provider Gender: Female
NPI: 1043062334
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP Teleservice

PHYSICIANS ASSISTANT

NAKAMITSU, ABIGAIL
Provider ID: 100309304003
Board Certified: 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: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health

Network

PHYSICIANS ASSISTANT

NUNO, JOSE

Provider ID: 100338239003

Board Certified: No

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619) 515-2300

Provider Gender: Male

License Number: PA15227

NPI: 1275543068

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

Website: www.fhcsd.org

PHYSICIANS ASSISTANT

NUNO, JOSE

Provider ID: 100338239003

Board Certified: No

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619) 515-2300

Provider Gender: Male

License Number: PA15227

NPI: 1275543068

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

Website: www.fhcsd.org

PHYSICIANS ASSISTANT

PHUNG, AIVI

Provider ID: 100316962011

Board Certified: 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

Website: N/A

IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

PHUNG, AIVI

Provider ID: 100316962008

Board Certified: 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: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

Website: N/A

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IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

PHUNG, AIVI

Provider ID: 100316962002

Board Certified: 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

License Number: PA53902

NPI: 1639528110

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: Basic: (P, EB, IB, E, R, T)

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

Website: www.sdfamilycare.org

PHYSICIANS ASSISTANT

PHUNG, AIVI

Provider ID: 100316962002

Board Certified: 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

License Number: PA53902

NPI: 1639528110

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: Basic: (P, EB, IB, E, R, T)

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

Website: www.sdfamilycare.org

PHYSICIANS ASSISTANT

PHUNG, AIVI

Provider ID: 100316962002

Board Certified: 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

License Number: PA53902

NPI: 1639528110

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: Limited: (EB, IB, E, R, T)

Website: www.sdfamilycare.org

PHYSICIANS ASSISTANT

PHUNG, AIVI

Provider ID: 100316962012

Board Certified: 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

License Number: PA53902

NPI: 1639528110

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: Basic: (P, EB,

PHYSICIANS ASSISTANT

PHUNG, AIVI

Provider ID: 100316962002

Board Certified: 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

License Number: PA53902

NPI: 1639528110

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: Basic: (P, EB,

IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare .org

PHYSICIANS ASSISTANT

PHUNG, AIVI
Provider ID: 100316962002
Board Certified: 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
License Number: PA53902
NPI: 1639528110
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare .org

PHYSICIANS ASSISTANT

PHUNG, AIVI
Provider ID: 100316962012
Board Certified: 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
License Number: PA53902
NPI: 1639528110
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: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare .org

PHYSICIANS ASSISTANT

POGGI, SARA
Provider ID: 100422584015
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP Teleservice

PHYSICIANS ASSISTANT

POGGI, SARA
Provider ID: 100422584016
Board Certified: 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
Hours: M-F 8AM-5PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

PHYSICIANS ASSISTANT

POLLEY, SHANNON
Provider ID: 100390365002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Provider Gender: Female
License Number: PA60864
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

POLLEY, SHANNON
Provider ID: 100390365002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
Provider Gender: Female
License Number: PA60864
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

PYLE, ALEXANDRA
Provider ID: 100365064005
Board Certified: 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
Hours: M-F 8:30AM-4PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

QUICK, ELISABETH
Provider ID: 100235071010
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: PA21591
NPI: 1790055010
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

QUICK, ELISABETH
Provider ID: 100235071010
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: PA21591
NPI: 1790055010
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

RALL, EMILY
Provider ID: 100341861004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: PA52141
NPI: 1407855828
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

RALL, EMILY
Provider ID: 100341861004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: PA52141
NPI: 1407855828
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

RASMUSSEN, DALE
Provider ID: 100367989003
Board Certified: 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
Provider Gender: Male
License Number: PA54022
NPI: 1962880864
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: MERCY HOSPITAL OF FOLSOM
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB,

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IB, E, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

RASMUSSEN, DALE
Provider ID: 100367989003
Board Certified: 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
Provider Gender: Male
License Number: PA54022
NPI: 1962880864
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: MERCY HOSPITAL OF FOLSOM
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

RODRIGUES, ANNETTE
Provider ID: 100416448024
Board Certified: 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: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICIANS ASSISTANT

RODRIGUES, ANNETTE
Provider ID: 100416448011
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-4003
Fax: (858) 560-6798
After Hours Phone: (858) 966-4003
Provider Gender: Female
NPI: 1205381845
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICIANS ASSISTANT

SCHELLIE, SCOTT
Provider ID: 100334226001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101
Phone: (619) 515-2525
After Hours Phone: (619)

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515-2525
Provider Gender: Male
License Number: PA53288
NPI: 1699053843
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

SCHELLIE, SCOTT
Provider ID: 100334226001
Board Certified: 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
Provider Gender: Male
License Number: PA53288
NPI: 1699053843
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

SCHMITT, EVA
Provider ID: 100108289010
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PHYSICIANS ASSISTANT

SHARPE, NORMA
Provider ID: 100091046023
Board Certified: No
IHP OF SOUTHERN CAL-PHP
316 25TH ST
SAN DIEGO, CA 92102
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: PA20490
NPI: 1619100237
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

SHARPE, NORMA
Provider ID: 100091046023
Board Certified: No
IHP OF SOUTHERN CAL-PHP
316 25TH ST
SAN DIEGO, CA 92102
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100

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Provider Gender: Female
License Number: PA20490
NPI: 1619100237
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

TREUNER, JULIE
Provider ID: 100334311001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: PA17478
NPI: 1922013614
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
SA 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

TREUNER, JULIE
Provider ID: 100334311001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: PA17478
NPI: 1922013614
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
SA 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

TURNER, SHEREENA
Provider ID: 100084999007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: PA20396
NPI: 1992934988
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
SA 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

TURNER, SHEREENA
Provider ID: 100084999007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: PA20396
NPI: 1992934988
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

UDOH, EKAETE
Provider ID: 100356892007
Board Certified: No
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Male
License Number: PA19664
NPI: 1841472776
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM
Website: www.operationsamahan.org

PHYSICIANS ASSISTANT

UDOH, EKAETE
Provider ID: 100356892007
Board Certified: No
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Male
License Number: PA19664
NPI: 1841472776
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM
Website: www.operationsamahan.org

PHYSICIANS ASSISTANT

VARGAS, ROBERT
Provider ID: 100334129002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Male
License Number: PA11194
NPI: 1972528081
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

VARGAS, ROBERT
Provider ID: 100334129002
Board Certified: No
FAMILY HEALTH CENTERS OF

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Male
License Number: PA11194
NPI: 1972528081
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
SA 8AM-5PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

WEBB, SHANNON
Provider ID: 100044999011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
6605 NANCY RIDGE DR
SAN DIEGO, CA 92121
Phone: (858) 750-2983
Fax: (858) 900-2779
After Hours Phone: (858) 750-2983
Provider Gender: Female
NPI: 1821271685
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Hours: M-F 9AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP Teleservice

PHYSICIANS ASSISTANT

YOUNG-PEN, TONI
Provider ID: 100334756001
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: PA18746
NPI: 1932297595
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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.sdfamilycare.org

PHYSICIANS ASSISTANT

YOUNG-PEN, TONI
Provider ID: 100334756001
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: PA18746
NPI: 1932297595
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: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.sdfamilycare.org

PODIATRIST

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

ALMIRANTE, MARIA ELENA
Provider ID: 100389057013
Board Certified: 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
License Number: DPM5594
NPI: 1700230364
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

PODIATRIST

ALMIRANTE, MARIA ELENA
Provider ID: 100389057013
Board Certified: 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
License Number: DPM5594
NPI: 1700230364
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

PODIATRIST

ALMIRANTE, MARIA ELENA
Provider ID: 100389057013
Board Certified: 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
License Number: DPM5594
NPI: 1700230364
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

PODIATRIST

ALMIRANTE, MARIA ELENA
Provider ID: 100389057013
Board Certified: 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
License Number: DPM5594
NPI: 1700230364
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

PODIATRIST

ALMIRANTE, MARIA ELENA
Provider ID: 100389057015
Board Certified: No
IHP OF SOUTHERN CAL-PHP

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4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: DPM5594
NPI: 1700230364
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.sdfamilycare.org

PODIATRIST

ALMIRANTE, MARIA ELENA
Provider ID: 100389057014
Board Certified: 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
Provider Gender: Female
License Number: DPM5594
NPI: 1700230364
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.sdfamilycare.org

PODIATRIST

ALMIRANTE, MARIA ELENA
Provider ID: 100389057015
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Provider Gender: Female
License Number: DPM5594
NPI: 1700230364
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.sdfamilycare.org

PODIATRIST

ALMIRANTE, MARIA ELENA
Provider ID: 100389057014
Board Certified: 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
Provider Gender: Female
License Number: DPM5594
NPI: 1700230364
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-2PM
Website: www.sdfamilycare.org

PODIATRIST

JUAREZ, LETICIA
Provider ID: 100370317003
Board Certified: No

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: DPM5661
NPI: 1508393778
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

PODIATRIST

JUAREZ, LETICIA
Provider ID: 100370317003
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: DPM5661
NPI: 1508393778
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

PODIATRIST

LE, DIANA
Provider ID: 100393939007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

PODIATRIST

LE, DIANA
Provider ID: 100393939007
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
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

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Center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

PODIATRIST

LE, DIANA
Provider ID: 100393939010
Board Certified: 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
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PODIATRIST

LE, DIANA
Provider ID: 100393939008
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PODIATRIST

LE, DIANA
Provider ID: 100393939008
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Website: www.fhcsd.org

PODIATRIST

LE, DIANA

Provider ID: 100393939010

Board Certified: 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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (P, EB, IB, E, T)

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

Website: www.fhcsd.org

PODIATRIST

MANCHEL, BRUCE

Provider ID: 100041431027

Board Certified: No

IHP OF SOUTHERN CAL-PHP

1666 PRECISION PARK LN
SAN DIEGO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

Website: www.syhealth.org

PODIATRIST

MANCHEL, BRUCE

Provider ID: 100041431027

Board Certified: No

IHP OF SOUTHERN CAL-PHP

1666 PRECISION PARK LN
SAN DIEGO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Hours: M-F 8AM-5PM

Website: www.syhealth.org

PODIATRIST

PANEK, JOHN

Provider ID: 100440874005

Board Certified: 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: Male

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NPI: 1295795599
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

PODIATRIST

PANEK, JOHN
Provider ID: 100440874001
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Male
License Number: DPM6016
NPI: 1295795599
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM
Website: www.opsam.org

PODIATRIST

PANEK, JOHN
Provider ID: 100440874001
Board Certified: No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Provider Gender: Male
License Number: DPM6016
NPI: 1295795599
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-4:30PM
Website: www.opsam.org

PODIATRIST

PANEK, JOHN
Provider ID: 100440874004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
Fax: (858) 578-4417
After Hours Phone: (844) 200-2426
Provider Gender: Male
NPI: 1295795599
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

PODIATRIST

SCHNEIDER, SARAH
Provider ID: 100059607009
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Provider Gender: Female
License Number: DPM4819
NPI: 1326282237
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM
TH 9AM-6PM
F 8:30AM-5:30PM
Website: www.fhcsd.org

PODIATRIST

SCHNEIDER, SARAH
Provider ID: 100059607009
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Provider Gender: Female
License Number: DPM4819
NPI: 1326282237
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-W 8:30AM-5:30PM
TH 9AM-6PM
F 8:30AM-5:30PM
Website: www.fhcsd.org

PODIATRIST

SCHNEIDER, SARAH
Provider ID: 100059607010
Board Certified: 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
Provider Gender: Female
License Number: DPM4819
NPI: 1326282237
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PODIATRIST

SCHNEIDER, SARAH
Provider ID: 100059607008
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: DPM4819
NPI: 1326282237
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
SA 8AM-5PM
Website: www.fhcsd.org

PODIATRIST

SCHNEIDER, SARAH
Provider ID: 100059607010
Board Certified: 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
Provider Gender: Female
License Number: DPM4819
NPI: 1326282237

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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: Limited: (P, EB, IB, E, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PODIATRIST

SCHNEIDER, SARAH
Provider ID: 100059607008
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: DPM4819
NPI: 1326282237
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
SA 8AM-5PM
Website: www.fhcsd.org

PREVENTATIVE MEDICINE GENERAL

HILL, LINDA
Provider ID: 100041672004
Board Certified: 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
License Number: G41532
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

PREVENTATIVE MEDICINE GENERAL

HILL, LINDA
Provider ID: 100041672004
Board Certified: 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
License Number: G41532
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

PREVENTATIVE MEDICINE GENERAL

HILL, LINDA
Provider ID: 100041672005
Board Certified: No

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM
TU 8:30AM-9PM
W-F 8:30AM-5:30PM
SA 9AM-4PM
Website: www.sdfamilycare.org

PREVENTATIVE MEDICINE GENERAL

HILL, LINDA
Provider ID: 100041672004
Board Certified: 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
License Number: G41532
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

PREVENTATIVE MEDICINE GENERAL

HILL, LINDA
Provider ID: 100041672004
Board Certified: 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
License Number: G41532
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM
Website: www.sdfamilycare.org

PREVENTATIVE MEDICINE GENERAL

HILL, LINDA
Provider ID: 100041672005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Provider Gender: Female
License Number: G41532
NPI: 1467434811
Provider English Spoken: Y
Provider Language(s) Spoken: French, Spanish

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM
TU 8:30AM-9PM
W-F 8:30AM-5:30PM
SA 9AM-4PM
Website: www.sdfamilycare .org

PREVENTATIVE MEDICINE GENERAL

HILL, LINDA
Provider ID: 100041672011
Board Certified: 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
License Number: G41532
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: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare .org

PREVENTATIVE MEDICINE GENERAL

HILL, LINDA
Provider ID: 100041672011
Board Certified: 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
License Number: G41532
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: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare .org

PREVENTATIVE MEDICINE GENERAL

RISSER, JOSEPH
Provider ID: 100223322009
Board Certified: 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
License Number: G70886
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: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare .org

PREVENTATIVE MEDICINE GENERAL

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

RISSER, JOSEPH
Provider ID: 100223322009
Board Certified: 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
License Number: G70886
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: Limited: (EB, IB, E, R, T)
Website: www.sdfamilycare.org

PSYCHOLOGIST

ABERCROMBIE, SHERI
Provider ID: 100389089005
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

ABERCROMBIE, SHERI
Provider ID: 100389089003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Provider Gender: Female
NPI: 1932292422
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

BASS, GURGIANA
Provider ID: 100389085005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Provider Gender: Female
NPI: 1639325277
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
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: 100389085003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

CLEMENT, LUIS
Provider ID: 100361178004
Board Certified: 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: Limited: (P, EB, E)
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

FIRESTONE, MICHELLE
Provider ID: 100389093005
Board Certified: 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
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

FIRESTONE, MICHELLE
Provider ID: 100389093003
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

FORZANI, CHRISTINA
Provider ID: 100389152003
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R)
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

GIAMONA, KRISTEN
Provider ID: 100389169005
Board Certified: 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
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

GIAMONA, KRISTEN
Provider ID: 100389169003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Provider Gender: Female
NPI: 1376824383
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

KLUEMPER, NICOLE
Provider ID: 100389118005
Board Certified: 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
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

KLUEMPER, NICOLE
Provider ID: 100389118003
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

MCCULLUM, TIFFANY

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100357628004
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP
Teleservice

PSYCHOLOGIST

ORTIZ, MARIA
Provider ID: 100344260005
Board Certified: 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
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

PRINCE, RENEE
Provider ID: 100415599003
Board Certified: 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
Hours: M-F 8AM-6PM
Website: N/A
IPA: Community Care IPA LLC

PSYCHOLOGIST

RADOJEVIC, NATASHA
Provider ID: 100318148013
Board Certified: 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
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: 100318148009
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
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: 100434120003
Board Certified: 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: Limited: (EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

TO, TUAN
Provider ID: 100389054004
Board Certified: 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: Limited: (EB, IB, E, R)
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

TO, TUAN
Provider ID: 100389054008
Board Certified: 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
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

TO, TUAN
Provider ID: 100389054007
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

VIETEN, CASSANDRA
Provider ID: 100408042006
Board Certified: No
UCSD MEDICAL 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: 1336716992
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: UCSD Medical Group

PSYCHOLOGIST

VIETEN, CASSANDRA
Provider ID: 100408042007
Board Certified: 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: 1336716992
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: UCSD Medical Group

PULMONARY DISEASES

LE, HUAN
Provider ID: 100047042011
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 9AM-5PM
TH 8AM-1PM
F 9AM-6PM
SA 8AM-11AM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

PULMONARY DISEASES

LE, HUAN

Provider ID: 100047042017
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-W 9AM-5PM TH 8AM-1PM F 9AM-6PM SA 8AM-11AM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP Teleservice

RADIATION ONCOLOGY

CARMONA, RUBEN

Provider ID: 100388410016
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

RADIATION ONCOLOGY

CARMONA, RUBEN

Provider ID: 100388410023
Board Certified: No
COMMUNITY CARE IPA LLC
7901 FROST ST STE O
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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

RADIATION ONCOLOGY

COLEMAN, LORI

Provider ID: 100009016030
Board Certified: No
COMMUNITY CARE IPA LLC
3075 HEALTH CENTER DR
SAN DIEGO, CA 92123
Phone: (858) 939-5010

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

RADIATION ONCOLOGY

VAKILIAN, SIAVOSH
Provider ID: 100239950046
Board Certified: No
IHP OF SOUTHERN CAL-PHP
5395 RUFFIN RD STE 103
SAN DIEGO, CA 92123
Phone: (858) 505-4100
Fax: (858) 429-7939
After Hours Phone: (858) 505-4100
Provider Gender: Male
NPI: 1427456151
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MEMORIAL HOSPITAL, PIONEERS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

RADIATION ONCOLOGY

VAKILIAN, SIAVOSH
Provider ID: 100239950042
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MEMORIAL HOSPITAL, PIONEERS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

RADIOLOGY DIAGNOSTIC

CHEWNING, RUSH
Provider ID: 100415415010
Board Certified: 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: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

RADIOLOGY DIAGNOSTIC

CHEWNING, RUSH
Provider ID: 100415415008
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8863
Fax: (858) 966-7903
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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

RADIOLOGY DIAGNOSTIC

CHEWNING, RUSH
Provider ID: 100415415003
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

RADIOLOGY DIAGNOSTIC

HANNSUN, GEMMY
Provider ID: 100374256004
Board Certified: No
UCSD MEDICAL GROUP
200 W 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

HANNSUN, GEMMY
Provider ID: 100374256008
Board Certified: No
UCSD MEDICAL GROUP
330 LEWIS ST STE 202
SAN DIEGO, CA 92103
Phone: (800) 926-8273

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

KONDILI, DHIMITER
Provider ID: 100374722006
Board Certified: No
UCSD MEDICAL GROUP
200 W 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

KONDILI, DHIMITER
Provider ID: 100374722012
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

SLATER, JERRY
Provider ID: 100374872006
Board Certified: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1851746382
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, LOMA LINDA UNIVERSITY MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

SLATER, JERRY
Provider ID: 100374872012
Board Certified: No

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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
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

VAKILIAN, SIAVOSH
Provider ID: 100239950026
Board Certified: 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: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MEMORIAL HOSPITAL, PIONEERS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP Teleservice

RADIOLOGY DIAGNOSTIC

VAKILIAN, SIAVOSH
Provider ID: 100239950024
Board Certified: 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: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MEMORIAL HOSPITAL, PIONEERS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP Teleservice

RADIOLOGY DIAGNOSTIC

YOO, RAPHAEL
Provider ID: 100438282007
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Cultural Competency: N
Hospital Affiliation: NATIVIDAD MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO, MONTCLAIR HOSPITAL MED CTR, CHINO VALLEY MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

RADIOLOGY DIAGNOSTIC

YOO, RAPHAEL
Provider ID: 100438282008
Board Certified: 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: NATIVIDAD MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO, MONTCLAIR HOSPITAL MED CTR, CHINO VALLEY MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

RADIOLOGY DIAGNOSTIC

ZAMORA, JESUS
Provider ID: 100347655058
Board Certified: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1457525578
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PROVIDENCE LITTLE CO OF MARY MED CTR SAN PEDRO, PROVIDENCE LITTLE CO OF MARY MED CTR TORRANCE, REDLANDS COMMUNITY HOSP, UCI HEALTH-LOS ALAMITOS, VALLEY CHILDRENS HOSPITAL, ANTELOPE VALLEY HOSP MED CTR, Highland Hospital, Highland Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

ZAMORA, JESUS
Provider ID: 100347655057
Board Certified: No
UCSD MEDICAL 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: 1457525578
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PROVIDENCE LITTLE CO OF MARY MED CTR SAN PEDRO, PROVIDENCE LITTLE CO OF

MARY MED CTR TORRANCE, REDLANDS COMMUNITY HOSP, UCI HEALTH-LOS ALAMITOS, VALLEY CHILDRENS HOSPITAL, ANTELOPE VALLEY HOSP MED CTR, Highland Hospital, Highland Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

ZAMORA, JESUS
Provider ID: 100347655067
Board Certified: No
UCSD MEDICAL GROUP
9339 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: 1457525578
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PROVIDENCE LITTLE CO OF MARY MED CTR SAN PEDRO, PROVIDENCE LITTLE CO OF MARY MED CTR TORRANCE, REDLANDS COMMUNITY HOSP, UCI HEALTH-LOS ALAMITOS, VALLEY CHILDRENS HOSPITAL, ANTELOPE VALLEY HOSP MED CTR, Highland Hospital, Highland Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

BLOCKER, NIRIT
Provider ID: 100334271001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: PT30272
NPI: 1457689309
Provider English Spoken: Y
Provider Language(s) Spoken: Hebrew
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

BLOCKER, NIRIT
Provider ID: 100334271001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: PT30272
NPI: 1457689309
Provider English Spoken: Y
Provider Language(s) Spoken: Hebrew
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB,

IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

CAMERON, IAN
Provider ID: 100378325002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: PT291088
NPI: 1275993560
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

CAMERON, IAN
Provider ID: 100378325002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: PT291088
NPI: 1275993560
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

COSTELLO, MARK
Provider ID: 100082276053
Board Certified: 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
Website: N/A
IPA: IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

CUMMINGS, GEORGE
Provider ID: 100378318003
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: PT295173
NPI: 1497236384
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N

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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM
F 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

CUMMINGS, GEORGE
Provider ID: 100378318003
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: PT295173
NPI: 1497236384
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM
F 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

FIELDING, JOSEPH
Provider ID: 100280578066
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: PT40975
NPI: 1235577560
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM
F 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

FIELDING, JOSEPH
Provider ID: 100280578066
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: PT40975
NPI: 1235577560
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM
F 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

LEE, RYANT
Provider ID: 100439601002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
Fax: (619) 501-9645

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: PT296601
NPI: 1659922177
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

LEE, RYANT
Provider ID: 100439601002
Board Certified: 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
Provider Gender: Male
License Number: PT296601
NPI: 1659922177
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

MIGNEA, DAVID
Provider ID: 100341263005
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: PT293536
NPI: 1043736879
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

MIGNEA, DAVID
Provider ID: 100341263005
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: PT293536
NPI: 1043736879
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

SALES, JAN ERIC
Provider ID: 100406498002
Board Certified: No

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Female
License Number: PT303890
NPI: 1417650169
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

SALES, JAN ERIC
Provider ID: 100406498002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Female
License Number: PT303890
NPI: 1417650169
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

SCHMIDT, BRYAN
Provider ID: 100017414004
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: PT28061
NPI: 1780685032
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM
Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

SCHMIDT, BRYAN
Provider ID: 100017414004
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Provider Gender: Male
License Number: PT28061
NPI: 1780685032
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 8AM-9PM F 8AM-5PM

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Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

TAM, JODI

Provider ID: 100220488006

Board Certified: 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: 1487057527

Provider English Spoken: Y

Provider Language(s) Spoken: Yue Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R)

Website: N/A

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

VAN DYKE, JASON

Provider ID: 100334313003

Board Certified: No

FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619) 515-2545

Provider Gender: Male

License Number: PT25155

NPI: 1487658720

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Hours: M-TH 8AM-9PM F 8AM-5PM

Website: www.fhcsd.org

REGISTERED PHYSICAL THERAPIST

VAN DYKE, JASON

Provider ID: 100334313003

Board Certified: No

FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619) 515-2545

Provider Gender: Male

License Number: PT25155

NPI: 1487658720

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Hours: M-TH 8AM-9PM F 8AM-5PM

Website: www.fhcsd.org

RHEUMATOLOGY

REDDY, DANA

Provider ID: 100140462055

Board Certified: No

IHP OF SOUTHERN CAL-PHP

1501 IMPERIAL AVE
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619) 233-8500

Provider Gender: Female

License Number: A115598

NPI: 1144538778

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

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CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E)
Hours: M-F 8AM-5:30PM
Website: N/A

RHEUMATOLOGY

REDDY, DANA
Provider ID: 100140462055
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E)
Hours: M-F 8AM-5:30PM
Website: N/A

SPEECH PATHOLOGIST

DURNAN, CASSANDRA
Provider ID: 100401867010
Board Certified: No
IHP OF SOUTHERN CAL-PHP
11440 W BERNARDO CT
STE 300
SAN DIEGO, CA 92127
Phone: (877) 757-8353
Fax: (818) 357-2505
After Hours Phone: (877) 757-8353
Provider Gender: Female
NPI: 1073873501
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Hours: M-F 7AM-7PM
Website: N/A
IPA: IHP of Southern Cal-PHP

SPEECH PATHOLOGIST

DURNAN, CASSANDRA
Provider ID: 100401867015
Board Certified: 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
Hours: M-F 7AM-7PM
Website: N/A
IPA: IHP of Southern Cal-PHP

SPEECH PATHOLOGIST

DURNAN, CASSANDRA
Provider ID: 100401867011

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: 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
Hours: M-F 7AM-7PM
Website: N/A
IPA: IHP of Southern Cal-PHP

SPEECH PATHOLOGIST

MILLER, WILLIAM
Provider ID: 100415096001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Male
License Number: SP35150
NPI: 1972002210
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

SPEECH PATHOLOGIST

MILLER, WILLIAM
Provider ID: 100415096001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Male
License Number: SP35150
NPI: 1972002210
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

SPEECH PATHOLOGIST

WILLIAMS, JESSICA
Provider ID: 100337935001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: SP27677
NPI: 1932680006
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

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SPEECH PATHOLOGIST

WILLIAMS, JESSICA

Provider ID: 100337935001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Provider Gender: Female
License Number: SP27677
NPI: 1932680006
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5:30PM SA 8AM-5PM
Website: www.fhcsd.org

SURGERY CRITICAL CARE

ADAMS, LAURA

Provider ID: 100376974004
Board Certified: No
UCSD MEDICAL GROUP
200 W 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

SURGERY GENERAL

BARNES, RYAN

Provider ID: 100216748008
Board Certified: No
IHP OF SOUTHERN CAL-PHP
7910 FROST ST STE 250
SAN DIEGO, CA 92123
Phone: (858) 565-0104
Fax: (858) 565-0194
After Hours Phone: (858) 565-0104
Provider Gender: Male
NPI: 1831493501
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, PALOMAR HEALTH
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
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: 100216748006
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N
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: 100142659006
Board Certified: 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
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, KERN MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
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: 100142659008
Board Certified: 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
Provider Language(s) Spoken: Spanish
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
Hours: M-TH 9AM-5PM F 9AM-4PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

SURGERY GENERAL

CASILLAS BERUMEN, SERGIO
Provider ID: 100416078011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
6719 ALVARADO RD STE 303
SAN DIEGO, CA 92120
Phone: (619) 500-7699
Fax: (619) 483-3997
After Hours Phone: (619) 500-7699
Provider Gender: Male
NPI: 1437470762
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER, PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PALOMAR MEDICAL CENTER, EL CENTRO REGIONAL MEDICAL CENTER, EL CENTRO REGIONAL MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

SURGERY GENERAL

CASILLAS BERUMEN, SERGIO
Provider ID: 100416078012
Board Certified: 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, EL CENTRO REGIONAL MEDICAL CENTER, EL CENTRO REGIONAL MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

SURGERY GENERAL

FAIRBANKS, TIMOTHY
Provider ID: 100135959028
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY GENERAL

IGNACIO, ROMEO
Provider ID: 100343556003
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
8110 BIRMINGHAM WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-7711
After Hours Phone: (858) 966-7711
Provider Gender: Male
NPI: 1538147145
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health

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Network

SURGERY GENERAL

WAKAM, GLENN

Provider ID: 100473413003
Board Certified: 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: 1972952422
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY HAND

CAGE, DORI

Provider ID: 100014833005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
8008 FROST ST STE 403
SAN DIEGO, CA 92123
Phone: (858) 715-9200
Fax: (858) 715-9202
After Hours Phone: (858) 715-9200
Provider Gender: Female
NPI: 1871592253
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

SURGERY NEUROLOGICAL

LEVY, MICHAEL

Provider ID: 100079062012
Board Certified: 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
Website: N/A
IPA: Rady Childrens Health Network

SURGERY NEUROLOGICAL

PLONSKER, JILLIAN

Provider ID: 100472951008
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8574
Fax: (858) 966-7930
After Hours Phone: (858) 966-8574
Provider Gender: Female
NPI: 1427589001

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY NEUROLOGICAL

PLONSKER, JILLIAN
Provider ID: 100472951007
Board Certified: 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: 1427589001
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY NEUROLOGICAL

U, HOI
Provider ID: 100009655008
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

SURGERY ORTHOPEDIC

CHENG, YU-TSUN
Provider ID: 100046358020
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123
Phone: (858) 966-6789
Fax: (858) 966-6706
After Hours Phone: (858) 966-6789
Provider Gender: Male
NPI: 1992982854
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

SURGERY ORTHOPEDIC

CHOI, JIHOON

Provider ID: 100377335010

Board Certified: No

UCSD MEDICAL GROUP

200 W 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

Website: N/A

IPA: UCSD Medical Group

SURGERY ORTHOPEDIC

CIDAMBI, EMILY

Provider ID: 100351572021

Board Certified: No

RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1659634699

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Hours: SU-SA 12AM-11:45PM

Website: N/A

IPA: Rady Childrens Health Network

SURGERY ORTHOPEDIC

CIDAMBI, EMILY

Provider ID: 100351572005

Board Certified: No

RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123

Phone: (858) 966-6789

Fax: (858) 966-6706

After Hours Phone: (858) 966-6789

Provider Gender: Female

NPI: 1659634699

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (P, IB, E)

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

SURGERY ORTHOPEDIC

EDMONDS, ERIC

Provider ID: 100112637030

Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY ORTHOPEDIC

EDMONDS, ERIC
Provider ID: 100112637026
Board Certified: 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: Limited: (P, IB, E)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY ORTHOPEDIC

GOEB, YANNICK
Provider ID: 100377339010
Board Certified: No
UCSD MEDICAL GROUP
200 W 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

SURGERY ORTHOPEDIC

JACKSON, MADELEINE
Provider ID: 100413800003
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-8800
After Hours Phone: (858) 966-8800
Provider Gender: Female
NPI: 1386140085
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: SU-SA 12AM-11:45PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY ORTHOPEDIC

KWON, MICHAEL
Provider ID: 100457589003
Board Certified: No
RADY CHILDRENS HEALTH

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5999
Fax: (858) 966-8519
After Hours Phone: (858) 966-5999
Provider Gender: Male
NPI: 1548477631
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY ORTHOPEDIC

MITCHELL, JOSEPH
Provider ID: 100361146009
Board Certified: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1699161471
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

SURGERY ORTHOPEDIC

MITCHELL, JOSEPH
Provider ID: 100361146017
Board Certified: No
UCSD MEDICAL GROUP
4250 1ST AVE
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1699161471
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: UCSD Medical Group

SURGERY ORTHOPEDIC

MITCHELL, JOSEPH
Provider ID: 100361146018
Board Certified: No
UCSD MEDICAL 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: 1699161471
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: UCSD Medical Group

SURGERY PEDIATRIC

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

BICKLER, STEPHEN
Provider ID: 100063065006
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123
Phone: (858) 966-7711
Fax: (858) 966-7712
After Hours Phone: (858) 966-7711
Provider Gender: Male
NPI: 1891866653
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY PEDIATRIC

KELLER, BENJAMIN
Provider ID: 100361923007
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-7711
Fax: (858) 966-7712
After Hours Phone: (858) 966-7711
Provider Gender: Male
NPI: 1285953364
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY PEDIATRIC

KELLER, BENJAMIN
Provider ID: 100361923003
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY PEDIATRIC

KLING, KAREN
Provider ID: 100043066034
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY PEDIATRIC

KLING, KAREN
Provider ID: 100043066025
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
8110 BIRMINGHAM WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-7711
Fax: (858) 966-7712
After Hours Phone: (858) 966-7711
Provider Gender: Female
NPI: 1982775144
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, NATIONAL NAVAL MED CTR, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY PEDIATRIC

LAZAR, DAVID
Provider ID: 100281871008
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY PEDIATRIC

LAZAR, DAVID
Provider ID: 100281871005
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY PEDIATRIC

THANGARAJAH, HARIHARAN
Provider ID: 100256000013
Board Certified: 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\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY PEDIATRIC

THANGARAJAH, HARIHARAN
Provider ID: 100256000005
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
8110 BIRMINGHAM WAY FL 2
SAN DIEGO, CA 92123
Phone: (858) 966-7711
Fax: (858) 966-7712
After Hours Phone: (858) 966-7711
Provider Gender: Male
NPI: 1598979593
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY PEDIATRIC

THOMPSON, KYLE
Provider ID: 100441948007
Board Certified: No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 1
SAN DIEGO, CA 92123
Phone: (858) 966-7711
Fax: (858) 966-7712
After Hours Phone: (858) 966-7711
Provider Gender: Male
NPI: 1598147050
Provider English Spoken: Y
Provider Language(s) Spoken: French
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY PLASTIC

XUE, JAY
Provider ID: 100412001005
Board Certified: No
UCSD MEDICAL GROUP
7920 FROST ST STE 200
SAN DIEGO, CA 92123
Phone: (858) 966-5999
Fax: (858) 966-8394
After Hours Phone: (858) 966-5999

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Gender: Male
NPI: 1578097127
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
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

SURGERY THORACIC

FOX, KENNETH
Provider ID: 100356523003
Board Certified: 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\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

SURGERY THORACIC

LEWIS, MICHAEL
Provider ID: 100401817003
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

UROLOGY

CHEN, TONY
Provider ID: 100375931004
Board Certified: No
UCSD MEDICAL GROUP
200 W 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

UROLOGY

SWORDS, KELLY
Provider ID: 100246641005
Board Certified: No

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123
Phone: (858) 966-8603
Fax: (858) 966-4064
After Hours Phone: (858) 966-8603
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

UROLOGY

UNTERBERG, STEPHEN
Provider ID: 100365260015
Board Certified: 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
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

UROLOGY

UNTERBERG, STEPHEN
Provider ID: 100365260016
Board Certified: 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
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

UROLOGY

UNTERBERG, STEPHEN
Provider ID: 100365260028
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL): N
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

UROLOGY

UNTERBERG, STEPHEN
Provider ID: 100365260027
Board Certified: 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
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP
Teleservice

SAN MARCOS

CARDIOVASCULAR DISEASE

JAIN, NIKHIL
Provider ID: 100471200008
Board Certified: No
IHP OF SOUTHERN CAL-PHP
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: 1376049114
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\99
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

BAKER, SHANNON
Provider ID: 100369872005
Board Certified: 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
Provider Gender: Female
License Number: NP95016279
NPI: 1518191014
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

BAKER, SHANNON
Provider ID: 100369872005
Board Certified: 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
Provider Gender: Female

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Number: NP95016279
NPI: 1518191014
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

BAKER, SHANNON
Provider ID: 100369872005
Board Certified: 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
Provider Gender: Female
License Number: NP95016279
NPI: 1518191014
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

BAKER, SHANNON
Provider ID: 100369872005
Board Certified: 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
Provider Gender: Female
License Number: NP95016279
NPI: 1518191014
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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Provider English Spoken: Y
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
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Provider Gender: Female
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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
Hours: M-F 8AM-5PM
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CERTIFIED NURSE PRACTITIONER

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CABRAL, ALEJANDRA
Provider ID: 100294242004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NP95004873
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

CABRAL, ALEJANDRA
Provider ID: 100294242004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NP95004873
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

CABRAL, ALEJANDRA
Provider ID: 100294242004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NP95004873
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
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Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NP95004873
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: Basic: (P, EB,

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IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

CABRAL, ALEJANDRA
Provider ID: 100294242004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NP95004873
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

CABRAL, ALEJANDRA
Provider ID: 100294242004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NP95004873
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

CABRAL, ALEJANDRA
Provider ID: 100294242005
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

CARROLL, JOSEPH
Provider ID: 100404327003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: NP21334
NPI: 1598041261
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N

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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

CARROLL, JOSEPH
Provider ID: 100404327003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: NP21334
NPI: 1598041261
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

CARROLL, JOSEPH
Provider ID: 100404327003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: NP21334
NPI: 1598041261
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

CARROLL, JOSEPH
Provider ID: 100404327003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: NP21334
NPI: 1598041261
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

CARROLL, JOSEPH
Provider ID: 100404327003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider Gender: Male
License Number: NP21334
NPI: 1598041261
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

CARROLL, JOSEPH
Provider ID: 100404327003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: NP21334
NPI: 1598041261
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

FLORES, BERTHA
Provider ID: 100449788003
Board Certified: 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: 1942032602
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

FREEMAN, WANDA
Provider ID: 100274803005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NP95003903
NPI: 1659504264
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

FREEMAN, WANDA
Provider ID: 100274803005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Number: NP95003903
NPI: 1659504264
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

FREEMAN, WANDA
Provider ID: 100274803005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NP95003903
NPI: 1659504264
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

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IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NP95003903
NPI: 1659504264
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.ihpsocal.org

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Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NP95003903
NPI: 1659504264
Provider English Spoken: Y
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IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NP95003903
NPI: 1659504264
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

N

Accessibility: Basic: (P, EB, IB, E, R, T)

Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

HAN, ANGELA

Provider ID: 100338964007

Board Certified: No

IHP OF SOUTHERN CAL-PHP

150 VALPREDA RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1629242839

Provider English Spoken: Y

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

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

IORIO, ALANNA

Provider ID: 100449961009

Board Certified: No

COMMUNITY CARE IPA LLC

838 NORDAHL RD STE 300
SAN MARCOS, CA 92069

Phone: (760) 747-8935

Fax: (760) 747-7951

After Hours Phone: (760) 747-8935

Provider Gender: Female

NPI: 1295556256

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

Teleservice

CERTIFIED NURSE PRACTITIONER

JACKSON, MARILYN

Provider ID: 100318412031

Board Certified: No

IHP OF SOUTHERN CAL-PHP

SAN MARCOS, CA 92069

Phone: (833) 867-4642

Fax: (360) 462-5827

After Hours Phone: (833) 867-4642

Provider Gender: Female

NPI: 1699847913

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Hours: M 7AM-7:30PM
TU 7AM-4:30PM
W 7AM-7:30PM
TH-F 7AM-4:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

Telehealth only

CERTIFIED NURSE PRACTITIONER

KOHOUT, KATHRYN

Provider ID: 100389926002

Board Certified: 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
Hours: M-F 8AM-8PM SA 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

KOUSARI, JHALEH
Provider ID: 100229997030
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

KOUSARI, JHALEH
Provider ID: 100229997030
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

KOUSARI, JHALEH
Provider ID: 100229997030
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

KOUSARI, JHALEH
Provider ID: 100229997030
Board Certified: No
IHP OF SOUTHERN CAL-PHP

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150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

KOUSARI, JHALEH
Provider ID: 100229997030
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

KOUSARI, JHALEH
Provider ID: 100229997030
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.ihpsocal.org

CERTIFIED NURSE PRACTITIONER

MOONEY, PATRICIA
Provider ID: 100368996022
Board Certified: 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):

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

N
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC
Teleservice

CERTIFIED NURSE PRACTITIONER

NGUYEN, VANESSA
Provider ID: 100418792003
Board Certified: 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
Hours: M-F 8:30AM-5:30PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

PARSONS, MEKRAE
Provider ID: 100334122005
Board Certified: 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
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED REGISTERED NURSE MIDWIFE

BELANGER, TANYA
Provider ID: 100340378003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NM235844
NPI: 1407287469
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER, 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED REGISTERED NURSE MIDWIFE

BELANGER, TANYA
Provider ID: 100340378003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NM235844
NPI: 1407287469
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

MEDICAL CENTER,
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED REGISTERED NURSE MIDWIFE

BELANGER, TANYA
Provider ID: 100340378003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NM235844
NPI: 1407287469
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER,
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED REGISTERED NURSE MIDWIFE

BELANGER, TANYA
Provider ID: 100340378006
Board Certified: 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
RANCHO SPRINGS HOSPITAL,
SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED REGISTERED NURSE MIDWIFE

BELANGER, TANYA
Provider ID: 100340378003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NM235844
NPI: 1407287469
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER,
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED REGISTERED NURSE MIDWIFE

BELANGER, TANYA
Provider ID: 100340378003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NM235844
NPI: 1407287469
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER, 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

CERTIFIED REGISTERED NURSE MIDWIFE

BELANGER, TANYA
Provider ID: 100340378003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: NM235844
NPI: 1407287469
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER, 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

CHIROPRACTOR

MOJICA, MARIO
Provider ID: 100087341019
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: DC27130
NPI: 1801962477
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

CHIROPRACTOR

MOJICA, MARIO
Provider ID: 100087341019
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: DC27130
NPI: 1801962477
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-5PM
Website: www.ihpsocal.org

CHIROPRACTOR

MOJICA, MARIO
Provider ID: 100087341019
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: DC27130
NPI: 1801962477
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-5PM
Website: www.ihpsocal.org

CHIROPRACTOR

MOJICA, MARIO
Provider ID: 100087341019
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: DC27130
NPI: 1801962477
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-5PM
Website: www.ihpsocal.org

CHIROPRACTOR

MOJICA, MARIO
Provider ID: 100087341019
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: DC27130
NPI: 1801962477
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-5PM
Website: www.ihpsocal.org

CHIROPRACTOR

MOJICA, MARIO
Provider ID: 100087341019

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Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: DC27130
NPI: 1801962477
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

DERMATOLOGY

BROWN, REGINA
Provider ID: 100436783018
Board Certified: No
IHP OF SOUTHERN CAL-PHP
838 NORDAHL RD STE 250
SAN MARCOS, CA 92069
Phone: (760) 738-7600
Fax: (760) 738-7616
After Hours Phone: (760) 738-7600
Provider Gender: Female
NPI: 1801424692
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

INTERNAL MEDICINE

WITCZAK, IZABELA
Provider ID: 100036527008
Board Certified: 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: 1184735201
Provider English Spoken: Y
Provider Language(s) Spoken: Polish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

INTERVENTIONAL CARDIOLOGY

HONASOGE, AKILESH
Provider ID: 100471192026
Board Certified: No
IHP OF SOUTHERN CAL-PHP
955 BOARDWALK STE 100
SAN MARCOS, CA 92078
Phone: (760) 798-8855
Fax: (760) 755-5245
After Hours Phone: (760) 798-8855
Provider Gender: Male
NPI: 1497118020
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\99
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM
Website: N/A

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

IPA: IHP of Southern Cal-PHP
Teleservice

NEUROLOGY

ANDER, AZIZ
Provider ID: 100169155020
Board Certified: 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
Hours: M-F 8:30AM-4:30PM
Website: N/A
IPA: IHP of Southern Cal-PHP
Teleservice

NEUROLOGY

MANDEVILLE, ROSS
Provider ID: 100196834022
Board Certified: 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, COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, MAYERS MEMORIAL HOSP
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

NEUROLOGY

MAREK, MAKSYM
Provider ID: 100391342016
Board Certified: 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
Hours: M-F 8AM-6PM
Website: N/A
IPA: IHP of Southern Cal-PHP
Teleservice

OBSTETRICS / GYNECOLOGY

CONROY, ERIN
Provider ID: 100385858006
Board Certified: No
IHP OF SOUTHERN CAL-PHP

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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: 1669731329
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: ADVENTIST HEALTH UKIAH VALLEY, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\99
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

OBSTETRICS / GYNECOLOGY

LOEFFLER, ALLISON
Provider ID: 100149393016
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PEDIATRICS

POSADAS, EMERITO
Provider ID: 100070552006
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-6PM
Website: N/A
IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT

PEDIATRICS

QUINTERO, CAROLYN
Provider ID: 100063462012
Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N
Hours: M-F 8AM-6PM SA 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

CHISWICK, GARY
Provider ID: 100240118025
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: PA22667
NPI: 1174964001
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

CHISWICK, GARY
Provider ID: 100240118025
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: PA22667
NPI: 1174964001
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

CHISWICK, GARY
Provider ID: 100240118025
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: PA22667
NPI: 1174964001
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

CHISWICK, GARY
Provider ID: 100240118025
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: PA22667
NPI: 1174964001
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB,

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IB, E, R, T)
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

CHISWICK, GARY
Provider ID: 100240118025
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: PA22667
NPI: 1174964001
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

CHISWICK, GARY
Provider ID: 100240118025
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: PA22667
NPI: 1174964001
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

HERNANDEZ, MIRIAM
Provider ID: 100347875011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA22133
NPI: 1144594367
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-5PM
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

HERNANDEZ, MIRIAM
Provider ID: 100347875011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA22133
NPI: 1144594367
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

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SA 8AM-5PM
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

HERNANDEZ, MIRIAM
Provider ID: 100405465002
Board Certified: 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
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-8PM
SA 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

HERNANDEZ, MIRIAM
Provider ID: 100347875011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA22133
NPI: 1144594367
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

HERNANDEZ, MIRIAM
Provider ID: 100347875011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA22133
NPI: 1144594367
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

HERNANDEZ, MIRIAM
Provider ID: 100347875011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA22133
NPI: 1144594367
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB,

IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

HERNANDEZ, MIRIAM
Provider ID: 100347875011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA22133
NPI: 1144594367
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

JUACHE, GABRIELA
Provider ID: 100370878005
Board Certified: 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: 1043830763
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

KOSEL, MATTHEW
Provider ID: 100054480008
Board Certified: 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: 1316947302
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

KOSEL, MATTHEW
Provider ID: 100054480006
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Male
License Number: PA17101
NPI: 1316947302
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.ihpsocal.org

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

PHYSICIANS ASSISTANT

KOSEL, MATTHEW

Provider ID: 100054480006

Board Certified: No

IHP OF SOUTHERN CAL-PHP

150 VALPREDA RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760) 736-6767

Provider Gender: Male

License Number: PA17101

NPI: 1316947302

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

KOSEL, MATTHEW

Provider ID: 100054480006

Board Certified: No

IHP OF SOUTHERN CAL-PHP

150 VALPREDA RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760) 736-6767

Provider Gender: Male

License Number: PA17101

NPI: 1316947302

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

KOSEL, MATTHEW

Provider ID: 100054480006

Board Certified: No

IHP OF SOUTHERN CAL-PHP

150 VALPREDA RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760) 736-6767

Provider Gender: Male

License Number: PA17101

NPI: 1316947302

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

KOSEL, MATTHEW

Provider ID: 100054480006

Board Certified: No

IHP OF SOUTHERN CAL-PHP

150 VALPREDA RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760) 736-6767

Provider Gender: Male

License Number: PA17101

NPI: 1316947302

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

KOSEL, MATTHEW

Provider ID: 100054480006

Board Certified: No

IHP OF SOUTHERN CAL-PHP

150 VALPREDA RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760) 736-6767

Provider Gender: Male

License Number: PA17101

NPI: 1316947302

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

KOSEL, MATTHEW

Provider ID: 100054480006

Board Certified: No

IHP OF SOUTHERN CAL-PHP

150 VALPREDA RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760) 736-6767

Provider Gender: Male

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Number: PA17101
NPI: 1316947302
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

NAVARRETE CELESTINO, MISHEL
Provider ID: 100417937003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA62228
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

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NAVARRETE CELESTINO, MISHEL
Provider ID: 100417937003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069

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Cultural Competency: N
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NAVARRETE CELESTINO, MISHEL

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Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
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Provider Gender: Female
License Number: PA62228
NPI: 1578263760
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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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NAVARRETE CELESTINO, MISHEL

Provider ID: 100417937003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA62228
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM SA 8AM-5PM
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

NAVARRETE CELESTINO, MISHEL

Provider ID: 100417937002
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

POLLEY, SHANNON

Provider ID: 100390365004

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Board Certified: 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
Hours: M-F 8AM-2PM
SA 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

RUSSO, KRISTA
Provider ID: 100334980001
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA53036
NPI: 1922471192
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
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Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

RUSSO, KRISTA
Provider ID: 100334980001
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA53036
NPI: 1922471192
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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SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA53036
NPI: 1922471192
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
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RUSSO, KRISTA
Provider ID: 100334980001
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760)

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736-6767
Provider Gender: Female
License Number: PA53036
NPI: 1922471192
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
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Board Certified: No
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150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA53036
NPI: 1922471192
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

SALAZAR, CLAUDIA
Provider ID: 100417216005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA62883
NPI: 1649906108
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
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Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

SALAZAR, CLAUDIA
Provider ID: 100417216006
Board Certified: 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
Provider Gender: Female
License Number: PA62883

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NPI: 1649906108
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

SALAZAR, CLAUDIA
Provider ID: 100417216005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA62883
NPI: 1649906108
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
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Hours: M-F 8AM-5PM
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Website: www.ihpsocal.org

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SALAZAR, CLAUDIA
Provider ID: 100417216006
Board Certified: 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
Provider Gender: Female
License Number: PA62883
NPI: 1649906108
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: www.ihpsocal.org

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Provider ID: 100417216005
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After Hours Phone: (760) 736-6767
Provider Gender: Female
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NPI: 1649906108
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Provider Language(s) Spoken: Spanish
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Medi-Cal Open Panel: Yes
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American Sign Language (ASL): N
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After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA62883
NPI: 1649906108
Provider English Spoken: Y

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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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Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

SPENCE, JAMIE
Provider ID: 100334759004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA21723
NPI: 1518133032
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.ihpsocal.org

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SPENCE, JAMIE
Provider ID: 100334759004
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Provider Gender: Female
License Number: PA21723
NPI: 1518133032
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB,

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IB, E, R, T)
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PHYSICIANS ASSISTANT

TAHRIRI, BAHAREH

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100333909003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA51867
NPI: 1295147387
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

TAHRIRI, BAHAREH
Provider ID: 100333909003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA51867
NPI: 1295147387
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

TAHRIRI, BAHAREH
Provider ID: 100333909003
Board Certified: No
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Phone: (760) 736-6767
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Provider Gender: Female
License Number: PA51867
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Provider Language(s) Spoken: Farsi
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
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SA 8AM-5PM
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PHYSICIANS ASSISTANT

TAHRIRI, BAHAREH
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150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA51867
NPI: 1295147387
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

TAHRIRI, BAHAREH
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Phone: (760) 736-6767
After Hours Phone: (760) 736-6767
Provider Gender: Female
License Number: PA51867
NPI: 1295147387
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-5PM
Website: www.ihpsocal.org

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PHYSICIANS ASSISTANT

TAHRIRI, BAHAREH

Provider ID: 100333909003

Board Certified: No

IHP OF SOUTHERN CAL-PHP

150 VALPREDA RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760) 736-6767

Provider Gender: Female

License Number: PA51867

NPI: 1295147387

Provider English Spoken: Y

Provider Language(s) Spoken: Farsi

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

Website: www.ihpsocal.org

PHYSICIANS ASSISTANT

TAHRIRI, BAHAREH

Provider ID: 100333909003

Board Certified: No

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Provider Gender: Female

License Number: PA51867

NPI: 1295147387

Provider English Spoken: Y

Provider Language(s) Spoken: Farsi

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

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

Website: www.ihpsocal.org

PODIATRIST

DICKERSON, STEVEN

Provider ID: 100482821003

Board Certified: No

IHP OF SOUTHERN CAL-PHP

1595 GRAND AVE STE 106
SAN MARCOS, CA 92078

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760) 736-6767

Provider Gender: Male

NPI: 1851950257

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

FLYNN, DANIELLE

Provider ID: 100341221005

Board Certified: 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\18

American Sign Language (ASL): N

Website: N/A

IPA: IHP of Southern Cal-PHP

SAN YSIDRO

ALLERGY IMMUNOLOGY

REDDY, SUMANA

Provider ID: 100133573040

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Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: C52581
NPI: 1053300251
Provider English Spoken: Y
Provider Language(s) Spoken: Cambodian, 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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM
Website: www.syhealth.org

ALLERGY IMMUNOLOGY

REDDY, SUMANA
Provider ID: 100133573040
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: C52581
NPI: 1053300251
Provider English Spoken: Y
Provider Language(s) Spoken: Cambodian, 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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM
Website: www.syhealth.org

CARDIOVASCULAR DISEASE

PONCE, SONIA
Provider ID: 100326954021
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM
Website: www.syhealth.org

CARDIOVASCULAR DISEASE

PONCE, SONIA
Provider ID: 100326954021
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: A145008
NPI: 1164659033
Provider English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

GARCIA, TEDAYSHIA
Provider ID: 100331385006
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: NP95003355
NPI: 1659730778
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

GARCIA, TEDAYSHIA
Provider ID: 100331385006
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: NP95003355
NPI: 1659730778
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

HACINAS, REYNALDO
Provider ID: 100344698009
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: NP95003024
NPI: 1215304860
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

HACINAS, REYNALDO
Provider ID: 100344698009
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: NP95003024
NPI: 1215304860
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

IBARRA, MARTHA
Provider ID: 100324677012
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

IBARRA, MARTHA
Provider ID: 100324677012
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

KANTAS, PARIS
Provider ID: 100323610009
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: NP18661
NPI: 1114329612
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP

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CORONADO HOSP AND HEALTHCARE CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

KANTAS, PARIS
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IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: NP18661
NPI: 1114329612
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

SANCHEZ, MYRNA
Provider ID: 100342576005
Board Certified: 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
License Number: NP95003721
NPI: 1548614506
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

SANCHEZ, MYRNA
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Board Certified: No
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4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6341
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: NP95003721
NPI: 1548614506
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM
Website: www.syhealth.org

CHIROPRACTOR

OCHOA, RAUL
Provider ID: 100334411002
Board Certified: 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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662-4100
Provider Gender: Male
License Number: DC33693
NPI: 1518401827
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM
Website: www.syhealth.org

CHIROPRACTOR

OCHOA, RAUL
Provider ID: 100334411002
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: DC33693
NPI: 1518401827
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM
Website: www.syhealth.org

ENDOCRINOLOGY METABOLISM DIABETES

CRUZ, MICHAEL
Provider ID: 100354616008
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM
Website: www.syhealth.org

ENDOCRINOLOGY METABOLISM DIABETES

CRUZ, MICHAEL
Provider ID: 100354616008
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM
Website: www.syhealth.org

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FAMILY PRACTICE

ARRIETA, NOEMI

Provider ID: 100214881012

Board Certified: 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: Limited: (IB, E, R, T)

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

Teleservice

FAMILY PRACTICE

DALUGDUGAN, ESTHER

Provider ID: 100417489003

Board Certified: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1962662718

Provider English Spoken: Y

Provider Language(s) Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

Accessibility: Limited: (IB, E, R, T)

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

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

GOLU, CRISTIANA

Provider ID: 100335698018

Board Certified: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1083684997

Provider English Spoken: Y

Provider Language(s) Spoken: Romanian

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (IB, E, R, T)

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

ORTEGA, LUIS

Provider ID: 100394387005

Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP
Teleservice

FAMILY PRACTICE GERIATRIC MEDICINE

BULOW, KWI
Provider ID: 100035891070
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1073608576
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

GENERAL PRACTICE

MORALES, FILIBERTO
Provider ID: 100471161003
Board Certified: 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: 1497333983
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\99
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

HOSPITALIST MD/DO

CAMPOS, MELISSA
Provider ID: 100334357010
Board Certified: 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
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

HOSPITALIST MD/DO

CAMPOS, MELISSA
Provider ID: 100334357010
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

INFECTIOUS DISEASE

ALDOUS, JEANNETTE
Provider ID: 100134749020
Board Certified: 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: Limited: (IB, E, R, T)
Website: N/A
IPA: IHP of Southern Cal-PHP

INFECTIOUS DISEASE

POLESKY, ANDREA
Provider ID: 100084365006
Board Certified: 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: 1063517365
Provider English Spoken: Y
Provider Language(s) Spoken: Tongan
Cultural Competency: N
Hospital Affiliation: SANTA CLARA VALLEY MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

INFECTIOUS DISEASE

PROMER, KATHERINE
Provider ID: 100357070005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: A131952
NPI: 1306280607
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL, PALOMAR MEDICAL CENTER

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM
Website: www.syhealth.org

INFECTIOUS DISEASE

PROMER, KATHERINE
Provider ID: 100357070005
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: A131952
NPI: 1306280607
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM
Website: www.syhealth.org

INTERNAL MEDICINE

GODINEZ, ALBERTO
Provider ID: 100480549003
Board Certified: 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: 1821739871
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\99
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-5PM
SA 8AM-12PM
Website: N/A
IPA: IHP of Southern Cal-PHP

INTERNAL MEDICINE

TANG, SHIH
Provider ID: 100108200003
Board Certified: 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: 1730129958
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 55\99
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

INTERVENTIONAL CARDIOLOGY

MOUSSAVIAN, MEHRAN
Provider ID: 100009399008

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6341
After Hours Phone: (619) 662-4100
Provider Gender: Male
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, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM
Website: www.syhealth.org

INTERVENTIONAL CARDIOLOGY

MOUSSAVIAN, MEHRAN
Provider ID: 100009399008
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6341
After Hours Phone: (619) 662-4100
Provider Gender: Male
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, Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM
Website: www.syhealth.org

OBSTETRICS / GYNECOLOGY

DINH, MY
Provider ID: 100331393008
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1316146996
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL): N

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Accessibility: Limited: (P, EB, E)
Hours: M-F 9AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

OBSTETRICS / GYNECOLOGY

GOMEZ, DANIELA
Provider ID: 100394456009
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD STE 400
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1255878997
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Hours: M-F 8AM-8PM
SA 8AM-2PM
Website: N/A
IPA: IHP of Southern Cal-PHP Teleservice

OBSTETRICS / GYNECOLOGY

GOMEZ, DANIELA
Provider ID: 100394456010
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1255878997
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E)
Hours: M-F 8AM-8PM
SA 8AM-2PM
Website: N/A
IPA: IHP of Southern Cal-PHP Teleservice

OBSTETRICS / GYNECOLOGY

RODRIGUEZ JEREZ, ROBERTO
Provider ID: 100337420018
Board Certified: 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: 1710316450
Provider English Spoken: Y
Provider Language(s) Spoken: French, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

PEDIATRICS

DOKICH, SRETENKA

Provider ID: 100113183014

Board Certified: No

IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 666-2410

Fax: (619) 205-6305

After Hours Phone: (619) 666-2410

Provider Gender: Female

NPI: 1154409035

Provider English Spoken: Y

Provider Language(s) Spoken: Serbian, Spanish

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 17\None

American Sign Language (ASL): N

Accessibility: Limited: (P, EB, E)

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

PEDIATRICS

RODRIGUEZ, ALDO

Provider ID: 100354595006

Board Certified: 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: Limited: (P, EB, E)

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

PHYSICIANS ASSISTANT

BUCKNER, JOSEPH

Provider ID: 100363024006

Board Certified: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Provider Gender: Male

License Number: PA18363

NPI: 1215909205

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (IB, E, R, T)

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

Website: www.syhealth.org

PHYSICIANS ASSISTANT

BUCKNER, JOSEPH

Provider ID: 100363024006

Board Certified: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Provider Gender: Male

License Number: PA18363

NPI: 1215909205

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

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Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

GI, HUNG
Provider ID: 100084616014
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: PA16994
NPI: 1023207404
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, French, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

GI, HUNG
Provider ID: 100084616014
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: PA16994
NPI: 1023207404
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, French, Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

KAMOTO, LYNN
Provider ID: 100197328008
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: PA17162
NPI: 1447326459
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

KAMOTO, LYNN
Provider ID: 100197328008
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: PA17162
NPI: 1447326459

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

PORTO MADURSKI, KRISTINE
Provider ID: 100344265004
Board Certified: 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
License Number: PA16269
NPI: 1053403782
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

PORTO MADURSKI, KRISTINE
Provider ID: 100344265004
Board Certified: 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
License Number: PA16269
NPI: 1053403782
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, T)
Hours: M-F 8AM-5PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

ROSS, COLLIN
Provider ID: 100165857004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: PA16058
NPI: 1629182050
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

ROSS, COLLIN
Provider ID: 100165857004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: PA16058
NPI: 1629182050
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

SMITH, DOUGLAS
Provider ID: 100368749003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: PA12304
NPI: 1902016611
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

SMITH, DOUGLAS
Provider ID: 100368749003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: PA12304
NPI: 1902016611
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

THOMAS, KIMBERLY
Provider ID: 100434772005
Board Certified: 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
License Number: PA16768
NPI: 1396052007
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM
SA 8AM-2PM
Website: www.syhealth.org

PHYSICIANS ASSISTANT

THOMAS, KIMBERLY
Provider ID: 100434772005
Board Certified: 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
License Number: PA16768
NPI: 1396052007
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

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American Sign Language (ASL): N

Accessibility: Limited: (IB, E, R, T)

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

Website: www.syhealth.org

PHYSICIANS ASSISTANT

TRUJILLO, MIGUEL

Provider ID: 100341601007

Board Certified: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Provider Gender: Male

License Number: PA15656

NPI: 1285806794

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (IB, E, R, T)

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

Website: www.syhealth.org

PHYSICIANS ASSISTANT

TRUJILLO, MIGUEL

Provider ID: 100341601007

Board Certified: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Provider Gender: Male

License Number: PA15656

NPI: 1285806794

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (IB, E, R, T)

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

Website: www.syhealth.org

PODIATRIST

MANCHEL, BRUCE

Provider ID: 100041431003

Board Certified: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619) 662-4100

Provider Gender: Male

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (IB, E, R, T)

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

Website: www.syhealth.org

PODIATRIST

MANCHEL, BRUCE

Provider ID: 100041431003

Board Certified: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619) 662-4100

Provider Gender: Male

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM
Website: www.syhealth.org

PSYCHOLOGIST

IBANEZ, BERENICE
Provider ID: 100112346007
Board Certified: 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: Limited: (IB, E, R, T)
Website: N/A
IPA: IHP of Southern Cal-PHP

RHEUMATOLOGY

LWIN, THUTHIRI
Provider ID: 100415518004
Board Certified: 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: Limited: (IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

SANTEE

CERTIFIED NURSE PRACTITIONER

THYGERSEN, ALAYSA
Provider ID: 100404447011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
120 TOWN CENTER PKWY
SANTEE, CA 92071
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: NP95022809
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: Basic: (P, EB, IB, E, R, T)
Website: www.syhealth.org

CERTIFIED NURSE PRACTITIONER

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

THYGERSEN, ALAYSA
Provider ID: 100404447011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
120 TOWN CENTER PKWY
SANTEE, CA 92071
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Female
License Number: NP95022809
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: Basic: (P, EB, IB, E, R, T)
Website: www.syhealth.org

CHIROPRACTOR

KELCHNER, MATTHEW
Provider ID: 100065809009
Board Certified: No
IHP OF SOUTHERN CAL-PHP
120 TOWN CENTER PKWY
SANTEE, CA 92071
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: DC22733
NPI: 1174656755
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M 10:30AM-11:45AM
Website: www.syhealth.org

CHIROPRACTOR

KELCHNER, MATTHEW
Provider ID: 100065809009
Board Certified: No
IHP OF SOUTHERN CAL-PHP
120 TOWN CENTER PKWY
SANTEE, CA 92071
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Provider Gender: Male
License Number: DC22733
NPI: 1174656755
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M 10:30AM-11:45AM
Website: www.syhealth.org

PEDIATRICS

IKE, ERICA
Provider ID: 100343272013
Board Certified: No
IHP OF SOUTHERN CAL-PHP
120 TOWN CENTER PKWY
SANTEE, CA 92071
Phone: (619) 662-4100
Fax: (619) 662-4196
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1821413907
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: ST JOHNS MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

SPRING VALLEY

CERTIFIED NURSE PRACTITIONER

LEONARD, BEVERLY
Provider ID: 100334265004
Board Certified: No
FAMILY HEALTH CENTERS OF

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SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Provider Gender: Female
License Number: NP10943
NPI: 1285772392
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

LEONARD, BEVERLY
Provider ID: 100334265004
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Provider Gender: Female
License Number: NP10943
NPI: 1285772392
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

WILLIAMS, TAKISHA
Provider ID: 100391830004
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Provider Gender: Female
License Number: NP95013978
NPI: 1881727386
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

WILLIAMS, TAKISHA
Provider ID: 100391830004
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Provider Gender: Female
License Number: NP95013978
NPI: 1881727386
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

CERTIFIED NURSE PRACTITIONER

WILLIAMS, TAKISHA
Provider ID: 100391830004
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Provider Gender: Female
License Number: NP95013978
NPI: 1881727386
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB,

IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

LOPEZ, MARIO
Provider ID: 100141636002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Provider Gender: Male
License Number: PA21385
NPI: 1932335080
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

LOPEZ, MARIO
Provider ID: 100141636002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Provider Gender: Male
License Number: PA21385
NPI: 1932335080
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

TRAN, TU-UYEN
Provider ID: 100367614001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Provider Gender: Female
License Number: PA54588
NPI: 1598293748
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

TRAN, TU-UYEN
Provider ID: 100367614001
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Provider Gender: Female
License Number: PA54588
NPI: 1598293748
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

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American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

TURNER, ERIC
Provider ID: 100334031002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Provider Gender: Male
License Number: PA55067
NPI: 1669756128
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

PHYSICIANS ASSISTANT

TURNER, ERIC
Provider ID: 100334031002
Board Certified: No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977
Phone: (619) 515-2555
After Hours Phone: (619) 515-2555
Provider Gender: Male
License Number: PA55067
NPI: 1669756128
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8:30AM-5:30PM
Website: www.fhcsd.org

TEMECULA

CERTIFIED NURSE PRACTITIONER

MIRACLE, ANGELYN
Provider ID: 100145652008
Board Certified: 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
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

VALLEY CENTER

CERTIFIED NURSE PRACTITIONER

HOULE, STEPHANIE
Provider ID: 100449719003
Board Certified: No
IHP OF SOUTHERN CAL-PHP
28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
Phone: (760) 742-9919
Fax: (360) 462-2750
After Hours Phone: (760) 742-9919
Provider Gender: Female
NPI: 1003674847

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

VISTA

ANESTHESIOLOGY PAIN MANAGEMENT

GUPTA, ANUJ
Provider ID: 100045716008
Board Certified: No
IHP OF SOUTHERN CAL-PHP
2023 W VISTA WAY STE D
VISTA, CA 92083
Phone: (619) 330-8771
Fax: (619) 330-8772
After Hours Phone: (619) 330-8771
Provider Gender: Male
NPI: 1073629549
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: POMONA VALLEY HOSP MED CTR, PARADISE VALLEY HOSPITAL, TRI CITY MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL): N
Hours: M-F 9AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CARDIOVASCULAR DISEASE

JAIN, NIKHIL
Provider ID: 100471200012
Board Certified: 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: 1376049114
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\99
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R)
Hours: TH 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED ACUPUNCTURIST

GALLO, PHILIP
Provider ID: 100210926008
Board Certified: 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: 1760708465
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 21\65
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R)
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 ACUPUNCTURIST

GALLO, PHILIP

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: 100210926010
Board Certified: 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: 1760708465
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 21\65
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R)
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 ACUPUNCTURIST

SONG, CAROL
Provider ID: 100204222005
Board Certified: 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: Limited: (P, EB, E, R)
Hours: M-TH 8AM-8PM
F 9AM-5PM
SA 9AM-4PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

BERNETICH, MEGHAN
Provider ID: 100418239003
Board Certified: 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: 1629354360
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R)
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: 100418239002
Board Certified: 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: 1629354360
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\24
American Sign Language (ASL): N
Accessibility: Limited: (P, EB,

E, R)
Hours: M-F 9AM-5PM
SA 9AM-4PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

BJORNSON, MICHELE
Provider ID: 100233983013
Board Certified: 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
License Number: NP95001884
NPI: 1952792780
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M 8AM-5PM
TU 10:30AM-7:30PM
W-F 8AM-5PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

BJORNSON, MICHELE
Provider ID: 100233983013
Board Certified: 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
License Number: NP95001884
NPI: 1952792780
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M 8AM-5PM
TU 10:30AM-7:30PM
W-F 8AM-5PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

CHIRIBOGA, MEGAN
Provider ID: 100398353015
Board Certified: No
IHP OF SOUTHERN CAL-PHP
105 DURIAN ST STE A
VISTA, CA 92083
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Provider Gender: Female
License Number: NP95020845
NPI: 1942931589
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Hours: M-TU 8:30AM-5PM
TH-F 8:30AM-5PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

CHIRIBOGA, MEGAN
Provider ID: 100398353015
Board Certified: No
IHP OF SOUTHERN CAL-PHP
105 DURIAN ST STE A
VISTA, CA 92083
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Provider Gender: Female
License Number: NP95020845
NPI: 1942931589
Provider English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Hours: M-TU 8:30AM-5PM
TH-F 8:30AM-5PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

GUIDI, CASEY
Provider ID: 100399317006
Board Certified: 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: Limited: (P, EB, E, R)
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 NURSE PRACTITIONER

HALGEDAHL, YI TING
Provider ID: 100324621003
Board Certified: 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: Limited: (P, EB, E, R)
Hours: M-TH 8AM-8PM
F 9AM-5PM
SA 9AM-4PM
Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

HALGEDAHL, YI TING
Provider ID: 100324621008
Board Certified: 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
License Number: NP95006826
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: Basic: (P, EB, IB, E, R, T)
Hours: M 8AM-5PM
TU 10:30AM-7:30PM
W-F 8AM-5PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

HALGEDAHL, YI TING
Provider ID: 100324621008
Board Certified: 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
License Number: NP95006826
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: Basic: (P, EB, IB, E, R, T)
Hours: M 8AM-5PM
TU 10:30AM-7:30PM
W-F 8AM-5PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET
Provider ID: 100345409014
Board Certified: 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
License Number: NP95003447
NPI: 1245695006
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M 8AM-5PM
TU 10:30AM-7:30PM
W-F 8AM-5PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET
Provider ID: 100345409014
Board Certified: 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
License Number: NP95003447
NPI: 1245695006
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M 8AM-5PM
TU 10:30AM-7:30PM
W-F 8AM-5PM
Website: www.vistacommunityclinic.org

CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET
Provider ID: 100345409029
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1245695006
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R)
Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET
Provider ID: 100345409041
Board Certified: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET
Provider ID: 100345409027
Board Certified: No
IHP OF SOUTHERN CAL-PHP
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1245695006
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

KIRKLAND, STEPHANIE
Provider ID: 100358241015
Board Certified: 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: 1083813661
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHRISTUS SANTA ROSA MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R)
Hours: M-TH 8AM-2PM
F 8AM-5PM
SA 9AM-4PM
Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

CERTIFIED NURSE

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

D. شبکه ارائهدهندگان پزشک متخصص

PRACTITIONER

MCCARTHY, SARAH

Provider ID: 100358757004

Board Certified: 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: 1063958700

Provider English Spoken: Y

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: Limited: (P, EB, E, R)

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

Website: N/A

IPA: IHP of Southern Cal-PHP Teleservice

CERTIFIED NURSE PRACTITIONER

NICHOLAS, ESTELA

Provider ID: 100188958004

Board Certified: No

COMMUNITY CARE IPA LLC

1000 VALE TERRACE DR
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1558384792

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: Limited: (P, EB, E, R)

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: 100237811012

Board Certified: No

COMMUNITY CARE IPA LLC

1000 VALE TERRACE DR
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1619384351

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\None

American Sign Language (ASL): N

Accessibility: Limited: (P, EB, E, R)

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

Website: N/A

IPA: Community Care IPA LLC

CERTIFIED REGISTERED NURSE MIDWIFE

GUIDI, CASEY

Provider ID: 100399317005

Board Certified: 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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 12\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R)
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: 100331223010
Board Certified: 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: 1508195348
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\99
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

CHIROPRACTOR

CORTEZ, JAIME
Provider ID: 100331223008
Board Certified: 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: Limited: (P, EB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

CHIROPRACTOR

JU, NATHANIEL
Provider ID: 100343058008
Board Certified: No
IHP OF SOUTHERN CAL-PHP
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Provider Gender: Male
License Number: DC32054
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: Basic: (P, EB, IB, E, R, T)
Hours: M 8AM-5PM
TU 10:30AM-7:30PM
W-F 8AM-5PM
Website: www.vistacommunityclinic.org

CHIROPRACTOR

JU, NATHANIEL
Provider ID: 100343058008
Board Certified: No
IHP OF SOUTHERN CAL-PHP

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Provider Gender: Male
License Number: DC32054
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: Basic: (P, EB, IB, E, R, T)
Hours: M 8AM-5PM
TU 10:30AM-7:30PM
W-F 8AM-5PM
Website: www.vistacommunityclinic.org

FAMILY PRACTICE

SALAMATIPOUR, ASHKAN
Provider ID: 100464747035
Board Certified: No
IHP OF SOUTHERN CAL-PHP
950 CIVIC CENTER DR STE A
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Male
NPI: 1457939043
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R)
Hours: M-F 8AM-8PM
SA 9AM-4PM
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

SALAMATIPOUR, ASHKAN
Provider ID: 100464747036
Board Certified: 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: 1457939043
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R)
Hours: M-F 8AM-8PM
SA 9AM-4PM
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

SALAMATIPOUR, ASHKAN
Provider ID: 100464747031
Board Certified: 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: 1457939043
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Hours: M-F 8AM-8PM
SA 9AM-4PM
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

SALAMATIPOUR, ASHKAN
Provider ID: 100464747032
Board Certified: No
IHP OF SOUTHERN CAL-PHP
105 DURIAN ST STE B

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VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Male
NPI: 1457939043
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-8PM
SA 9AM-4PM
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

SALAMATIPOUR, ASHKAN
Provider ID: 100464747022
Board Certified: 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: 1457939043
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-8PM
SA 9AM-4PM
Website: N/A
IPA: IHP of Southern Cal-PHP

INTERNAL MEDICINE

DAO, MARC
Provider ID: 100307890011
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Male
NPI: 1467542175
Provider English Spoken: Y
Provider Language(s) Spoken: French, Vietnamese
Cultural Competency: N
Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, PIONEERS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R)
Hours: M-TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM
Website: N/A
IPA: IHP of Southern Cal-PHP

OBSTETRICS / GYNECOLOGY

ARRIETA, IRIS
Provider ID: 100268928014
Board Certified: 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: PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 12\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R, T)

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Hours: M-TH 8AM-8PM
F 9AM-5PM
SA 9AM-4PM
Website: N/A
IPA: IHP of Southern Cal-PHP

OBSTETRICS / GYNECOLOGY

LEONARD, LISA
Provider ID: 100278907006
Board Certified: No
IHP OF SOUTHERN CAL-PHP
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1477588598
Provider English Spoken: Y
Provider Language(s) Spoken: French, Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R, T)
Hours: M-TH 9AM-8PM
F 9AM-5PM
SA 9AM-4PM
Website: N/A
IPA: IHP of Southern Cal-PHP

OPTOMETRIST

KIM, MICHAEL
Provider ID: 100350746012
Board Certified: 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: Limited: (P, EB, E, R)
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: 100350746009
Board Certified: 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: Basic: (P, EB, IB, E, R)
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
Teleservice

OPTOMETRIST

KIM, MICHAEL
Provider ID: 100350746002
Board Certified: No
COMMUNITY CARE IPA LLC
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760)

631-5000
Provider Gender: Male
NPI: 1164546313
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
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
Teleservice

PEDIATRICS

RAHIMI, NASSRIN
Provider ID: 100027909007
Board Certified: No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1063438166
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi, Persian
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R, T)
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: 100188137005
Board Certified: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R, T)
Hours: M 8AM-5PM
TU-TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM
Website: N/A
IPA: Community Care IPA LLC

PHYSICIANS ASSISTANT

WEAVER, APRIL
Provider ID: 100188543006
Board Certified: 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
License Number: PA20775
NPI: 1063552800
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB,

IB, E, R, T)
Hours: M-TH 9AM-2PM
F 8AM-5PM
SA 8AM-4PM
Website: www.vistacommunityclinic.org
Teleservice

PHYSICIANS ASSISTANT

WEAVER, APRIL
Provider ID: 100188543006
Board Certified: 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
License Number: PA20775
NPI: 1063552800
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TH 9AM-2PM
F 8AM-5PM
SA 8AM-4PM
Website: www.vistacommunityclinic.org
Teleservice

PHYSICIANS ASSISTANT

WHARRAM, JENNIFER
Provider ID: 100396119004
Board Certified: No
IHP OF SOUTHERN CAL-PHP
2067 W VISTA WAY STE 295
VISTA, CA 92083
Phone: (760) 298-5787
Fax: (760) 560-2007
After Hours Phone: (760) 298-5787
Provider Gender: Female
NPI: 1063168094
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SALINAS VALLEY HEALTH MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Hours: M-F 8:30AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PULMONARY DISEASES

KABADI, ALISHA
Provider ID: 100411072028
Board Certified: No
IHP OF SOUTHERN CAL-PHP
2067 W VISTA WAY STE 160
VISTA, CA 92083
Phone: (760) 230-8994
Fax: (760) 944-1309
After Hours Phone: (760) 230-8994
Provider Gender: Female
NPI: 1356838957
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
Hours: M-F 9AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST

AMBROSE, CHRISTOPHER
Provider ID: 100020627009
Board Certified: 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

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Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 8\None
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
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

GROVE, JAY
Provider ID: 100000131016
Board Certified: 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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

GROSSMONT HOSPITAL [1] [2] [3]
Provider ID: FA0001466001
5555 GROSSMONT CENTER DR
LA MESA, CA 91942
Phone: (619) 740-6000
After Hours Phone: (619) 740-6000
Accepting New Patients: No
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hospital Accreditation Status: JCAHO
Hours: 24 Hours / 7 days/week
License Number: 080000006
NPI: 1528041811
Website: www.sharp.com/hospitals/grossmont/
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, R, T)
Birthing Friendly: Y

KINDRED HOSPITAL SAN DIEGO
Provider ID: FA0000985001
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

PALOMAR HEALTH [1] [2] [3]
Provider ID: FA0001473001
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:
Hours: 24 Hours / 7 days/week
License Number: 080000127
NPI: 1376513754
Website: www.palomarhealth.org/facilities/palomar- poway- outpatient
American Sign Language (ASL): N

PALOMAR MEDICAL CENTER [1] [2] [3]
Provider ID: FA0005086001
2185 CITRACADO PKWY
ESCONDIDO, CA 92029
Phone: (442) 281-5000
After Hours Phone: (442) 281-5000
Accepting New Patients: No
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hospital Accreditation Status: JCAHO
Hours: 24 Hours / 7 days/week
License Number: 080000083
NPI: 1457321317
Website: www.palomarhealth.org/facilities/palomar-medical- center
American Sign Language (ASL): N
Birthing Friendly: Y

PALOMAR REHABILITATION INSTITUTE
Provider ID: FA0018768001
2181 CITRACADO PKWY
ESCONDIDO, CA 92029
Phone: (442) 277-6100
After Hours Phone: (442) 277-6100
Accepting New Patients: No
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hospital Accreditation Status:

[1]Cal Hospital Compare، [2]Leapfrog، [3]Blue Distinction – لینک‌های مربوط به نمایه عملکرد را می‌توانید در بخش جلوی این فهرست راهنما مشاهده کنید.
برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

JCAHO

Hours: 24 Hours / 7 days/week

License Number: 550006213

NPI: 1831702398

Website: https://www.palomarhealthrehabinstitute.com

American Sign Language (ASL): N

PARADISE VALLEY HOSPITAL [1] [2]

Provider ID: FA0001481001

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: SU-SA 12AM-11PM

NPI: 1356410351

Website: www.paradisevalleyhospital.net

American Sign Language (ASL): N

RADY CHILDRENS HOSPITAL SAN DIEGO [3]

Provider ID: FA0002786001

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 576-1700

After Hours Phone: (858) 576-1700

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status: JCAHO

Hours: 24 Hours / 7 days/week

NPI: 1710065933

Website: www.rchsd.org

American Sign Language (ASL): N

SCRIPPS GREEN HOSPITAL [1] [2] [3]

Provider ID: FA0002787001

10666 N TORREY PINES RD
LA JOLLA, CA 92037

Phone: (858) 455-9100

After Hours Phone: (858) 455-9100

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status: JCAHO

Hours: 24 Hours / 7 days/week

License Number: 080000139

NPI: 1841233780

Website: www.scripps.org/locations/hospitals__scripps- green- hospital

American Sign Language (ASL): N

SCRIPPS MEMORIAL HOSPITAL [1] [2] [3]

Provider ID: FA0001464001

9888 GENESEE AVE
LA JOLLA, CA 92037

Phone: (800) 727-4777

After Hours Phone: (800) 727-4777

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status: JCAHO

Hours: 24 Hours / 7 days/week

License Number: 080000050

NPI: 1841277704

Website: www.scripps.org/locations/hospitals__scripps- memorial- hospital- la- jolla

American Sign Language (ASL): N

Birthing Friendly: Y

SCRIPPS MEMORIAL HOSPITAL ENCINITAS [1] [2] [3]

Provider ID: FA0001879001

354 SANTA FE DR
ENCINITAS, CA 92024

Phone: (760) 753-6501

[1]Cal Hospital Compare، [2]Leapfrog، [3]Blue Distinction – لینک‌های مربوط به نمایه عملکرد را می‌توانید در بخش جلوی این فهرست راهنما مشاهده کنید.

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

After Hours Phone: (760) 753-6501
Accepting New Patients: No
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hospital Accreditation Status: JCAHO
Hours: 24 Hours / 7 days/week
License Number: 080000148
NPI: 1700829199
Website: www.scripps.org/locations/hospitals__scripps- memorial- hospital- encinitas
American Sign Language (ASL): N
Birthing Friendly: Y

SCRIPPS MERCY HOSPITAL [1] [2] [3]
Provider ID: FA0001468001
4077 5TH AVE STE 100
SAN DIEGO, CA 92103
Phone: (619) 294-8111
After Hours Phone: (619) 294-8111
Accepting New Patients: No
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hospital Accreditation Status: JCAHO
Hours: 24 Hours / 7 days/week
NPI: 1659359446
Website: www.scripps.org/locations/hospitals__scripps- mercy- hospital__scripps- mercy- hospital- san- diego
American Sign Language (ASL): N
Birthing Friendly: Y

SCRIPPS MERCY HOSPITAL CHULA VISTA [1] [2]
Provider ID: FA0001790001
435 H ST
CHULA VISTA, CA 91910
Phone: (619) 691-7000
After Hours Phone: (619) 691-7000
Accepting New Patients: No
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hospital Accreditation Status: JCAHO
Hours: 24 Hours / 7 days/week
License Number: 090000074
NPI: 1659359446
Website: www.scripps.org/locations/hospitals__scripps- mercy- hospital__scripps- mercy- hospital- chula- vista
American Sign Language (ASL): N
Birthing Friendly: Y

SELECT SPECIALTY HOSPITAL SAN DIEGO
Provider ID: FA0001631001
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: SU-SA 12AM-11:59PM
License Number: 090000404
NPI: 1639172133
Website: N/A
American Sign Language (ASL): N

SHARP CHULA VISTA MED CTR [1] [2]
Provider ID: FA0001783001
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:

[1]Cal Hospital Compare، [2]Leapfrog، [3]Blue Distinction – لینک‌های مربوط به نمایه عملکرد را می‌توانید در بخش جلوی این فهرست راهنما مشاهده کنید.
برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

JCAHO

Hours: SU-SA 12AM-11:59PM

License Number: 090000008

NPI: 1396728630

Website: www.sharp.com/hospitals/chula- vista/

American Sign Language (ASL): N

Birthing Friendly: Y

SHARP CORONADO HOSP AND HEALTHCARE CTR [1] [2] [3]

Provider ID: FA0001784001

250 PROSPECT PL
CORONADO, CA 92118

Phone: (619) 522-3600

After Hours Phone: (619) 522-3600

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status: JCAHO

Hours: 24 Hours / 7 days/week

NPI: 1154304475

Website: www.sharp.com/hospitals/coronado/

American Sign Language (ASL): N

Accessibility: Limited: (P, EB, R)

SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS [1] [2]

Provider ID: FA0001478001

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: SU-SA 12AM-11:59PM

License Number: 080000039

NPI: 1407839921

Website: www.sharp.com

American Sign Language (ASL): N

Birthing Friendly: Y

SHARP MEMORIAL HOSPITAL [1] [2] [3]

Provider ID: FA0001467001

7901 FROST ST
SAN DIEGO, CA 92123

Phone: (858) 939-3400

After Hours Phone: (858) 939-3400

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status: JCAHO

Hours: 24 Hours / 7 days/week

NPI: 1407839921

Website: www.sharp.com/hospitals/memorial/

American Sign Language (ASL): N

Birthing Friendly: Y

TRI CITY MEDICAL CTR [1] [2] [3]

Provider ID: FA0001469001

4002 VISTA WAY
OCEANSIDE, CA 92056

Phone: (760) 724-8411

After Hours Phone: (760) 724-8411

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status: JCAHO

Hours: 24 Hours / 7 days/week

NPI: 1801861190

Website: www.tricitymed.org

American Sign Language (ASL): N

Birthing Friendly: Y

UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER [2]

[1]Cal Hospital Compare، [2]Leapfrog، [3]Blue Distinction – لینک‌های مربوط به نمایه عملکرد را می‌توانید در بخش جلوی این فهرست راهنما مشاهده کنید.

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider ID: FA0022675001
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:
Hours: 24 Hours / 7 days/week
License Number: 090000101
NPI: 1184722779
Website: N/A
American Sign Language (ASL): N

UCSD LA JOLLA JOHN SALLY THORNTON [1 2 3]
Provider ID: FA0001477001
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
Birthing Friendly: Y

UCSD MEDICAL CTR [1 2 3]
Provider ID: FA0001472001
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (619) 543-6222
After Hours Phone: (619) 543-6222
Accepting New Patients: No
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hospital Accreditation Status:
Hours: 24 Hours / 7 days/week
License Number: 090000101
NPI: 1073108809
Website: https://health.ucsd.edu/locations/pages/hillcrest.aspx
American Sign Language (ASL): N
Birthing Friendly: Y

UCSD MEDICAL CTR [1 2 3]
Provider ID: FA0001472001
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (619) 543-6222
After Hours Phone: (619) 543-6222
Accepting New Patients: No
Min/Max Age: 0\None
Site English Spoken: Y
Cultural Competency: N
Hospital Accreditation Status:
Hours: 24 Hours / 7 days/week
License Number: 090000101
NPI: 1184722779
Website: https://health.ucsd.edu/locations/pages/hillcrest.aspx
American Sign Language (ASL): N
Birthing Friendly: Y

[1]Cal Hospital Compare، [2]Leapfrog، [3]Blue Distinction – لینک‌های مربوط به نمایه عملکرد را می‌توانید در بخش جلوی این فهرست راهنما مشاهده کنید.
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F. مراقبت طولانیمدت (LTC) و مرکز پرستاری تخصصی (SNF)

CARLSBAD

LA COSTA HOUSE
Provider ID: FA0021868001
6433 FLAMENCO ST
CARLSBAD, CA 92009
Phone: (760) 721-1706
Fax: (760) 721-9872
After Hours Phone: (760) 721-1706
Accepting New Patients: No
Hours: SU-SA 12AM-11:59PM
NPI: 1962488007
Website: teriinc.org
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N

MICHALOWSKI HOME
Provider ID: FA0021864001
6205 ALVERTON DR
CARLSBAD, CA 92009
Phone: (760) 721-1706
Fax: (760) 721-9872
After Hours Phone: (760) 721-1706
Accepting New Patients: No
Hours: SU-SA 12AM-11:59PM
NPI: 1962488007
Website: teriinc.org
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N

EL CAJON

KASEY'S HOME
Provider ID: FA0022278001
1164 CRYSTAL LN
EL CAJON, CA 92020
Phone: (619) 465-8010
Fax: (619) 465-8348
After Hours Phone: (619) 465-8010
Accepting New Patients: No
Hours: M-F 8AM-5PM
NPI: 1639392079
Website: N/A
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N

ESCONDIDO

MOUNTAIN SHADOWS COMMUNITY HOMES - APPLE
Provider ID: FA0021821001
2067 W EL NORTE PKWY
ESCONDIDO, CA 92026
Phone: (760) 743-3714
Fax: (760) 736-4173
After Hours Phone: (760) 743-3714
Accepting New Patients: No
Hours: SU-SA 8AM-5PM
NPI: 1205951464
Website: WWW.MTNSHADOWS.ORG
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

MOUNTAIN SHADOWS COMMUNITY HOMES - ASH
Provider ID: FA0021809001
2067 W EL NORTE PKWY
ESCONDIDO, CA 92026
Phone: (760) 743-3714
Fax: (760) 736-4173
After Hours Phone: (760) 743-3714
Accepting New Patients: No
Hours: SU-SA 8AM-5PM
NPI: 1720103971
Website: WWW.MTNSHADOWS.ORG
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL):

N

Accessibility: Limited: (EB, IB, E, R, T)

MOUNTAIN SHADOWS COMMUNITY HOMES - BIRCH

Provider ID: FA0021810001

2067 W EL NORTE PKWY
ESCONDIDO, CA 92026

Phone: (760) 743-3714

Fax: (760) 736-4173

After Hours Phone: (760) 743-3714

Accepting New Patients: No

Hours: SU-SA 8AM-5PM

NPI: 1710002951

Website: www.mtnshadows.org

Credentials and/or certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

MOUNTAIN SHADOWS COMMUNITY HOMES - CEDAR

Provider ID: FA0021813001

2067 W EL NORTE PKWY
ESCONDIDO, CA 92026

Phone: (760) 743-3714

Fax: (760) 736-4173

After Hours Phone: (760) 743-3714

Accepting New Patients: No

Hours: SU-SA 8AM-5PM

NPI: 1912022161

Website: WWW.MTNSHADOWS.ORG

Credentials and/or certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

MOUNTAIN SHADOWS COMMUNITY HOMES - CREPE MYRTLE

Provider ID: FA0021815001

2067 W EL NORTE PKWY
ESCONDIDO, CA 92026

Phone: (760) 743-3714

Fax: (760) 736-4173

After Hours Phone: (760) 743-3714

Accepting New Patients: No

Hours: SU-SA 8AM-5PM

NPI: 1396860540

Website: WWW.MTNSHADOWS.ORG

Credentials and/or certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

MOUNTAIN SHADOWS COMMUNITY HOMES - JACARANDA

Provider ID: FA0021817001

2067 W EL NORTE PKWY
ESCONDIDO, CA 92026

Phone: (760) 743-3714

Fax: (760) 736-4173

After Hours Phone: (760) 743-3714

Accepting New Patients: No

Hours: SU-SA 8AM-5PM

NPI: 1346365590

Website: WWW.MTNSHADOWS.ORG

Credentials and/or certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL): N

Accessibility: Limited: (EB, IB, E, R, T)

MOUNTAIN SHADOWS COMMUNITY HOMES - LEMON

Provider ID: FA0021807001

2067 W EL NORTE PKWY
ESCONDIDO, CA 92026

Phone: (760) 743-3714

Fax: (760) 736-4173

After Hours Phone: (760) 743-3714
Accepting New Patients: No
Hours: SU 8AM-5PM
NPI: 1881719045
Website: WWW.MTNSHADOWS.ORG
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

MOUNTAIN SHADOWS COMMUNITY HOMES - MAPLE
Provider ID: FA0021811001
2067 W EL NORTE PKWY
ESCONDIDO, CA 92026
Phone: (760) 743-3714
Fax: (760) 736-4173
After Hours Phone: (760) 743-3714
Accepting New Patients: No
Hours: SU-SA 8AM-5PM
NPI: 1871618033
Website: WWW.MTNSHADOWS.ORG
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

MOUNTAIN SHADOWS COMMUNITY HOMES - OLIVE
Provider ID: FA0021818001
2067 W EL NORTE PKWY
ESCONDIDO, CA 92026
Phone: (760) 743-3714
Fax: (760) 736-4173
After Hours Phone: (760) 743-3714
Accepting New Patients: No
Hours: SU-SA 8AM-5PM
NPI: 1396894291
Website: WWW.MTNSHADOWS.ORG
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

MOUNTAIN SHADOWS COMMUNITY HOMES - ORANGE
Provider ID: FA0021816001
2067 W EL NORTE PKWY
ESCONDIDO, CA 92026
Phone: (760) 743-3714
Fax: (760) 736-4173
After Hours Phone: (760) 743-3714
Accepting New Patients: No
Hours: SU-SA 8AM-5PM
NPI: 1982729133
Website: WWW.MTNSHADOWS.ORG
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

MOUNTAIN SHADOWS COMMUNITY HOMES - PALM
Provider ID: FA0021812001
2067 W EL NORTE PKWY
ESCONDIDO, CA 92026
Phone: (760) 743-3714
Fax: (760) 736-4173
After Hours Phone: (760) 743-3714
Accepting New Patients: No
Hours: SU-SA 8AM-5PM
NPI: 1265557417
Website: WWW.MTNSHADOWS.ORG
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL):

N

Accessibility: Basic: (P, EB, IB, E, R, T)

MOUNTAIN SHADOWS COMMUNITY HOMES - PINE

Provider ID: FA0021826001

2067 W EL NORTE PKWY
ESCONDIDO, CA 92026

Phone: (760) 743-3714

Fax: (760) 736-4173

After Hours Phone: (760) 743-3714

Accepting New Patients: No

Hours: SU-SA 8AM-5PM

NPI: 1831214071

Website: WWW.MTNSHADOWS.ORG

Credentials and/or certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

MOUNTAIN SHADOWS COMMUNITY HOMES - PLUM

Provider ID: FA0021823001

2067 W EL NORTE PKWY
ESCONDIDO, CA 92026

Phone: (714) 743-3714

Fax: (760) 736-4173

After Hours Phone: (714) 743-3714

Accepting New Patients: No

NPI: 1861517021

Website: WWW.MTNSHADOWS.ORG

Credentials and/or certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL): N

Accessibility: Limited: (P, EB, IB, E, T)

MOUNTAIN SHADOWS COMMUNITY HOMES - SPRUCE

Provider ID: FA0021824001

2067 W EL NORTE PKWY
ESCONDIDO, CA 92026

Phone: (760) 743-3714

Fax: (760) 736-4173

After Hours Phone: (760) 743-3714

Accepting New Patients: No

Hours: SU-SA 8AM-5PM

NPI: 1750406914

Website: WWW.MTNSHADOWS.ORG

Credentials and/or certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

MOUNTAIN SHADOWS COMMUNITY HOMES - TANGELO

Provider ID: FA0021825001

2067 W EL NORTE PKWY
ESCONDIDO, CA 92026

Phone: (760) 743-3714

Fax: (760) 736-4173

After Hours Phone: (760) 743-3714

Accepting New Patients: No

Hours: SU-SA 8AM-5PM

NPI: 1972628121

Website: WWW.MTNSHADOWS.ORG

Credentials and/or certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL): N

Accessibility: Basic: (P, EB, IB, E, R, T)

MOUNTAIN SHADOWS COMMUNITY HOMES - WILLOW

Provider ID: FA0021819001

2067 W EL NORTE PKWY
ESCONDIDO, CA 92026

Phone: (760) 743-3714

Fax: (760) 736-4173

After Hours Phone: (760) 743-3714
Accepting New Patients: No
Hours: SU 8AM-5PM
NPI: 1922123181
Website: WWW.MTNSHADOWS.ORG
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

FALLBROOK

VIA RIO HOUSE

Provider ID: FA0021871001
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
Hours: SU-SA 12AM-11:59PM
NPI: 1962488007
Website: teriinc.org
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N

LA MESA

HILLDALE HABILITATION CENTER

Provider ID: FA0018039001
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

SHASTA HOME

Provider ID: FA0022282001
10346 CHALLENGE BLVD
LA MESA, CA 91941
Phone: (619) 465-8010
Fax: (619) 465-8348
After Hours Phone: (619) 465-8010
Accepting New Patients: No
Hours: M-F 8AM-5PM
NPI: 1134342520
Website: N/A
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N

OCEANSIDE

ANDRU HOME

Provider ID: FA0021919001
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

BRADY HOME

Provider ID: FA0021921001
4825 GLENHAVEN DR
OCEANSIDE, CA 92056
Phone: (760) 295-4505
Fax: (949) 218-1670
After Hours Phone: (760) 295-4505

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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

MCNEALY HOUSE
Provider ID: FA0021870001
4602 ALLENDE AVE
OCEANSIDE, CA 92057
Phone: (760) 721-1706
Fax: (760) 721-9872
After Hours Phone: (760) 721-1706
Accepting New Patients: No
Hours: SU-SA 12AM-11:59PM
NPI: 1962488007
Website: teriinc.org
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N

SAN MARCOS

CARLO HOUSE
Provider ID: FA0021872001
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
Hours: SU-SA 12AM-11:59PM
NPI: 1962488007
Website: teriinc.org
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N

MOUNTAIN SHADOWS COMMUNITY HOMES - ELM
Provider ID: FA0021820001
600 ROSE CT
SAN MARCOS, CA 92069
Phone: (760) 743-3714
Fax: (760) 736-4173
After Hours Phone: (760) 743-3714
Accepting New Patients: No
Hours: SU-SA 8AM-5PM
NPI: 1003931262
Website: WWW.MTNSHADOWS.ORG
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

MOUNTAIN SHADOWS COMMUNITY HOMES - FIG
Provider ID: FA0021814001
689 DANE DR
SAN MARCOS, CA 92069
Phone: (760) 743-3714
Fax: (760) 736-4173
After Hours Phone: (760) 743-3714
Accepting New Patients: No
Hours: SU-SA 8AM-5PM
NPI: 1992107221
Website: www.mtnshadows.org
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T, PA)

MOUNTAIN SHADOWS COMMUNITY HOMES - OAK
Provider ID: FA0021822001
866 VIKING LN
SAN MARCOS, CA 92069
Phone: (760) 743-3714
Fax: (760) 736-4173
After Hours Phone: (760)

743-3714
Accepting New Patients: No
Hours: SU-SA 8AM-5PM
NPI: 1235254582
Website: WWW.MTNSHADOWS.ORG
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

VALLEY CENTER

AMREEN HOME

Provider ID: FA0021704001
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: Basic: (P, EB, IB, E, R)
Teleservice

VISTA

AMBER HOME

Provider ID: FA0021922001
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

ANZA HOUSE

Provider ID: FA0021845002
1736 ANZA AVE
VISTA, CA 92084
Phone: (760) 721-1706
Fax: (760) 721-9872
After Hours Phone: (760) 721-1706
Accepting New Patients: No
Hours: SU-SA 12AM-11:59PM
NPI: 1962488007
Website: teriinc.org
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N

GRACE HOUSE

Provider ID: FA0021869001
2507 HIBISCUS AVE
VISTA, CA 92081
Phone: (760) 721-1706
Fax: (760) 721-9872
After Hours Phone: (760) 721-1706
Accepting New Patients: No
Hours: SU-SA 12AM-11:59PM
NPI: 1962488007
Website: teriinc.org
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N

HAYDEN HOME

Provider ID: FA0021920001
822 GRANADA DR
VISTA, CA 92083
Phone: (760) 941-8052
Fax: (949) 218-1670
After Hours Phone: (760) 941-8052
Accepting New Patients: No

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NPI: 1245400670
Website: N/A
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N

MARSHALL HOUSE
Provider ID: FA0021867001
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
Hours: SU-SA 12AM-11:59PM
NPI: 1962488007
Website: teriinc.org
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N

MONTGOMERY HOUSE
Provider ID: FA0021865001
1658 MONTGOMERY DR
VISTA, CA 92084
Phone: (760) 721-1706
Fax: (760) 721-9872
After Hours Phone: (760) 721-1706
Accepting New Patients: No
Hours: SU-SA 12AM-11:59PM
NPI: 1962488007
Website: teriinc.org
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N

SAVA HOME
Provider ID: FA0022094001
263 AHMU TER
VISTA, CA 92084
Phone: (760) 305-7052
Fax: (760) 509-4949
After Hours Phone: (760) 305-7052
Accepting New Patients: No
Hours: M-F 8AM-5PM
NPI: 1962541177
Website: N/A
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Teleservice

SUSAN PARHAM HOUSING CORPORATION
Provider ID: FA0021866001
1658 ANZA AVE
VISTA, CA 92084
Phone: (760) 721-1706
Fax: (760) 721-9872
After Hours Phone: (760) 721-1706
Accepting New Patients: No
Hours: SU-SA 12AM-11:59PM
NPI: 1093137762
Website: teriinc.org
Credentials and/or

certifications:

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

VISTA HOUSE

Provider ID: FA0021861001

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

Hours: SU-SA 12AM-11:59PM
NPI: 1962488007

Website: teriinc.org
Credentials and/or certifications:

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

G. خدمات جامعه‌محور بزرگسالان (CBAS) - خدمات روزانه بزرگسالان

CHULA VISTA

OPEN ARMS ADULT DAY HEALTHCARE

Provider ID: FA0024574001

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: 060000842

NPI: 1184494049

American Sign Language (ASL): N

Language line interpreter services: N

If Facility has completed cultural competence training?: N

Facility has access to skilled medical interpreters on site?: N

Interpreter Non-English Languages: N

Medi-Cal: Y

Website: https://openarmsadhc.com/

EL CAJON

ALNOOR ADULT DAY HEALTH CARE CENTER

Provider ID: FA0026676001

905 W MAIN ST STE A
EL CAJON, CA 92020

Phone: (619) 486-6350

Fax: (619) 272-3030

After Hours Phone: (619) 486-6350

Accepting New Patients: No

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

License Number: 550009029

NPI: 1932856879

Accessibility: Basic: (P, EB, IB, E, R, T)

American Sign Language (ASL): N

Language line interpreter services: N

If Facility has completed cultural competence training?: N

Facility has access to skilled medical interpreters on site?: N

Interpreter Non-English Languages: N

Medi-Cal: Y

Website: N/A

Teleservice

EL CAJON ADHC

Provider ID: FA0021151001

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

American Sign Language (ASL): N

Language line interpreter services: N

If Facility has completed cultural competence training?: N

Facility has access to skilled medical interpreters on site?: N

Interpreter Non-English Languages: N

Medi-Cal: Y

Website: N/A

WESTERN ADULT DAY HEALTH CARE CENTER

Provider ID: FA0011211001

240 S MAGNOLIA AVE
EL CAJON, CA 92020

Phone: (619) 631-7222

Fax: (619) 631-9228

After Hours Phone: (619) 631-7222

Accepting New Patients: No

Site Languages(s) Spoken: Chaldean Neo-Aramaic, Spanish, Arabic, Tagalog, Farsi

Hours: M-F 7AM-3:30PM

License Number: 060000892

NPI: 1821125550

Accessibility: Limited: (EB,

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IB, PA)
American Sign Language (ASL): N
Language line interpreter services: Y
If Facility has completed cultural competence training?: N
Facility has access to skilled medical interpreters on site?: N
Interpreter Non-English Languages: Y
Medi-Cal: Y
Website: https://westernadhc.wordpress.com/

LA MESA

GOLDEN LIFE ADHC
Provider ID: FA0012456002
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
American Sign Language (ASL): N
Language line interpreter services: N
If Facility has completed cultural competence training?: N
Facility has access to skilled medical interpreters on site?: N
Interpreter Non-English Languages: N
Medi-Cal: Y
Website: N/A

NATIONAL CITY

HORIZON CBAS
Provider ID: FA0021264001
1035 HARBISON AVE
NATIONAL CITY, CA 91950
Phone: (619) 474-1822
Fax: (619) 474-1826
After Hours Phone: (619) 474-1822
Accepting New Patients: No
Site Languages(s) Spoken: Spanish, Tagalog
Hours: M-F 8AM-4:30PM
License Number: 060000582
NPI: 1396476388
American Sign Language (ASL): N
Language line interpreter services: N
If Facility has completed cultural competence training?: N
Facility has access to skilled medical interpreters on site?: N
Interpreter Non-English Languages: N
Medi-Cal: Y
Website: N/A

SAN DIEGO

CASA PACIFICA ADHCC
Provider ID: FA0011485001
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
American Sign Language (ASL): N
Language line interpreter services: N
If Facility has completed cultural competence training?: N
Facility has access to skilled medical interpreters on site?: N
Interpreter Non-English Languages: N
Medi-Cal: Y
Website: www.casa- pacifica.com

LEGACY CARE ADHC CBAS
Provider ID: FA0023666001
11239 CAMINO RUIZ STE A
SAN DIEGO, CA 92126
Phone: (858) 348-4074
Fax: (858) 397-2151
After Hours Phone: (858) 348-4074

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Accepting New Patients: No
Hours: M-F 8AM-5PM
License Number: 550009443
NPI: 1164298337
Accessibility: Basic: (P, EB, IB, R, T, PA)
American Sign Language (ASL): N
Language line interpreter services: N
If Facility has completed cultural competence training?: N
Facility has access to skilled medical interpreters on site?: N
Interpreter Non-English Languages: N
Medi-Cal: Y
Website: WWW.LEGACYADHC.COM
Teleservice

LOVING CARE ADHC
Provider ID: FA0011964001
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: Limited: (P, EB, IB, PA)
American Sign Language (ASL): N
Language line interpreter services: N
If Facility has completed cultural competence training?: N
Facility has access to skilled medical interpreters on site?: N
Interpreter Non-English Languages: N
Medi-Cal: Y
Website: www.lovingcareadhc.com

SAN DIEGO FAMILY CIRCLE ADULT DAY HEALTH CARE
Provider ID: FA0018439001
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 Languages(s) Spoken: Vietnamese, Mandarin, Spanish
Hours: M-F 8AM-5PM
License Number: 550005837
NPI: 1396201828
American Sign Language (ASL): N
Language line interpreter services: Y
If Facility has completed cultural competence training?: N
Facility has access to skilled medical interpreters on site?: N
Interpreter Non-English Languages: Y
Medi-Cal: Y
Website: Sandiegofamilycircle.com

SAN MARCOS

AMERICARE ADULT DAY HEALTH CARE CENTER
Provider ID: FA0011470001
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
Site Languages(s) Spoken: Armenian, Tagalog, Spanish
Hours: M-F 8AM-4:30PM
License Number: 060000832
NPI: 1528271186
American Sign Language (ASL): N
Language line interpreter services: N
If Facility has completed

cultural competence training?:
N
Facility has access to skilled medical interpreters on site?: N
Interpreter Non-English Languages: N
Medi-Cal: Y
Website: www.americareadhc.com

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

H. خدمات حمایتی شهرستان در منزل (IHSS)

SAN DIEGO

AGING & INDEPENDENCE SERVICES

Specialty: Case Management

5560 OVERLAND AVE
SAN DIEGO, CA 92123

Phone: (858) 495-5885

License Number: 1710308986

Hours: M-F 8:00AM-5:00PM

Website: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/inhome_supportive_services.html

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

ALPINE

ALLEN, AMY
Provider Gender: Female
License Number: MFC87661
NPI: 1366627812
Provider English Spoken: Y
Cultural Competency: N
AMY A ALLEN
4058 WILLOWS RD
ALPINE, CA 91901
Phone: (619) 445-1188
After Hours Phone: (619) 445-1188
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

JACOBS, KARL
Provider Gender: Male
License Number: G79582
NPI: 1669676524
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
KARL M JACOBS
4058 WILLOWS RD
ALPINE, CA 91901
Phone: (619) 445-1188
After Hours Phone: (619) 445-1188
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

MASON, KASSANDRA
Provider Gender: Female
License Number: MFC100059
NPI: 1033632690
Provider English Spoken: Y
Cultural Competency: N
KASSANDRA M MASON
4058 WILLOWS RD
ALPINE, CA 91901
Phone: (619) 445-1188
After Hours Phone: (619) 445-1188
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

MASON, TAMI
Provider Gender: Female
License Number: MFC98712
NPI: 1033650668
Provider English Spoken: Y
Cultural Competency: N
TAMI S MASON
4058 WILLOWS RD
ALPINE, CA 91901
Phone: (619) 445-1188
After Hours Phone: (619) 445-1188
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

TORRES, RANDALL
Provider Gender: Male
License Number: PSY31823
NPI: 1871696435
Provider English Spoken: Y
Cultural Competency: N
RANDALL P TORRES
1620 ALPINE BLVD STE 110
ALPINE, CA 91901
Phone: (619) 662-4100
Fax: (619) 205-6305

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 12\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

CAMPO

ALLEN, AMY
Provider Gender: Female
License Number: MFC87661
NPI: 1366627812
Provider English Spoken: Y
Cultural Competency: N
AMY A ALLEN
36350 CHURCH RD
CAMPO, CA 91906
Phone: (619) 445-1188
After Hours Phone: (619) 445-1188
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

CASTLEBERRY, DANI
Provider Gender: Female
License Number: LCS95022
NPI: 1053706853
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
DANI E CASTLEBERRY
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906
Phone: (619) 662-4100
Fax: (619) 824-9071
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Teleservice

JACOBS, KARL
Provider Gender: Male
License Number: G79582
NPI: 1669676524
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
KARL M JACOBS
36350 CHURCH RD
CAMPO, CA 91906
Phone: (619) 445-1188
After Hours Phone: (619) 445-1188
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

MASON, TAMI
Provider Gender: Female
License Number: MFC98712
NPI: 1033650668
Provider English Spoken: Y
Cultural Competency: N
TAMI S MASON
36350 CHURCH RD
CAMPO, CA 91906
Phone: (619) 445-1188
After Hours Phone: (619) 445-1188
Website: N/A

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Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

MASON, KASSANDRA
Provider Gender: Female
License Number: MFC100059
NPI: 1033632690
Provider English Spoken: Y
Cultural Competency: N
KASSANDRA M MASON
36350 CHURCH RD
CAMPO, CA 91906
Phone: (619) 445-1188
After Hours Phone: (619) 445-1188
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

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 restriction
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-8PM SA 8AM-4PM

BHAT, CHETAN
Provider Gender: Male
License Number: A182944
NPI: 1497309801
Provider English Spoken: Y
Provider Language(s) Spoken: Konkani, Spanish
Cultural Competency: N
CHETAN G BHAT
678 THIRD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 662-4196
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\99
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
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: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-8PM
SA 8AM-4PM
Teleservice

GOULD, HILARY
Provider Gender: Female
License Number: PSY31088
NPI: 1104297696
Provider English Spoken: Y
Cultural Competency: N
HILARY GOULD
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 425-1184
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E, T)
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: Limited: (P, EB, IB, E, T)

SHIELDS, SEBASTIAN
Provider Gender: Male
License Number: MFC124495
NPI: 1558895342
Provider English Spoken: Y
Provider Language(s) Spoken:

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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: Limited: (P, EB, IB, E, T)
Hours: M-F 8AM-5PM
Teleservice

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: Limited: (P, EB, IB, E, T)
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: Limited: (P, EB, IB, E, T)
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) 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

CRUZ, GUADALUPE
Provider Gender: Male

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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

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

SADDA, REEM
Provider Gender: Female
License Number: A163129
NPI: 1871921833
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
REEM J SADDA
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
Fax: (619) 205-6305
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 18\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
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

WHEELER, KIM
Provider Gender: Female
License Number: PSY34237
NPI: 1700577434
Provider English Spoken: Y

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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
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: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM

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: Basic: (P, EB, IB, E, R)
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: Limited: (P, IB, E, R)
Hours: M-F 8AM-5PM

DAZO, LESLIE
Provider Gender: Female

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License Number: LCS128300
NPI: 1073244471
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
LESLIE Y DAZO
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\99
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

FOSTER, BRITTLYN
Provider Gender: Female
License Number: LCS127526
NPI: 1750001780
Provider English Spoken: Y
Cultural Competency: N
BRITTLYN N FOSTER
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\99
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

FU, KATHERINE
Provider Gender: Female
License Number: A187562
NPI: 1356877807
Provider English Spoken: Y
Cultural Competency: N
KATHERINE FU
704 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (619) 662-4100
Fax: (619) 662-4196
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, R)
Hours: M-F 8AM-5PM

MAYHUGH, ALYSCIA
Provider Gender: Female
License Number: LCS121851
NPI: 1316447907
Provider English Spoken: Y
Cultural Competency: N
ALYSCIA L MAYHUGH
550 W WASHINGTON AVE STE 101
ESCONDIDO, CA 92025
Phone: (760) 466-8600
After Hours Phone: (760) 466-8600
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\99
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

RIOS, SIERRA
Provider Gender: Female
License Number: LCS91970
NPI: 1942746128

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Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
SIERRA K RIOS
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
Hours: M-F 8AM-5PM
Telehealth only

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\18
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

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\18
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)

FALLBROOK

ENGLEBRECHT, KAROL
Provider Gender: Female
License Number: LCS122330
NPI: 1336432277
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
KAROL M ENGLEBRECHT
1328 S MISSION RD
FALLBROOK, CA 92028
Phone: (760) 451-4720
Fax: (760) 457-4700
After Hours Phone: (760) 451-4720
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\99
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M 8:30AM-5:30PM TU-F 8:30AM-5PM

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: Limited: (EB, IB, E, R, T)

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: Limited: (EB, IB, E, R, T)

MAURIZ, GRAZIANO
Provider Gender: Male
License Number: LCS78433
NPI: 1962654327
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
GRAZIANO M MAURIZ
1328 S MISSION RD
FALLBROOK, CA 92028
Phone: (760) 451-4720
Fax: (760) 457-4700
After Hours Phone: (760) 451-4720
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M 8:30AM-5:30PM TU-F 8:30AM-5PM

MCAULEY, ROBERT
Provider Gender: Male
License Number: G23317
NPI: 1194881888
Provider English Spoken: Y
Cultural Competency: N
ROBERT A MCAULEY
1328 S MISSION RD
FALLBROOK, CA 92028
Phone: (760) 451-4730
Fax: (760) 457-4700
After Hours Phone: (760) 451-4730
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 12\None
Gender Restriction: No Gender restriction
American Sign Language (ASL):

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N

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: 12\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R, T)

WAGONER, KENYADA
Provider Gender: Female
License Number: LCS114731
NPI: 1760172688
Provider English Spoken: Y
Cultural Competency: N
KENYADA M WAGONER
1328 S MISSION RD
FALLBROOK, CA 92028
Phone: (760) 451-4720
Fax: (760) 457-4700
After Hours Phone: (760) 451-4720
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 11\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

IMPERIAL BEACH

WALSH, EMILY
Provider Gender: Female
License Number: MFC141158
NPI: 1134769490
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
EMILY A WALSH
949 PALM AVE
IMPERIAL BEACH, CA 91932
Phone: (619) 429-3733
Fax: (877) 673-1361
After Hours Phone: (619) 429-3733
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, IB, E)
Hours: M-F 8AM-5PM

LA JOLLA

BISHOP, GREGORY
Provider Gender: Male
License Number: G61181
NPI: 1003855545
Provider English Spoken: Y
Cultural Competency: N
GREGORY F BISHOP
8950 VILLA LA JOLLA DR STE C106
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

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

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
Hours: M-F 9AM-5PM

NATIONAL CITY

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: Limited: (P, EB, IB, E)
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):

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

N
Accessibility: Limited: (P, EB, IB, E)
Hours: M-F 8:30AM-5:30PM SA 8AM-2:30PM
Teleservice

SIMMONS IV, ROBERT
Provider Gender: Male
License Number: LCS117787
NPI: 1689269631
Provider English Spoken: Y
Cultural Competency: N
ROBERT M SIMMONS IV
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
Fax: (619) 434-9853
After Hours Phone: (844) 200-2426
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M-TH 8AM-6PM F 8AM-5PM

SIMMONS IV, ROBERT
Provider Gender: Male
License Number: LCS117787
NPI: 1689269631
Provider English Spoken: Y
Cultural Competency: N
ROBERT M SIMMONS IV
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
Fax: (619) 434-9853
After Hours Phone: (844) 200-2426
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M-TH 8AM-6PM F 8AM-5PM

OCEANSIDE

BELL, JENNIFER
Provider Gender: Female
License Number: 20A20702
NPI: 1154614956
Provider English Spoken: Y
Cultural Competency: N
JENNIFER L BELL
4700 N RIVER RD
OCEANSIDE, CA 92057
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Chinese, Farsi
TDD: U
Min/Max Age: 5\80
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M-F 8AM-5PM SA 9AM-4PM

BELL, JENNIFER
Provider Gender: Female
License Number: 20A20702
NPI: 1154614956
Provider English Spoken: Y
Cultural Competency: N
JENNIFER L BELL
517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

TDD: U
Min/Max Age: 5\80
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M-F 8AM-5PM SA 9AM-4PM

BELL, JENNIFER
Provider Gender: Female
License Number: 20A20702
NPI: 1154614956
Provider English Spoken: Y
Cultural Competency: N
JENNIFER L BELL
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 5\80
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M-F 8AM-5PM SA 9AM-4PM

CHALMERS, VIRGINIA
Provider Gender: Female
License Number: LCS28053
NPI: 1265613715
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
VIRGINIA C CHALMERS
619 CROUCH ST
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

JENSEN, BRIAN
Provider Gender: Male
License Number: PSY26041
NPI: 1518138049
Provider English Spoken: Y
Cultural Competency: N
BRIAN M JENSEN
619 CROUCH ST
OCEANSIDE, CA 92054
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

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\18
Gender Restriction: No Gender restriction

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N

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

TRIPPITELLI, CAROL
Provider Gender: Female
License Number: C161880
NPI: 1396040218
Provider English Spoken: Y
Cultural Competency: N
CAROL L TRIPPITELLI
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: 15\65
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

TRIPPITELLI, CAROL
Provider Gender: Female
License Number: C161880
NPI: 1396040218
Provider English Spoken: Y
Cultural Competency: N
CAROL L TRIPPITELLI
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: 15\65
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

RAMONA

YELA CASTILLO, ANA
Provider Gender: Female
License Number: MFC153075
NPI: 1720518731
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
ANA R YELA CASTILLO
220 ROTANZI ST
RAMONA, CA 92065
Phone: (760) 736-6767
Fax: (760) 736-8740
After Hours Phone: (760) 736-6767
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\99
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

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Hours: M-F 8AM-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
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: Basic: (P, EB, IB, E, R, T)

ARCEO, JACQUELINE
Provider Gender: Female
License Number: LCS110194
NPI: 1093350258
Provider English Spoken: Y
Cultural Competency: N
JACQUELINE C ARCEO
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-9025
Fax: (858) 633-4680
After Hours Phone: (858) 279-9025
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

ARCEO, JACQUELINE
Provider Gender: Female
License Number: LCS110194
NPI: 1093350258
Provider English Spoken: Y
Cultural Competency: N
JACQUELINE C ARCEO
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

BASS, GURGIANA
Provider Gender: Female
License Number: PSY24750
NPI: 1639325277
Provider English Spoken: Y
Cultural Competency: N
GURGIANA BASS
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 18\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M 8AM-4:30PM
TU 8AM-12PM
W 8AM-4:30PM
TH 8AM-12PM

BASS, GURGIANA
Provider Gender: Female
License Number: PSY24750
NPI: 1639325277
Provider English Spoken: Y
Cultural Competency: N
GURGIANA BASS
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 18\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

BHAT, CHETAN
Provider Gender: Male
License Number: A182944
NPI: 1497309801
Provider English Spoken: Y
Provider Language(s) Spoken: Konkani, Spanish
Cultural Competency: N
CHETAN G BHAT
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\99
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: Limited: (EB, IB, E, R)
Hours: M-F 8AM-5PM
SA 8AM-2PM

BHAT, CHETAN
Provider Gender: Male
License Number: A182944
NPI: 1497309801
Provider English Spoken: Y
Provider Language(s) Spoken: Konkani, Spanish
Cultural Competency: N
CHETAN G BHAT
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
Phone: (619) 280-2058
Fax: (858) 633-4682
After Hours Phone: (619) 280-2058

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\99
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M-F 8AM-5PM SA 8AM-2PM

BISHOP, GREGORY
Provider Gender: Male
License Number: G61181
NPI: 1003855545
Provider English Spoken: Y
Cultural Competency: N
GREGORY F BISHOP
4510 EXECUTIVE DR STE 315
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

BISHOP, GREGORY
Provider Gender: Male
License Number: G61181
NPI: 1003855545
Provider English Spoken: Y
Cultural Competency: N
GREGORY F BISHOP
350 DICKINSON ST STE 3-325
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

BISHOP, GREGORY
Provider Gender: Male
License Number: G61181
NPI: 1003855545
Provider English Spoken: Y
Cultural Competency: N
GREGORY F BISHOP
4250 1ST AVE
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

BISHOP, GREGORY
Provider Gender: Male
License Number: G61181
NPI: 1003855545
Provider English Spoken: Y
Cultural Competency: N
GREGORY F BISHOP
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

BISHOP, GREGORY
Provider Gender: Male
License Number: G61181
NPI: 1003855545
Provider English Spoken: Y
Cultural Competency: N
GREGORY F BISHOP
9300 CAMPUS POINT DR
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

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
Hours: M-F 8AM-5PM

CALLAGHAN, KATHRYN
Provider Gender: Female
License Number: MFC106901
NPI: 1558768812
Provider English Spoken: Y
Cultural Competency: N
KATHRYN R CALLAGHAN
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
Fax: (619) 234-0206
After Hours Phone: (619) 234-2158
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E)
Hours: M-F 8AM-5PM

CASTELLANOS, ARIANA
Provider Gender: Female
License Number: MFC145671
NPI: 1922534890
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
ARIANA M CASTELLANOS
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
TDD: U
Min/Max Age: 0\99
Gender Restriction: No Gender restriction
American Sign Language (ASL):

N
Hours: M-F 8AM-5PM

CAZARES, DARIANA
Provider Gender: Female
License Number: LCS100887
NPI: 1609390665
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
DARIANA CAZARES
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
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 7\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
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: Limited: (P, EB, E)

CONTRERAS, CAROLINA
Provider Gender: Female
License Number: MFC145484
NPI: 1871075689
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
CAROLINA CONTRERAS
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: 0\99
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM

CONTRERAS, CAROLINA
Provider Gender: Female
License Number: MFC145484
NPI: 1871075689
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
CAROLINA CONTRERAS
950 S EUCLID AVE
SAN DIEGO, CA 92114
Phone: (619) 662-4100
Fax: (619) 622-4158
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

TDD: U
Min/Max Age: 0\99
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

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
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: Basic: (P, EB, IB, E, R, T)
Hours: M 8:30AM-5:30PM
TU 5:30PM-8:30PM
W-F 8:30AM-5:30PM
SA 9AM-4PM

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 Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
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)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

ESTAVILLO, SAUL
Provider Gender: Male
License Number: MFC102610
NPI: 1528330073
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
SAUL J ESTAVILLO
286 EUCLID AVE STE 309
SAN DIEGO, CA 92114
Phone: (619) 527-7390
Fax: (619) 527-7394
After Hours Phone: (619) 527-7390
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
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
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

FIRESTONE, MICHELLE
Provider Gender: Female
License Number: PSY33081
NPI: 1114687803
Provider English Spoken: Y
Cultural Competency: N
MICHELLE E FIRESTONE
7011 LINDA VISTA RD

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: Basic: (P, EB, IB, E, R, T)

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: Limited: (EB, IB, E, R)

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: Limited: (P, IB, E, T)
Hours: M-F 8AM-5PM

GARCIA, RICHARD
Provider Gender: Male
License Number: LCS28742
NPI: 1881198554
Provider English Spoken: Y
Cultural Competency: N
RICHARD R GARCIA
2630 1ST AVE
SAN DIEGO, CA 92103
Phone: (619) 234-2158
Fax: (619) 234-0206
After Hours Phone: (619) 234-2158
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E)
Hours: M-F 8AM-4:30PM

GARCIA TURNER, GABRIELA
Provider Gender: Female
License Number: LCSW109697
NPI: 1376969758
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
GABRIELA I GARCIA TURNER

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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: 0\99
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
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

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: Basic: (P, EB, IB, E, R, T)

JAHANGIR, SAIRAH
Provider Gender: Female
License Number: LCS121853
NPI: 1932940400
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
SAIRAH B JAHANGIR
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: 0\99
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

KLIGIS, GABRIELLE
Provider Gender: Female
License Number: LCS125570
NPI: 1346802550
Provider English Spoken: Y
Cultural Competency: N
GABRIELLE L KLIGIS
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Hours: M-F 8AM-5PM

KLIGIS, GABRIELLE
Provider Gender: Female
License Number: LCS125570
NPI: 1346802550
Provider English Spoken: Y
Cultural Competency: N
GABRIELLE L KLIGIS
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

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

KLUEMPER, NICOLE
Provider Gender: Female
License Number: PSY27064
NPI: 1902125818
Provider English Spoken: Y
Cultural Competency: N
NICOLE S KLUEMPER
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 2\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)

LAIDLAW, 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
Fax: (619) 474-4008

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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

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

LIU, TIMOTHY
Provider Gender: Male
License Number: A105535
NPI: 1720262801
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese, Mandarin, Yue Chinese
Cultural Competency: N
TIMOTHY C LIU
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 5\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

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: Basic: (P, EB, IB, E, R, T)

LUNDEBERG, HOLLY
Provider Gender: Female
License Number: LCS119125
NPI: 1841770351
Provider English Spoken: Y
Cultural Competency: N
HOLLY L LUNDEBERG
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
Hours: M-F 8AM-5PM

LUNDEBERG, HOLLY
Provider Gender: Female
License Number: LCS119125
NPI: 1841770351
Provider English Spoken: Y
Cultural Competency: N
HOLLY L LUNDEBERG
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: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

MCCULLUM, TIFFANY
Provider Gender: Female
License Number: PSY29329
NPI: 1528306206
Provider English Spoken: Y
Cultural Competency: N
TIFFANY MCCULLUM
286 EUCLID AVE STE 302
SAN DIEGO, CA 92114
Phone: (619) 662-4100
Fax: (619) 428-7952
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 13\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M-F 8AM-5PM
Teleservice

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

PAGE, JAIMIE
Provider Gender: Female
License Number: LCS129725
NPI: 1942857248
Provider English Spoken: Y
Cultural Competency: N
JAIMIE L PAGE
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Site English Spoken: Y
TDD: U
Min/Max Age: 0\99
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E)
Hours: M-F 8AM-5PM

PATTON, MICHAEL
Provider Gender: Male
License Number: LCS18244
NPI: 1184756702
Provider English Spoken: Y
Cultural Competency: N
MICHAEL A PATTON
1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
Fax: (619) 687-1067
After Hours Phone: (619) 233-8500
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

PRINCE, RENEE
Provider Gender: Female
License Number: PSY32206
NPI: 1467737908
Provider English Spoken: Y
Cultural Competency: N
RENEE K PRINCE
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
Fax: (619) 474-4008
After Hours Phone: (844) 200-2426
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M-F 8AM-6PM

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
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-TU 8:30AM-5:30PM TH-F 8:30AM-5:30PM

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: Basic: (P, EB, IB, E, R)
Hours: M-F 8:30AM-5:30PM SA 8AM-2:30PM
Teleservice

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: Limited: (EB, IB, E, R)
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
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
Hours: M-F 8AM-5PM

SERIO, TAYLOR
Provider Gender: Female
License Number: LCS107050
NPI: 1093217382
Provider English Spoken: Y
Cultural Competency: N
TAYLOR L SERIO
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Website: N/A
Accepting New Patients: Yes

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

SHU, I WEI
Provider Gender: Male
License Number: A103813
NPI: 1992840144
Provider English Spoken: Y
Cultural Competency: N
I WEI SHU
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (858) 534-6200
Fax: (858) 534-6205
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R, T)
Hours: M-F 8AM-5PM

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: Limited: (P, EB, E)

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: Limited: (EB, IB, E, R)

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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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

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: Basic: (P, EB, IB, E, R, T)

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: Limited: (EB, IB, E, R)
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
Hours: M-F 8AM-5PM SA 8AM-2PM

VALLIDO, CHRISTIAN BORGE
Provider Gender: Male
License Number: MFC131734
NPI: 1992433049
Provider English Spoken: Y
Cultural Competency: N
CHRISTIAN BORGE B VALLIDO
330 LEWIS ST

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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

VARGAS, YASHIA
Provider Gender: Female
License Number: LCS99406
NPI: 1881015550
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
YASHIA VARGAS
4305 UNIVERSITY AVE STE 545
SAN DIEGO, CA 92105
Phone: (619) 280-2905
After Hours Phone: (619) 280-2905
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

VARGAS, YASHIA
Provider Gender: Female
License Number: LCS99406
NPI: 1881015550
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
YASHIA VARGAS
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5855
After Hours Phone: (858) 966-5855
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

VIETEN, CASSANDRA
Provider Gender: Female
License Number: PSY31272
NPI: 1336716992
Provider English Spoken: Y
Cultural Competency: N
CASSANDRA E VIETEN
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

VIETEN, CASSANDRA
Provider Gender: Female
License Number: PSY31272
NPI: 1336716992
Provider English Spoken: Y
Cultural Competency: N
CASSANDRA E VIETEN
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

WALSH, EMILY
Provider Gender: Female
License Number: MFC141158
NPI: 1134769490
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
EMILY A WALSH
1016 OUTER RD
SAN DIEGO, CA 92154
Phone: (619) 429-3733
Fax: (877) 673-1361
After Hours Phone: (619) 429-3733
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

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
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
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: 6\21
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M 9AM-7PM W-F 9AM-6PM

SAN MARCOS

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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

150 VALPREDA 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
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 VALPREDA 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\18
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

MELENDEZ, DAVIS
Provider Gender: Male
License Number: LCS111804
NPI: 1750724100
Provider English Spoken: Y
Provider Language(s) Spoken: Portuguese, Spanish
Cultural Competency: N
DAVIS MELENDEZ
150 VALPREDA 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: 18\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

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 M BALTRUS
1666 PRECISION PARK LN
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 785-3384
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
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
Hours: M-F 8AM-5PM
Teleservice

FLEWELLING, CAITLIN
Provider Gender: Female
License Number: LCS98954
NPI: 1336528215

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider English Spoken: Y
Cultural Competency: N
CAITLIN L FLEWELLING
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6341
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 12\60
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: Limited: (IB, E, R, T)
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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM

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: Limited: (IB, E, R, T)

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: Limited: (IB, E,

R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM
Teleservice

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
Hours: M-F 8AM-5PM

KRIKSCIUN, JESSICA
Provider Gender: Female
License Number: A180605
NPI: 1174151690
Provider English Spoken: Y
Cultural Competency: N
JESSICA J KRIKSCIUN
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
TDD: U
Min/Max Age: 0\99
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

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: Limited: (IB, E, R, T)
Hours: M-F 8AM-8PM SA 8AM-2PM
Teleservice

PETERSEN, KATE
Provider Gender: Female
License Number: MFC130200
NPI: 1598237281
Provider English Spoken: Y
Cultural Competency: N
KATE PETERSEN
1666 PRECISION PARK LN
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 785-3384
After Hours Phone: (619) 662-4100
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M-F 8AM-5PM

SENFT, AMANDA
Provider Gender: Female
License Number: LCS99056
NPI: 1215420138
Provider English Spoken: Y
Cultural Competency: N
AMANDA L SENFT
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: Limited: (IB, E, R, T)
Hours: M-F 8AM-5PM

TAPIA, ASHLEY
Provider Gender: Female
License Number: LCS118965
NPI: 1952821472
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
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
Hours: M-F 8AM-5PM
Teleservice

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
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: 6\21
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Hours: M-TU 9AM-7PM W-F 9AM-6PM

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

VISTA

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: Limited: (P, EB, E, R)
Hours: M-F 8AM-5PM SA 9AM-4PM

BELL, JENNIFER
Provider Gender: Female
License Number: 20A20702
NPI: 1154614956
Provider English Spoken: Y
Cultural Competency: N
JENNIFER L BELL
1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Chinese, Farsi, Estonian, Vietnamese, Hindi, Tagalog, French, Korean, Marathi, Spanish, Telugu
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R)
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: Basic: (P, EB,

IB, E, R)
Hours: M-F 8AM-5PM
SA 9AM-4PM

RAYFORD, MEELYNDA
Provider Gender: Female
License Number: LCS134199
NPI: 1386254449
Provider English Spoken: Y
Cultural Competency: N
MEELYNDA M RAYFORD
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: Limited: (P, EB, E, R)
Hours: M-TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM

TRIPPITELLI, CAROL
Provider Gender: Female
License Number: C161880
NPI: 1396040218
Provider English Spoken: Y
Cultural Competency: N
CAROL L TRIPPITELLI
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: 15\65
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: Basic: (P, EB, IB, E, R)
Hours: M-F 8AM-5PM

TRIPPITELLI, CAROL
Provider Gender: Female
License Number: C161880
NPI: 1396040218
Provider English Spoken: Y
Cultural Competency: N
CAROL L TRIPPITELLI
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: 15\65
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: Limited: (P, EB, E, R)
Hours: M-F 8AM-5PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
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

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
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: (P, EB, IB, E, R)
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

BECKMAN, JESSICA, OD
Provider Gender: Female
License Number: 35904
NPI: 1154071447
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: (P, EB, IB, E, R)
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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

CHONG, TAMMY, OD
Provider Gender: Female
License Number: 35841
NPI: 1700612975
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M 9AM-5PM
TU 10AM-6PM
W 9AM-5PM
TH 8AM-5PM
F 9AM-4PM

DEAN, MOENA, OD
Provider Gender: Female
License Number: 33955
NPI: 1265927578
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
1620 ALPINE BLVD STE 117
ALPINE, CA 91901
Phone: (619) 445-2687
Fax: (619) 445-0801
After Hours Phone: (619) 445-2687
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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

JEONG, JEFFREY, OD
Provider Gender: Male
License Number: 36084
NPI: 1184216848
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M 9AM-5PM
TU 10AM-6PM
W 9AM-5PM
TH 8AM-5PM
F 9AM-4PM

MCGRAW, JOSEPH, MD
Provider Gender: Male
License Number: A155228
NPI: 1588624852
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
1620 ALPINE BLVD STE 117
ALPINE, CA 91901
Phone: (619) 445-2687
Fax: (619) 445-0801
After Hours Phone: (619) 445-2687
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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

MOGHTADER, YASAMIN, OD
Provider Gender: Female
License Number: 36147
NPI: 1386536159
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: (P, EB, IB, E, R)
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M 9AM-5PM
TU 10AM-6PM
W 9AM-5PM
TH 8AM-5PM
F 9AM-4PM

PATEL, GITANE, MD
Provider Gender: Male
License Number: A108603
NPI: 1710171434
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
1620 ALPINE BLVD STE 117
ALPINE, CA 91901
Phone: (619) 445-2687
Fax: (619) 445-0801
After Hours Phone: (619) 445-2687
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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

SHOLLY, ALLISON, OD
Provider Gender: Female
License Number: 34740
NPI: 1447886601
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: (P, EB, IB, E, R)
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

SILOS, VIRGINIE, OD
Provider Gender: Female
License Number: 14915
NPI: 1942616040
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: (P, EB, IB, E, R)
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

TAVASSOLI, SARA, OD
Provider Gender: Female
License Number: 13395
NPI: 1184764011
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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

DEANER-HARRINGTON, SHERRY, OD
Provider Gender: Female
License Number: 10628
NPI: 1588858062
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
TOTAL VISION BONITA
180 OTAY LAKES RD STE 201
BONITA, CA 91902
Phone: (619) 267-9900
Fax: (619) 267-9910
After Hours Phone: (619) 267-9900
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Japanese, Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TH 8AM-5PM
F 8AM-4PM
SA 8AM-12AM

KIKUNAGA, HENRY, OD
Provider Gender: Male
License Number: 13186
NPI: 1841406394
Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION BONITA
180 OTAY LAKES RD STE 201
BONITA, CA 91902
Phone: (619) 267-9900
Fax: (619) 267-9910
After Hours Phone: (619) 267-9900
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Japanese, Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TH 8AM-5PM
F 8AM-4PM
SA 8AM-12AM

SARDELLA, MIA, OD
Provider Gender: Female
License Number: 35752
NPI: 1376387423
Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION BONITA
180 OTAY LAKES RD STE 201
BONITA, CA 91902
Phone: (619) 267-9900
Fax: (619) 267-9910
After Hours Phone: (619) 267-9900
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Japanese, Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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

TOMIKA, TIFFANY, OD
Provider Gender: Female
License Number: 35552
NPI: 1376320812
Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION BONITA
180 OTAY LAKES RD STE 201
BONITA, CA 91902
Phone: (619) 267-9900
Fax: (619) 267-9910
After Hours Phone: (619) 267-9900
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Japanese, Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TH 8AM-5PM
F 8AM-4PM
SA 8AM-12AM

TRAJANO, CHARMINE, OD
Provider Gender: Female
License Number: 14993
NPI: 1699183673
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: Y
TOTAL VISION BONITA
180 OTAY LAKES RD STE 201
BONITA, CA 91902
Phone: (619) 267-9900
Fax: (619) 267-9910
After Hours Phone: (619) 267-9900
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Japanese, Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TH 8AM-5PM
F 8AM-4PM
SA 8AM-12AM

VO, LISA, OD
Provider Gender: Female
License Number: 35327
NPI: 1336476605
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: Y
TOTAL VISION BONITA
180 OTAY LAKES RD STE 201
BONITA, CA 91902
Phone: (619) 267-9900
Fax: (619) 267-9910
After Hours Phone: (619) 267-9900
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Japanese, Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TH 8AM-5PM
F 8AM-4PM
SA 8AM-12AM

YEGHIAZARIAN, MARK, OD
Provider Gender: Male
License Number: 34021
NPI: 1356829691
Provider English Spoken: Y
Provider Language(s) Spoken:

Spanish
Cultural Competency: Y
TOTAL VISION BONITA
180 OTAY LAKES RD STE 201
BONITA, CA 91902
Phone: (619) 267-9900
Fax: (619) 267-9910
After Hours Phone: (619) 267-9900
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Japanese, Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TH 8AM-5PM
F 8AM-4PM
SA 8AM-12AM

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
After Hours Phone: (760) 606-2020
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M 10:30AM-7PM
TU-W 8:30AM-5PM
TH 10:30AM-7PM
F 8:30AM-4PM

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

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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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: TU-W 11AM-6PM
TH-F 10AM-6:30PM
SA 10AM-6:30PM

CHULA VISTA

CASTILLEJOS, DAVID, MD
Provider Gender: Male
License Number: A44482
NPI: 1558446401
Provider English Spoken: Y
Provider Language(s) Spoken: French, Portuguese, Spanish, Tagalog
Cultural Competency: Y
CASTILLEJOS EYE INSTITUTE MED GROUP
342 F ST
CHULA VISTA, CA 91910
Phone: (619) 422-1471
Fax: (619) 271-7044
After Hours Phone: (619) 422-1471
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: French, Spanish, Tagalog
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M 8AM-5PM
TU 7AM-5PM
W-F 8AM-5PM
Teleservice

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M 8AM-5PM
TU 7AM-5PM
W-F 8AM-5PM
Teleservice

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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: SU 10AM-4PM
M-F 9AM-7PM
SA 9AM-5PM
Teleservice

DEANER-HARRINGTON, SHERRY, OD
Provider Gender: Female
License Number: 10628
NPI: 1588858062
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
TOTAL VISION TERRA NOVA
374 E H ST STE 1708
CHULA VISTA, CA 91910
Phone: (619) 425-7990
Fax: (619) 425-7992
After Hours Phone: (619) 425-7990
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:30AM-5:30PM

DEIRANIEH, DANYA, OD
Provider Gender: Female
License Number: 35891
NPI: 1336951607
Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION TERRA NOVA
374 E H ST STE 1708
CHULA VISTA, CA 91910
Phone: (619) 425-7990
Fax: (619) 425-7992
After Hours Phone: (619) 425-7990
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F
8:30AM-5:30PM

DEIRANIEH, DANYA, OD
Provider Gender: Female
License Number: 35891
NPI: 1336951607

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION EASTLAKE
890 EASTLAKE PKWY STE 102
CHULA VISTA, CA 91914
Phone: (619) 216-3937
Fax: (619) 216-9041
After Hours Phone: (619) 216-3937
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-W 9AM-6PM
TH 10AM-6PM
F 9AM-6PM
SA 8:30AM-2PM

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
557 H ST
CHULA VISTA, CA 91910
Phone: (619) 422-0139
Fax: (619) 422-0066
After Hours Phone: (619) 422-0139
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M 9AM-5PM
TU 9AM-6PM
W 9AM-5PM
TH 9AM-6PM
F 8AM-4PM
SA 9AM-2PM

KALRA, ANKUR, OD
Provider Gender: Male
License Number: 11898
NPI: 1124195789
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi
Cultural Competency: Y
OTAY RANCH EYEWORKS OPTOMETRY
1741 EASTLAKE PKWY STE 101
CHULA VISTA, CA 91915
Phone: (619) 421-6600
Fax: (619) 421-6006
After Hours Phone: (619) 421-6600
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: SU 10AM-4PM
M-F 9AM-7PM
SA 9AM-5PM
Teleservice

KEDDINGTON, JOAN, OD
Provider Gender: Female
License Number: 6263
NPI: 1992872691
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
OTAY RANCH EYEWORKS OPTOMETRY

1741 EASTLAKE PKWY STE 101
CHULA VISTA, CA 91915
Phone: (619) 421-6600
Fax: (619) 421-6006
After Hours Phone: (619) 421-6600
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: SU 10AM-4PM
M-F 9AM-7PM
SA 9AM-5PM
Teleservice

KELLY, KIM, OD
Provider Gender: Female
License Number: 36002
NPI: 1629963459
Provider English Spoken: Y
Cultural Competency: Y
CASTILLEJOS EYE INSTITUTE MED GROUP
342 F ST
CHULA VISTA, CA 91910
Phone: (619) 422-1471
Fax: (619) 271-7044
After Hours Phone: (619) 422-1471
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: French, Spanish, Tagalog
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M 8AM-5PM
TU 7AM-5PM
W-F 8AM-5PM
Teleservice

KIKUNAGA, HENRY, OD
Provider Gender: Male
License Number: 13186
NPI: 1841406394
Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION EASTLAKE
890 EASTLAKE PKWY STE 102
CHULA VISTA, CA 91914
Phone: (619) 216-3937
Fax: (619) 216-9041
After Hours Phone: (619) 216-3937
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-W 9AM-6PM
TH 10AM-6PM
F 9AM-6PM
SA 8:30AM-2PM

KIKUNAGA, HENRY, OD
Provider Gender: Male
License Number: 13186
NPI: 1841406394
Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION TERRA NOVA
374 E H ST STE 1708
CHULA VISTA, CA 91910
Phone: (619) 425-7990
Fax: (619) 425-7992
After Hours Phone: (619) 425-7990
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender

restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-5:30PM

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
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: SU 10AM-4PM
M-F 9AM-7PM
SA 9AM-5PM
Teleservice

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: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: SU 10AM-4PM
M-F 9AM-7PM
SA 9AM-5PM
Teleservice

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 Languages(s) Spoken: Spanish, Vietnamese
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: SU 10AM-4PM
M-F 9AM-7PM
SA 9AM-5PM
Teleservice

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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 Languages(s) Spoken: French, Spanish, Tagalog
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M 8AM-5PM
TU 7AM-5PM
W-F 8AM-5PM
Teleservice

PACK, JOHN, OD
Provider Gender: Male
License Number: 9684
NPI: 1598723587
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
TOTAL VISION TERRA NOVA
374 E H ST STE 1708
CHULA VISTA, CA 91910
Phone: (619) 425-7990
Fax: (619) 425-7992
After Hours Phone: (619) 425-7990
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-5:30PM

PACK, ALYSSA, OD
Provider Gender: Female
License Number: 34608
NPI: 1750991220
Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION EASTLAKE
890 EASTLAKE PKWY STE 102
CHULA VISTA, CA 91914
Phone: (619) 216-3937
Fax: (619) 216-9041
After Hours Phone: (619) 216-3937
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-W 9AM-6PM
TH 10AM-6PM
F 9AM-6PM
SA 8:30AM-2PM

PACK, JOHN, OD
Provider Gender: Male
License Number: 9684
NPI: 1598723587
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
TOTAL VISION EASTLAKE
890 EASTLAKE PKWY STE 102

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

CHULA VISTA, CA 91914
Phone: (619) 216-3937
Fax: (619) 216-9041
After Hours Phone: (619) 216-3937
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-W 9AM-6PM
TH 10AM-6PM
F 9AM-6PM
SA 8:30AM-2PM

PHAM, NINA, OD
Provider Gender: Female
License Number: 35360
NPI: 1598403867
Provider English Spoken: Y
Cultural Competency: Y
CASTILLEJOS EYE INSTITUTE MED GROUP
342 F ST
CHULA VISTA, CA 91910
Phone: (619) 422-1471
Fax: (619) 271-7044
After Hours Phone: (619) 422-1471
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: French, Spanish, Tagalog
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M 8AM-5PM
TU 7AM-5PM
W-F 8AM-5PM
Teleservice

PLUCINIK, STANLEY, OD
Provider Gender: Male
License Number: 35255
NPI: 1124751417
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M 8AM-5PM
TU 7AM-5PM
W-F 8AM-5PM
Teleservice

SARDELLA, MIA, OD
Provider Gender: Female
License Number: 35752
NPI: 1376387423
Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION TERRA NOVA
374 E H ST STE 1708
CHULA VISTA, CA 91910
Phone: (619) 425-7990
Fax: (619) 425-7992
After Hours Phone: (619) 425-7990
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-5:30PM

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
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M 8AM-5PM
TU 7AM-5PM
W-F 8AM-5PM
Teleservice

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: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: SU 10AM-4PM
M-F 9AM-7PM
SA 9AM-5PM
Teleservice

TOMIKA, TIFFANY, OD
Provider Gender: Female
License Number: 35552
NPI: 1376320812
Provider English Spoken: Y
Cultural Competency: Y
CASTILLEJOS EYE INSTITUTE MED GROUP
342 F ST
CHULA VISTA, CA 91910
Phone: (619) 422-1471
Fax: (619) 271-7044
After Hours Phone: (619) 422-1471
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: French, Spanish, Tagalog
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M 8AM-5PM
TU 7AM-5PM
W-F 8AM-5PM
Teleservice

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

TOMIKA, TIFFANY, OD
Provider Gender: Female
License Number: 35552
NPI: 1376320812
Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION EASTLAKE
890 EASTLAKE PKWY STE 102
CHULA VISTA, CA 91914
Phone: (619) 216-3937
Fax: (619) 216-9041
After Hours Phone: (619) 216-3937
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-W 9AM-6PM
TH 10AM-6PM
F 9AM-6PM
SA 8:30AM-2PM

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: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: SU 10AM-4PM
M-F 9AM-7PM
SA 9AM-5PM
Teleservice

TRAJANO, CHARMINE, OD
Provider Gender: Female
License Number: 14993
NPI: 1699183673
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: Y
TOTAL VISION EASTLAKE
890 EASTLAKE PKWY STE 102
CHULA VISTA, CA 91914
Phone: (619) 216-3937
Fax: (619) 216-9041
After Hours Phone: (619) 216-3937
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-W 9AM-6PM
TH 10AM-6PM
F 9AM-6PM
SA 8:30AM-2PM

TRAJANO, CHARMINE, OD
Provider Gender: Female
License Number: 14993
NPI: 1699183673
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Cultural Competency: Y
TOTAL VISION TERRA NOVA
374 E H ST STE 1708
CHULA VISTA, CA 91910
Phone: (619) 425-7990
Fax: (619) 425-7992
After Hours Phone: (619) 425-7990
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-5:30PM

TRINH, RACHELLE, OD
Provider Gender: Female
License Number: 35531
NPI: 1467139287
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: Y
OTAY RANCH EYEWORKS OPTOMETRY
1741 EASTLAKE PKWY STE 101
CHULA VISTA, CA 91915
Phone: (619) 421-6600
Fax: (619) 421-6006
After Hours Phone: (619) 421-6600
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: SU 10AM-4PM
M-F 9AM-7PM
SA 9AM-5PM
Teleservice

VILLA, ANGELICA, OD
Provider Gender: Female
License Number: 10561
NPI: 1962544965
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
VILLA OPTOMETRY INC
523 TELEGRAPH CANYON RD
CHULA VISTA, CA 91910
Phone: (619) 482-2020
Fax: (619) 482-2671
After Hours Phone: (619) 482-2020
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 9AM-6PM
W 11AM-6PM
TH-F 9AM-6PM

VO, LISA, OD
Provider Gender: Female
License Number: 35327
NPI: 1336476605
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: Y
TOTAL VISION TERRA NOVA
374 E H ST STE 1708
CHULA VISTA, CA 91910
Phone: (619) 425-7990
Fax: (619) 425-7992
After Hours Phone: (619) 425-7990
Accepting New Patients: Yes

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-5:30PM

VO, LISA, OD
Provider Gender: Female
License Number: 35327
NPI: 1336476605
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: Y
TOTAL VISION EASTLAKE
890 EASTLAKE PKWY STE 102
CHULA VISTA, CA 91914
Phone: (619) 216-3937
Fax: (619) 216-9041
After Hours Phone: (619) 216-3937
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-W 9AM-6PM
TH 10AM-6PM
F 9AM-6PM
SA 8:30AM-2PM

YEGHIAZARIAN, MARK, OD
Provider Gender: Male
License Number: 34021
NPI: 1356829691
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
TOTAL VISION EASTLAKE
890 EASTLAKE PKWY STE 102
CHULA VISTA, CA 91914
Phone: (619) 216-3937
Fax: (619) 216-9041
After Hours Phone: (619) 216-3937
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-W 9AM-6PM
TH 10AM-6PM
F 9AM-6PM
SA 8:30AM-2PM

YEGHIAZARIAN, MARK, OD
Provider Gender: Male
License Number: 34021
NPI: 1356829691
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
TOTAL VISION TERRA NOVA
374 E H ST STE 1708
CHULA VISTA, CA 91910
Phone: (619) 425-7990
Fax: (619) 425-7992
After Hours Phone: (619) 425-7990
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-5:30PM

CORONADO

COCKERHAM, KIMBERLY, MD
Provider Gender: Female
License Number: G86885
NPI: 1366493629
Provider English Spoken: Y
Cultural Competency: Y
ALVARADO EYE ASSOCIATES MED CLINIC INC
801 ORANGE AVE STE 204
CORONADO, CA 92118
Phone: (619) 437-4406
Fax: (619) 522-7983
After Hours Phone: (619) 437-4406
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M 9AM-4:30PM
TU 9AM-3PM
W-TH 9AM-4:30PM

GRAY, IGA, MD
Provider Gender: Female
License Number: A174875
NPI: 1033538350
Provider English Spoken: Y
Cultural Competency: Y
ALVARADO EYE ASSOCIATES MED CLINIC INC
801 ORANGE AVE STE 204
CORONADO, CA 92118
Phone: (619) 437-4406
Fax: (619) 522-7983
After Hours Phone: (619) 437-4406
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M 9AM-4:30PM
TU 9AM-3PM
W-TH 9AM-4:30PM

KATZMAN, LEE, MD
Provider Gender: Male
License Number: A135673
NPI: 1912297284
Provider English Spoken: Y
Cultural Competency: Y
ALVARADO EYE ASSOCIATES MED CLINIC INC
801 ORANGE AVE STE 204
CORONADO, CA 92118
Phone: (619) 437-4406
Fax: (619) 522-7983
After Hours Phone: (619) 437-4406
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M 9AM-4:30PM
TU 9AM-3PM
W-TH 9AM-4:30PM

OU, JOCELYN, OD
Provider Gender: Female
License Number: 34063
NPI: 1225518996
Provider English Spoken: Y
Cultural Competency: Y
ALVARADO EYE ASSOCIATES MED CLINIC INC
801 ORANGE AVE STE 204
CORONADO, CA 92118
Phone: (619) 437-4406
Fax: (619) 522-7983
After Hours Phone: (619) 437-4406
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: 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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6PM

ASIS, STEPHANIE, OD
Provider Gender: Female

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6PM

BANDAK, DIANA, OD
Provider Gender: Female
License Number: 34850
NPI: 1235805318
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6PM

BARNARD, LUKE, MD
Provider Gender: Male
License Number: A195991
NPI: 1710543111
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6PM

BECKMAN, JESSICA, OD
Provider Gender: Female
License Number: 35904
NPI: 1154071447
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hours: M-F 8:30AM-6PM

BINDER, NICHOLAS, MD
Provider Gender: Male
License Number: A124698
NPI: 1306076716
Provider English Spoken: Y
Cultural Competency: Y
RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP
300 S PIERCE ST STE 200
EL CAJON, CA 92020
Phone: (619) 440-5400
Fax: (619) 440-0239
After Hours Phone: (619) 440-5400
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 9AM-5PM
SA 9AM-12AM

CHAN, KWOK FUNG, OD
Provider Gender: Male
License Number: 35087
NPI: 1407508385
Provider English Spoken: Y
Cultural Competency: Y
WERNER OPTOMETRY
2650 JAMACHA RD STE 155
EL CAJON, CA 92019
Phone: (619) 670-6296
Fax: (619) 670-8852
After Hours Phone: (619) 670-6296
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Italian, Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M 9AM-5PM
TU 10AM-5PM
W-TH 9AM-5PM
F 8AM-2PM

CHONG, TAMMY, OD
Provider Gender: Female
License Number: 35841
NPI: 1700612975
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6PM

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6PM

DEANER-HARRINGTON, SHERRY, OD
Provider Gender: Female
License Number: 10628
NPI: 1588858062
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
TOTAL VISION EL CAJON
1093 E MAIN ST
EL CAJON, CA 92021
Phone: (619) 444-1153
Fax: (619) 444-1154
After Hours Phone: (619) 444-1153
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 9AM-5:30PM
W 8:30AM-5PM
TH-F 9AM-5PM

DEIRANIEH, DANYA, OD
Provider Gender: Female
License Number: 35891
NPI: 1336951607
Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION EL CAJON
1093 E MAIN ST
EL CAJON, CA 92021
Phone: (619) 444-1153
Fax: (619) 444-1154
After Hours Phone: (619) 444-1153
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 9AM-5:30PM
W 8:30AM-5PM
TH-F 9AM-5PM

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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6PM

JEONG, JEFFREY, OD
Provider Gender: Male
License Number: 36084
NPI: 1184216848
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)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6PM

KATZMAN, BARRY, MD
Provider Gender: Male
License Number: A34834
NPI: 1760473797
Provider English Spoken: Y
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6PM

MCMURREN, BRITTANY, OD
Provider Gender: Female
License Number: 14824
NPI: 1104243815
Provider English Spoken: Y
Cultural Competency: Y
WERNER OPTOMETRY
2650 JAMACHA RD STE 155
EL CAJON, CA 92019
Phone: (619) 670-6296
Fax: (619) 670-8852
After Hours Phone: (619) 670-6296
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Italian, Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M 9AM-5PM
TU 10AM-5PM
W-TH 9AM-5PM
F 8AM-2PM

MOGHTADER, YASAMIN, OD
Provider Gender: Female
License Number: 36147
NPI: 1386536159

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6PM

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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6PM

SHOLLY, ALLISON, OD
Provider Gender: Female
License Number: 34740
NPI: 1447886601
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6PM

SILOS, VIRGINIE, OD
Provider Gender: Female
License Number: 14915
NPI: 1942616040
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6PM

TAVASSOLI, SARA, OD
Provider Gender: Female
License Number: 13395
NPI: 1184764011
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: (P, EB, IB, E, R)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6PM

TOMIKA, TIFFANY, OD
Provider Gender: Female
License Number: 35552
NPI: 1376320812
Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION EL CAJON
1093 E MAIN ST
EL CAJON, CA 92021
Phone: (619) 444-1153
Fax: (619) 444-1154
After Hours Phone: (619) 444-1153
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 9AM-5:30PM
W 8:30AM-5PM
TH-F 9AM-5PM

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: (P, EB, IB, E, R)
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
Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6PM

VO, LISA, OD
Provider Gender: Female
License Number: 35327
NPI: 1336476605
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: Y
TOTAL VISION EL CAJON
1093 E MAIN ST
EL CAJON, CA 92021
Phone: (619) 444-1153
Fax: (619) 444-1154
After Hours Phone: (619) 444-1153
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 9AM-5:30PM
W 8:30AM-5PM
TH-F 9AM-5PM

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: (P, EB, IB, E, R)
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M 9AM-5PM
TU 10AM-5PM
W-TH 9AM-5PM
F 8AM-2PM

YEGHIAZARIAN, MARK, OD
Provider Gender: Male
License Number: 34021
NPI: 1356829691
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
TOTAL VISION EL CAJON
1093 E MAIN ST
EL CAJON, CA 92021
Phone: (619) 444-1153
Fax: (619) 444-1154
After Hours Phone: (619) 444-1153
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 9AM-5:30PM
W 8:30AM-5PM
TH-F 9AM-5PM

ZAIDI, NOORINA, OD
Provider Gender: Female
License Number: 35615
NPI: 1023477262
Provider English Spoken: Y
Cultural Competency: Y
RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP
300 S PIERCE ST STE 200
EL CAJON, CA 92020
Phone: (619) 440-5400
Fax: (619) 440-0239
After Hours Phone: (619) 440-5400
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-6PM

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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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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
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 Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

BECKMAN, JESSICA, OD
Provider Gender: Female
License Number: 35904
NPI: 1154071447
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

CHANG, TOM, MD
Provider Gender: Male
License Number: A69909
NPI: 1609848969
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024
Phone: (760) 943-7141
Fax: (760) 943-0371
After Hours Phone: (760)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

CHONG, TAMMY, OD
Provider Gender: Female
License Number: 35841
NPI: 1700612975
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

JEONG, JEFFREY, OD
Provider Gender: Male
License Number: 36084
NPI: 1184216848
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: (P, EB, IB, E, R)
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
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: (P, EB, IB, E, R)
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 Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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 Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

MOGHTADER, YASAMIN, OD
Provider Gender: Female
License Number: 36147
NPI: 1386536159
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

MOLL, ANGELA, MD
Provider Gender: Female
License Number: A105472
NPI: 1861648602
Provider English Spoken: Y
Cultural Competency: Y
RADY CHILDRENS HOSPITAL ENCINITAS
477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024
Phone: (858) 309-7702
Fax: (858) 966-7403
After Hours Phone: (858) 309-7702
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

MORRISON REYES, JOSHUA, MD
Provider Gender: Male
License Number: A125435
NPI: 1235366782
Provider English Spoken: Y
Provider Language(s) Spoken: Indonesian, Spanish
Cultural Competency: Y
ACUITY EYE GROUP
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: (P, EB, IB, E, R)
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
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

SAMUEL, MICHAEL, MD
Provider Gender: Male
License Number: A83237
NPI: 1730175670
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024
Phone: (760) 943-7141
Fax: (760) 943-0371
After Hours Phone: (760) 943-7141
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

SHOLLY, ALLISON, OD
Provider Gender: Female
License Number: 34740
NPI: 1447886601
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024
Phone: (760) 943-7141

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

SILOS, VIRGINIE, OD
Provider Gender: Female
License Number: 14915
NPI: 1942616040
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

TAVASSOLI, SARA, OD
Provider Gender: Female
License Number: 13395
NPI: 1184764011
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

TOMIKA, TIFFANY, OD
Provider Gender: Female
License Number: 35552
NPI: 1376320812
Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION ENCINITAS
1454 ENCINITAS BLVD
ENCINITAS, CA 92024
Phone: (760) 753-6336
Fax: (760) 753-2337
After Hours Phone: (760) 753-6336
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 9AM-5PM
W 10AM-5PM
TH 9AM-5PM
F 8:30AM-5PM

TON-NU, MY LINH, OD
Provider Gender: Female
License Number: 34990
NPI: 1245733476
Provider English Spoken: Y
Cultural Competency: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

L. ارائه دهندگان خدمات بینایی

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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

VO, LISA, OD
Provider Gender: Female
License Number: 35327
NPI: 1336476605
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: Y
TOTAL VISION ENCINITAS
1454 ENCINITAS BLVD
ENCINITAS, CA 92024
Phone: (760) 753-6336
Fax: (760) 753-2337
After Hours Phone: (760) 753-6336
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 9AM-5PM
W 10AM-5PM
TH 9AM-5PM
F 8:30AM-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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

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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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-4:30PM

AMINI, AFSANEH, OD
Provider Gender: Female
License Number: 14013
NPI: 1790099943
Provider English Spoken: Y
Cultural Competency: Y
AMERICAN EYE OPTOMETRY
1118 W VALLEY PKWY
ESCONDIDO, CA 92025
Phone: (619) 425-7755
Fax: (619) 425-2138
After Hours Phone: (619) 425-7755
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R) 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: (P, EB, IB, E, R) 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: (P, EB, IB, E, R) Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-4:30PM

BARR, AUSTIN, OD
Provider Gender: Male
License Number: 35249
NPI: 1811560550
Provider English Spoken: Y
Cultural Competency: Y
AMERICAN EYE OPTOMETRY
1118 W VALLEY PKWY
ESCONDIDO, CA 92025
Phone: (619) 425-7755
Fax: (619) 425-2138
After Hours Phone: (619) 425-7755
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R) Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

BEAUDRY, AMANDA, OD
Provider Gender: Female
License Number: 33385
NPI: 1477903516
Provider English Spoken: Y
Cultural Competency: Y
RADY CHILDRENS SPECIALISTS
2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029

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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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-4:30PM

BECKMAN, JESSICA, OD
Provider Gender: Female
License Number: 35904
NPI: 1154071447
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-4:30PM

BHATIA, SHAGUN, MD
Provider Gender: Female
License Number: A154902
NPI: 1104237353
Provider English Spoken: Y
Cultural Competency: Y
RADY CHILDRENS SPECIALISTS
2125 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029
Phone: (760) 755-7600
Fax: (760) 755-7699
After Hours Phone: (760) 755-7600
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-4:30PM

BINDER, NICHOLAS, MD
Provider Gender: Male
License Number: A124698

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NPI: 1306076716
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
After Hours Phone: (760) 743-5872
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

CHONG, TAMMY, OD
Provider Gender: Female
License Number: 35841
NPI: 1700612975
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

GOLDSTONE, ADAM, OD
Provider Gender: Male
License Number: 11051
NPI: 1316972995
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

HSU, CHRISTOPHER, MD
Provider Gender: Male
License Number: A65973
NPI: 1336167618
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
After Hours Phone: (760) 743-5872
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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 Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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

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Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

JEONG, JEFFREY, OD
Provider Gender: Male
License Number: 36084
NPI: 1184216848
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: (P, EB, IB, E, R)
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
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R) Public transportation (within 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: (P, EB, IB, E, R) 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: (P, EB, IB, E, R) Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-4:30PM

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
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TH 9AM-5:30PM F 9AM-1PM

LEE, JASON, OD
Provider Gender: Male
License Number: 14881
NPI: 1679985584
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
RADY CHILDRENS SPECIALISTS
2125 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029
Phone: (760) 755-7600
Fax: (760) 755-7699
After Hours Phone: (760) 755-7600
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-4:30PM

MCGRAW, JOSEPH, MD
Provider Gender: Male
License Number: A155228
NPI: 1588624852
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
After Hours Phone: (760) 743-5872
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

MOGHTADER, YASAMIN, OD
Provider Gender: Female
License Number: 36147
NPI: 1386536159
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

MOLL, ANGELA, MD
Provider Gender: Female
License Number: A105472
NPI: 1861648602
Provider English Spoken: Y
Cultural Competency: Y
RADY CHILDRENS SPECIALISTS
2125 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029
Phone: (760) 755-7600
Fax: (760) 755-7699

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-4:30PM

PATEL, SARJAN, MD
Provider Gender: Male
License Number: A114976
NPI: 1316199326
Provider English Spoken: Y
Provider Language(s) Spoken: Gujarati, Hindi, Spanish
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
After Hours Phone: (760) 743-5872
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

PATEL, GITANE, MD
Provider Gender: Male
License Number: A108603
NPI: 1710171434
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
After Hours Phone: (760) 743-5872
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

PRABHU, SUJATA, MD
Provider Gender: Female
License Number: A115965
NPI: 1982872552
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
After Hours Phone: (760) 743-5872
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

SHOLLY, ALLISON, OD
Provider Gender: Female
License Number: 34740
NPI: 1447886601
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
ACUITY EYE GROUP
700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Phone: (760) 743-5872
Fax: (760) 743-5879
After Hours Phone: (760) 743-5872
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

SILOS, VIRGINIE, OD
Provider Gender: Female
License Number: 14915
NPI: 1942616040
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

TAVASSOLI, SARA, OD
Provider Gender: Female
License Number: 13395
NPI: 1184764011
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: (P, EB, IB, E, R)
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

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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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 9:30AM-5PM
TH 10AM-6PM
F 9:30AM-1PM

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: (P, EB, IB, E, R)
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
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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 Languages(s) Spoken: French

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: (P, EB, IB, E, R)

Public transportation (within 1/2 mile from Site): 1T

Hours: M-TU 9AM-6PM W-TH 11AM-8PM F 9AM-5PM

ZAIDI, NOORINA, OD

Provider Gender: Female

License Number: 35615

NPI: 1023477262

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: (P, EB, IB, E, R)

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: (P, EB, IB, E, R)

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)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
- *Hours: M-F 8AM-5PM*

FALLBROOK

ARCHIBALD, JOHN, OD
Provider Gender: Male
License Number: 11813
NPI: 1902893357
Provider English Spoken: Y
Cultural Competency: Y
INLAND EYE SPECIALISTS
521 E ELDER ST STE 102
FALLBROOK, CA 92028
Phone: (760) 728-5728
Fax: (760) 728-5934
- *After Hours Phone: (760) 728-5728*

Accepting New Patients: Yes
- *Site English Spoken: Y*
- *Site Languages(s) Spoken: Spanish*

Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
- *Hours: M-F 8AM-5PM*

CONNOR, JEFFREY, OD
Provider Gender: Male
License Number: 33683
NPI: 1063968980
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
INLAND EYE SPECIALISTS
521 E ELDER ST STE 102
FALLBROOK, CA 92028
Phone: (760) 728-5728
Fax: (760) 728-5934
- *After Hours Phone: (760) 728-5728*

Accepting New Patients: Yes
- *Site English Spoken: Y*
- *Site Languages(s) Spoken: Spanish*

Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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

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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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M 1PM-5PM
W 9AM-6PM
F 1PM-5PM

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N
Accessibility: (P, EB, IB, E, R)
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
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 9AM-6PM

LA JOLLA

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
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

BECKMAN, JESSICA, OD
Provider Gender: Female
License Number: 35904
NPI: 1154071447
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

CANDELARIA, AMBER, OD
Provider Gender: Female
License Number: 35724
NPI: 1013759117
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: (P, EB, IB, E, R)
Public transportation (within

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1/2 mile from Site): 1T
Hours: M-F 8AM-4:30PM

CANDELARIA, AMBER, OD
Provider Gender: Female
License Number: 35724
NPI: 1013759117
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM SA 8AM-2PM

CHONG, TAMMY, OD
Provider Gender: Female
License Number: 35841
NPI: 1700612975
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

DYER, SHARON, OD
Provider Gender: Female
License Number: 33450
NPI: 1063866887
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Phone: (858) 457-3010
Fax: (858) 457-0028
After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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

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Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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

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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: (P, EB, IB, E, R)
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: 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
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM SA 8AM-2PM

JEONG, JEFFREY, OD
Provider Gender: Male
License Number: 36084
NPI: 1184216848
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

JOMOC, CAITLIN, OD
Provider Gender: Female
License Number: 35009
NPI: 1861164642
Provider English Spoken: Y
Cultural Competency: Y
UCSD SHILEY EYE CENTER
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (858) 534-6290
Fax: (858) 732-0921
After Hours Phone: (858) 534-6290
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM SA 8AM-2PM

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JOMOC, CAITLIN, OD
Provider Gender: Female
License Number: 35009
NPI: 1861164642
Provider English Spoken: Y
Cultural Competency: Y
PERLMAN OPHTHALMOLOGY-UCSD
9350 CAMPUS POINT DR STE 1B
LA JOLLA, CA 92037
Phone: (858) 534-6290
Fax: (858) 732-0921
After Hours Phone: (858) 534-6290
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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 Languages(s) Spoken: Spanish, Tagalog
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

KHALIL, VADY, OD
Provider Gender: Male
License Number: 35137
NPI: 1275263584
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: Y
ACUITY EYE GROUP
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-4:30PM

KULISCHAK, JOHN, OD
Provider Gender: Male
License Number: 9279
NPI: 1740205236
Provider English Spoken: Y
Cultural Competency: Y
UCSD SHILEY EYE CENTER
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (858) 534-6290
Fax: (858) 732-0921
After Hours Phone: (858) 534-6290
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-4:30PM

MOGHTADER, YASAMIN, OD
Provider Gender: Female
License Number: 36147
NPI: 1386536159
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM SA 8AM-2PM

MOOR, TRACY, OD
Provider Gender: Female
License Number: 35085
NPI: 1184283277
Provider English Spoken: Y
Cultural Competency: Y
PERLMAN OPHTHALMOLOGY-UCSD
9350 CAMPUS POINT DR STE 1B
LA JOLLA, CA 92037
Phone: (858) 534-6290
Fax: (858) 732-0921
After Hours Phone: (858) 534-6290
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-4:30PM

MORRISON REYES, JOSHUA, MD
Provider Gender: Male
License Number: A125435
NPI: 1235366782
Provider English Spoken: Y
Provider Language(s) Spoken:

Indonesian, Spanish
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Phone: (858) 457-3010
Fax: (858) 457-0028
After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

SHOLLY, ALLISON, OD
Provider Gender: Female
License Number: 34740
NPI: 1447886601
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

SILOS, VIRGINIE, OD
Provider Gender: Female
License Number: 14915
NPI: 1942616040
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

TAVASSOLI, SARA, OD
Provider Gender: Female
License Number: 13395
NPI: 1184764011
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

TON-NU, MY LINH, OD
Provider Gender: Female
License Number: 34990
NPI: 1245733476
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037

Phone: (858) 457-3010
Fax: (858) 457-0028
After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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 Languages(s) Spoken: Spanish, Tagalog
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

TRAJANO, CHARMINE, OD
Provider Gender: Female
License Number: 14993
NPI: 1699183673
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-4:30PM

TRAJANO, CHARMINE, OD
Provider Gender: Female
License Number: 14993
NPI: 1699183673
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM SA 8AM-2PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

VINH, JOHN, OD
Provider Gender: Male
License Number: 14177
NPI: 1003102724
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037
Phone: (858) 457-3010
Fax: (858) 457-0028
After Hours Phone: (858) 457-3010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

VO, ANDREW MINH, OD
Provider Gender: Male
License Number: 33869
NPI: 1790291565
Provider English Spoken: Y
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
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 A
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: (P, EB, IB, E, R)
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 A
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

L. ارائه دهندگان خدمات بینایی

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 A
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: (P, EB, IB, E, R)
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
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
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
7339 EL CAJON BLVD STE A
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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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

BARNARD, LUKE, MD
Provider Gender: Male
License Number: A195991
NPI: 1710543111
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

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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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

BECKMAN, JESSICA, OD
Provider Gender: Female
License Number: 35904
NPI: 1154071447
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

BECKMAN, JESSICA, OD
Provider Gender: Female
License Number: 35904
NPI: 1154071447
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
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Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
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Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

BECKMAN, JESSICA, OD
Provider Gender: Female
License Number: 35904
NPI: 1154071447
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
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Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
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 A
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

BINDER, NICHOLAS, MD
Provider Gender: Male
License Number: A124698
NPI: 1306076716

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 9:30AM-5PM SA 9:30AM-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: (P, EB, IB, E, R)
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 A
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

CHONG, TAMMY, OD
Provider Gender: Female
License Number: 35841
NPI: 1700612975
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

CHONG, TAMMY, OD
Provider Gender: Female
License Number: 35841
NPI: 1700612975
Provider English Spoken: Y
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942
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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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

COCKERHAM, KIMBERLY, MD
Provider Gender: Female
License Number: G86885
NPI: 1366493629
Provider English Spoken: Y
Cultural Competency: Y
ALVARADO EYE ASSOCIATES MED CLINIC INC
7877 PARKWAY DR STE 100
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8:30AM-4:30PM

DEAN, MOENA, OD
Provider Gender: Female
License Number: 33955
NPI: 1265927578
Provider English Spoken: Y
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942
Phone: (619) 465-2020
Fax: (619) 698-1189

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
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
7339 EL CAJON BLVD STE A
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

DEIRANIEH, DANYA, OD
Provider Gender: Female
License Number: 35891
NPI: 1336951607
Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION LA MESA
7090 PARKWAY DR STE A
LA MESA, CA 91942
Phone: (619) 460-2020
Fax: (619) 462-2020
After Hours Phone: (619) 460-2020
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 9AM-5:30PM
W 8AM-4:30PM
TH 9AM-5:30PM
F 8AM-4:30PM
SA 9AM-12:30AM

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 A
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

DYER, SHARON, OD
Provider Gender: Female

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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
Provider English Spoken: Y
Provider Language(s) Spoken: Korean
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

HSU, CHRISTOPHER, MD
Provider Gender: Male
License Number: A65973
NPI: 1336167618
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
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: (P, EB, IB, E, R)
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 A
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: (P, EB, IB, E, R)
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
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Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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
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Gender Restriction: No Gender restriction
American Sign Language (ASL): N
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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 A
LA MESA, CA 91942
Phone: (619) 722-8460

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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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

JEONG, JEFFREY, OD
Provider Gender: Male
License Number: 36084
NPI: 1184216848
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
LA MESA, CA 91942
Phone: (619) 722-8460
Fax: (619) 722-8465
After Hours Phone: (619) 722-8460
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Gender Restriction: No Gender restriction
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Hours: M-F 8AM-5PM

JEONG, JEFFREY, OD
Provider Gender: Male
License Number: 36084
NPI: 1184216848
Provider English Spoken: Y
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
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Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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
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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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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 A
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

KATZMAN, BARRY, MD
Provider Gender: Male
License Number: A34834
NPI: 1760473797
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

KATZMAN, LEE, MD
Provider Gender: Male
License Number: A135673
NPI: 1912297284
Provider English Spoken: Y
Cultural Competency: Y
ALVARADO EYE ASSOCIATES MED CLINIC INC
7877 PARKWAY DR STE 100
LA MESA, CA 91942
Phone: (619) 460-3711
Fax: (619) 460-2184
After Hours Phone: (619) 460-3711
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8:30AM-4:30PM

KHALIL, VADY, OD
Provider Gender: Male
License Number: 35137
NPI: 1275263584
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942
Phone: (619) 465-2020
Fax: (619) 698-1189
After Hours Phone: (619) 465-2020
Accepting New Patients: Yes

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

KHALIL, VADY, OD
Provider Gender: Male
License Number: 35137
NPI: 1275263584
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 9AM-5:30PM
W 8AM-4:30PM
TH 9AM-5:30PM
F 8AM-4:30PM
SA 9AM-12:30AM

KIKUNAGA, HENRY, OD
Provider Gender: Male
License Number: 13186
NPI: 1841406394
Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION LA MESA
7090 PARKWAY DR STE A
LA MESA, CA 91942
Phone: (619) 460-2020
Fax: (619) 462-2020
After Hours Phone: (619) 460-2020
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

LEE, SALLY, DO
Provider Gender: Female
License Number: 20A8088
NPI: 1457468514
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Chinese
Cultural Competency: Y
SAN DIEGO EYE PROFESSIONALS
8291 LA MESA BLVD
LA MESA, CA 91942
Phone: (619) 583-4295
Fax: (619) 393-1133
After Hours Phone: (619) 583-4295
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: German, Spanish, Chinese
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: TU-F 9AM-5PM
SA 9AM-5PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

LEVY, PHILLIP, OD
Provider Gender: Male
License Number: 4884
NPI: 1528189115
Provider English Spoken: Y
Cultural Competency: Y
BUITIQUE OPTOMETRY
5020 BALTIMORE DR STE B
LA MESA, CA 91942
Phone: (619) 464-8303
Fax: (619) 464-4971
After Hours Phone: (619) 464-8303
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 9:30AM-5PM SA 9:30AM-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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8:30AM-4:30PM

MARR, RYAN, OD
Provider Gender: Male
License Number: 35302
NPI: 1235857525
Provider English Spoken: Y
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942
Phone: (619) 465-2020
Fax: (619) 698-1189
After Hours Phone: (619) 465-2020
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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
7339 EL CAJON BLVD STE A
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

MOGHTADER, YASAMIN, OD
Provider Gender: Female
License Number: 36147
NPI: 1386536159
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

MOGHTADER, YASAMIN, OD
Provider Gender: Female
License Number: 36147
NPI: 1386536159
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

MORRISON REYES, JOSHUA, MD
Provider Gender: Male
License Number: A125435
NPI: 1235366782
Provider English Spoken: Y
Provider Language(s) Spoken: Indonesian, Spanish
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

MORRISON REYES, JOSHUA, MD
Provider Gender: Male
License Number: A125435
NPI: 1235366782
Provider English Spoken: Y
Provider Language(s) Spoken: Indonesian, Spanish
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

NGUYEN, THY, OD
Provider Gender: Female
License Number: 12746
NPI: 1750490413
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Vietnamese
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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 A
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

PATEL, SARJAN, MD
Provider Gender: Male
License Number: A114976
NPI: 1316199326
Provider English Spoken: Y
Provider Language(s) Spoken: Gujarati, Hindi, Spanish
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
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: (P, EB, IB, E, R)
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 A
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: (P, EB, IB, E, R)
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 A
LA MESA, CA 91942

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

PRABHU, SUJATA, MD
Provider Gender: Female
License Number: A115965
NPI: 1982872552
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942
Phone: (619) 465-2020
Fax: (619) 698-1189
After Hours Phone: (619) 465-2020
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

QUACH, PHUC, OD
Provider Gender: Male
License Number: 12891
NPI: 1770617805
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Vietnamese
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within

1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

SCOTT, JEFFREY, OD
Provider Gender: Male
License Number: 34978
NPI: 1568813434
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

SHOLLY, ALLISON, OD
Provider Gender: Female
License Number: 34740
NPI: 1447886601
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

SHOLLY, ALLISON, OD
Provider Gender: Female
License Number: 34740
NPI: 1447886601
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942
Phone: (619) 465-2020
Fax: (619) 698-1189
After Hours Phone: (619) 465-2020
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

SILOS, VIRGINIE, OD
Provider Gender: Female
License Number: 14915
NPI: 1942616040
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

SILOS, VIRGINIE, OD
Provider Gender: Female
License Number: 14915
NPI: 1942616040
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

TAVASSOLI, SARA, OD
Provider Gender: Female
License Number: 13395
NPI: 1184764011
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

TAVASSOLI, SARA, OD
Provider Gender: Female
License Number: 13395
NPI: 1184764011
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

TILLMAN, SYLVIA, OD
Provider Gender: Female
License Number: 9726
NPI: 1174730824

Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
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: (P, EB, IB, E, R)
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 A
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: (P, EB, IB, E, R)
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
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

TOMIKA, TIFFANY, OD
Provider Gender: Female
License Number: 35552
NPI: 1376320812
Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION LA MESA
7090 PARKWAY DR STE A
LA MESA, CA 91942
Phone: (619) 460-2020
Fax: (619) 462-2020
After Hours Phone: (619) 460-2020
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 9AM-5:30PM
W 8AM-4:30PM
TH 9AM-5:30PM
F 8AM-4:30PM
SA 9AM-12:30AM

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 A
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: (P, EB, IB, E, R)
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
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

TONNU, ANH, OD
Provider Gender: Female
License Number: 11318
NPI: 1679521280
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
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: (P, EB, IB, E, R)
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 A
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

TU, BEVERLY, OD
Provider Gender: Female
License Number: 34108
NPI: 1053892794
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Vietnamese
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
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: (P, EB, IB, E, R)
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 A
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

VINH, JOHN, OD
Provider Gender: Male
License Number: 14177
NPI: 1003102724
Provider English Spoken: Y
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942
Phone: (619) 465-2020
Fax: (619) 698-1189
After Hours Phone: (619) 465-2020
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

VO, LISA, OD
Provider Gender: Female
License Number: 35327
NPI: 1336476605
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: Y
TOTAL VISION LA MESA
7090 PARKWAY DR STE A
LA MESA, CA 91942
Phone: (619) 460-2020
Fax: (619) 462-2020
After Hours Phone: (619) 460-2020
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 9AM-5:30PM
W 8AM-4:30PM
TH 9AM-5:30PM
F 8AM-4:30PM
SA 9AM-12:30AM

YEGHIAZARIAN, MARK, OD
Provider Gender: Male
License Number: 34021
NPI: 1356829691
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
TOTAL VISION LA MESA
7090 PARKWAY DR STE A
LA MESA, CA 91942
Phone: (619) 460-2020
Fax: (619) 462-2020
After Hours Phone: (619) 460-2020
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 9AM-5:30PM
W 8AM-4:30PM
TH 9AM-5:30PM
F 8AM-4:30PM
SA 9AM-12:30AM

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: (P, EB, IB, E, R)
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R) Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

ZAIDI, NOORINA, OD
Provider Gender: Female
License Number: 35615
NPI: 1023477262
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
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: (P, EB, IB, E, R) Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

ZVANUT, DONALD, OD
Provider Gender: Male
License Number: 8642
NPI: 1336211804
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
7339 EL CAJON BLVD STE A
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: (P, EB, IB, E, R) Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

ZVANUT, DONALD, OD
Provider Gender: Male
License Number: 8642
NPI: 1336211804
Provider English Spoken: Y
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942
Phone: (619) 465-2020
Fax: (619) 698-1189
After Hours Phone: (619) 465-2020
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM

LEMON GROVE

DEANER-HARRINGTON, SHERRY, OD
Provider Gender: Female
License Number: 10628
NPI: 1588858062
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
TOTAL VISION LEMON GROVE
7850 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 697-2020
Fax: (619) 697-0728
After Hours Phone: (619) 697-2020
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TH 8AM-5PM
F 9AM-5PM
Teleservice

DEIRANIEH, DANYA, OD
Provider Gender: Female
License Number: 35891
NPI: 1336951607
Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION LEMON GROVE
7850 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 697-2020
Fax: (619) 697-0728
After Hours Phone: (619) 697-2020
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TH 8AM-5PM
F 9AM-5PM
Teleservice

KIKUNAGA, HENRY, OD
Provider Gender: Male
License Number: 13186
NPI: 1841406394
Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION LEMON GROVE
7850 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 697-2020
Fax: (619) 697-0728
After Hours Phone: (619) 697-2020
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TH 8AM-5PM
F 9AM-5PM
Teleservice

TOMIKA, TIFFANY, OD
Provider Gender: Female
License Number: 35552
NPI: 1376320812
Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION LEMON GROVE
7850 BROADWAY
LEMON GROVE, CA 91945

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Phone: (619) 697-2020
Fax: (619) 697-0728
After Hours Phone: (619) 697-2020
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TH 8AM-5PM F 9AM-5PM
Teleservice

VO, LISA, OD
Provider Gender: Female
License Number: 35327
NPI: 1336476605
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: Y
TOTAL VISION LEMON GROVE
7850 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 697-2020
Fax: (619) 697-0728
After Hours Phone: (619) 697-2020
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TH 8AM-5PM F 9AM-5PM
Teleservice

YEGHIAZARIAN, MARK, OD
Provider Gender: Male
License Number: 34021
NPI: 1356829691
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
TOTAL VISION LEMON GROVE
7850 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 697-2020
Fax: (619) 697-0728
After Hours Phone: (619) 697-2020
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TH 8AM-5PM F 9AM-5PM
Teleservice

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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R) Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

BANDAK, DIANA, OD
Provider Gender: Female
License Number: 34850
NPI: 1235805318
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: (P, EB, IB, E, R) Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

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
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: (P, EB, IB, E, R) Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

BARNARD, LUKE, MD
Provider Gender: Male
License Number: A195991
NPI: 1710543111
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: (P, EB, IB, E, R) Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

BECKMAN, JESSICA, OD
Provider Gender: Female
License Number: 35904
NPI: 1154071447
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
655 EUCLID AVE STE 302

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

BECKMAN, JESSICA, OD
Provider Gender: Female
License Number: 35904
NPI: 1154071447
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

BINDER, NICHOLAS, MD
Provider Gender: Male
License Number: A124698
NPI: 1306076716
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950
Phone: (619) 470-2700
Fax: (619) 267-8221
After Hours Phone: (619) 470-2700
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

CHONG, TAMMY, OD
Provider Gender: Female
License Number: 35841
NPI: 1700612975
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

CHONG, TAMMY, OD
Provider Gender: Female

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

License Number: 35841
NPI: 1700612975
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

DEAN, MOENA, OD
Provider Gender: Female
License Number: 33955
NPI: 1265927578
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950
Phone: (619) 470-2700
Fax: (619) 267-8221
After Hours Phone: (619) 470-2700
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

DEAN, MOENA, OD
Provider Gender: Female
License Number: 33955
NPI: 1265927578
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Phone: (619) 472-1010
Fax: (619) 479-5233
After Hours Phone: (619) 472-1010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

DYER, SHARON, OD
Provider Gender: Female
License Number: 33450
NPI: 1063866887
Provider English Spoken: Y
Cultural Competency: Y
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T

Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

DYER, SHARON, OD
Provider Gender: Female
License Number: 33450
NPI: 1063866887
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950
Phone: (619) 470-2700
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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: (P, EB, IB, E, R) Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

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: (P, EB, IB, E, R) Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

HUANG, GRACE, OD
Provider Gender: Female
License Number: 35485
NPI: 1013605526
Provider English Spoken: Y
Cultural Competency: Y
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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: (P, EB, IB, E, R) Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

HUDSON, HENRY, MD
Provider Gender: Male
License Number: G76091
NPI: 1851349195
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Phone: (619) 472-1010
Fax: (619) 479-5233
After Hours Phone: (619) 472-1010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None

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Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

JEONG, JEFFREY, OD
Provider Gender: Male
License Number: 36084
NPI: 1184216848
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

JEONG, JEFFREY, OD
Provider Gender: Male
License Number: 36084
NPI: 1184216848
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: (P, EB, IB, E, R)
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
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: (P, EB, IB, E, R)
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
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, Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 9AM-6PM
SA 9AM-5PM
Teleservice

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

KEDDINGTON, JOAN, OD
Provider Gender: Female
License Number: 6263
NPI: 1992872691
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
LUSTRO EYEWORKS OPTOMETRY
1481 E PLAZA BLVD
NATIONAL CITY, CA 91950
Phone: (619) 477-2159
Fax: (619) 477-2128
After Hours Phone: (619) 477-2159
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Arabic, Spanish
Min/Max Age: 0\None

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 9AM-6PM
SA 9AM-5PM
Teleservice

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

KHALIL, VADY, OD
Provider Gender: Male
License Number: 35137
NPI: 1275263584
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: Y
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Phone: (619) 472-1010
Fax: (619) 479-5233
After Hours Phone: (619) 472-1010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

KHIEU, TINA, OD
Provider Gender: Female
License Number: 34777
NPI: 1962031617
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950
Phone: (619) 470-2700
Fax: (619) 267-8221
After Hours Phone: (619) 470-2700
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

KING, MARY, OD
Provider Gender: Female
License Number: 13711
NPI: 1578792107
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish

Cultural Competency: Y
LUSTRO EYEWORKS
OPTOMETRY
1481 E PLAZA BLVD
NATIONAL CITY, CA 91950
Phone: (619) 477-2159
Fax: (619) 477-2128
After Hours Phone: (619) 477-2159
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Arabic, Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 9AM-6PM
SA 9AM-5PM
Teleservice

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: TU-F 9:30AM-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: (P, EB, IB, E, R)
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
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After Hours Phone: (619) 472-1010
Accepting New Patients: Yes
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Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 8AM-6PM
W 8:30AM-5PM

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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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-TU 10AM-5PM
TH-F 10AM-5PM

MOGHTADER, YASAMIN, OD
Provider Gender: Female
License Number: 36147
NPI: 1386536159
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

MOGHTADER, YASAMIN, OD
Provider Gender: Female
License Number: 36147
NPI: 1386536159
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: (P, EB, IB, E, R)
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)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

MORRISON REYES, JOSHUA, MD
Provider Gender: Male
License Number: A125435
NPI: 1235366782
Provider English Spoken: Y
Provider Language(s) Spoken: Indonesian, Spanish
Cultural Competency: Y
ACUITY EYE GROUP
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

NGUYEN, THERESA, OD
Provider Gender: Female
License Number: 35530
NPI: 1609555713
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
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, Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 9AM-6PM
SA 9AM-5PM
Teleservice

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

PATEL, SARJAN, MD
Provider Gender: Male
License Number: A114976
NPI: 1316199326
Provider English Spoken: Y
Provider Language(s) Spoken: Gujarati, Hindi, Spanish
Cultural Competency: Y
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950
Phone: (619) 470-2700
Fax: (619) 267-8221
After Hours Phone: (619) 470-2700
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

RECKER, KATHRYN, OD
Provider Gender: Female
License Number: 33574
NPI: 1437604006
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
LUMINOPTIX OPTOMETRY APC
1132 E PLAZA BLVD STE 201
NATIONAL CITY, CA 91950
Phone: (619) 477-4166
Fax: (619) 477-4167
After Hours Phone: (619) 477-4166
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: SU-SA 9AM-5PM
Teleservice

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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

SHOLLY, ALLISON, OD
Provider Gender: Female
License Number: 34740
NPI: 1447886601
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

SHOLLY, ALLISON, OD
Provider Gender: Female
License Number: 34740
NPI: 1447886601
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Phone: (619) 472-1010
Fax: (619) 479-5233
After Hours Phone: (619) 472-1010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

SILOS, VIRGINIE, OD
Provider Gender: Female
License Number: 14915
NPI: 1942616040
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

SILOS, VIRGINIE, OD
Provider Gender: Female
License Number: 14915
NPI: 1942616040
Provider English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

TAVASSOLI, SARA, OD
Provider Gender: Female
License Number: 13395
NPI: 1184764011
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

TAVASSOLI, SARA, OD
Provider Gender: Female
License Number: 13395
NPI: 1184764011
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
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
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 8AM-6PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

W 8:30AM-5PM
TH 8AM-6PM
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
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: (P, EB, IB, E, R) Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

TON-NU, MY LINH, OD
Provider Gender: Female
License Number: 34990
NPI: 1245733476
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950
Phone: (619) 470-2700
Fax: (619) 267-8221
After Hours Phone: (619) 470-2700
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R) Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

TON-NU, MY LINH, OD
Provider Gender: Female
License Number: 34990
NPI: 1245733476
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Phone: (619) 472-1010
Fax: (619) 479-5233
After Hours Phone: (619) 472-1010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R) Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

TOUBIA, ELIAS, OD
Provider Gender: Male
License Number: 33758
NPI: 1740701481
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: Y
LUSTRO EYEWORKS OPTOMETRY
1481 E PLAZA BLVD
NATIONAL CITY, CA 91950
Phone: (619) 477-2159
Fax: (619) 477-2128
After Hours Phone: (619) 477-2159
Accepting New Patients: Yes

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Site English Spoken: Y
Site Languages(s) Spoken: Arabic, Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 9AM-6PM
SA 9AM-5PM
Teleservice

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

VINH, JOHN, OD
Provider Gender: Male
License Number: 14177
NPI: 1003102724
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Phone: (619) 472-1010
Fax: (619) 479-5233
After Hours Phone: (619) 472-1010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: TU-F 9:30AM-5PM

ZAIDI, NOORINA, OD
Provider Gender: Female
License Number: 35615
NPI: 1023477262
Provider English Spoken: Y

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

ZVANUT, DONALD, OD
Provider Gender: Male
License Number: 8642
NPI: 1336211804
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Phone: (619) 472-1010
Fax: (619) 479-5233
After Hours Phone: (619) 472-1010
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

SAN DIEGO

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: (P, EB, IB, E, R)
Public transportation (within

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

1/2 mile from Site): 1U
Hours: M-F 7AM-5PM
Teleservice

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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM
SA 8:30AM-2PM

BANDAK, DIANA, OD
Provider Gender: Female
License Number: 34850
NPI: 1235805318
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: (P, EB, IB, E, R)
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

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

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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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 7AM-5PM
Teleservice

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 7AM-5PM
Teleservice

BECKMAN, JESSICA, OD
Provider Gender: Female
License Number: 35904
NPI: 1154071447
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: (P, EB, IB, E, R)
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

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 7AM-5PM
Teleservice

BHATIA, SHAGUN, MD
Provider Gender: Female
License Number: A154902

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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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 7AM-5PM
Teleservice

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: (P, EB, IB, E, R)
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

CANDELARIA, AMBER, OD
Provider Gender: Female
License Number: 35724
NPI: 1013759117
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-4PM

CANDELARIA, AMBER, OD
Provider Gender: Female
License Number: 35724
NPI: 1013759117
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

CHAIN, PEI CHI, OD
Provider Gender: Female
License Number: 34439
NPI: 1730676727
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Chinese
Cultural Competency: Y
SPOTLIGHT OPTOMETRY
7835 HIGHLANDS VLG PL
D 106
SAN DIEGO, CA 92129
Phone: (858) 250-0052
Fax: (858) 788-0287
After Hours Phone: (858) 250-0052
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-W 9AM-5PM
TH 9AM-1:30PM
F 9AM-5PM
SA 9AM-1PM

CHONG, TAMMY, OD
Provider Gender: Female
License Number: 35841
NPI: 1700612975
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: (P, EB, IB, E, R)
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

CHUNG, ALLEN, OD
Provider Gender: Male
License Number: 33974
NPI: 1003301391
Provider English Spoken: Y
Cultural Competency: Y
SPOTLIGHT OPTOMETRY
7835 HIGHLANDS VLG PL
D 106
SAN DIEGO, CA 92129
Phone: (858) 250-0052

Fax: (858) 788-0287
After Hours Phone: (858) 250-0052
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TU 9AM-5PM
W 10AM-6PM
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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM
SA 8:30AM-2PM

DAVIS, JADE, OD
Provider Gender: Female
License Number: 11765
NPI: 1457303398
Provider English Spoken: Y
Cultural Competency: Y
OPTOM-EYES VISION CARE OPTOMETRY
5638 MISSION CENTER RD
STE 103
SAN DIEGO, CA 92108
Phone: (619) 295-2900
Fax: (888) 210-5799
After Hours Phone: (619) 295-2900
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 9AM-5:30PM
SA 9AM-3PM

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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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M 7:30AM-4:30PM
TU 8AM-5PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-4PM

GIANG, STEVEN, OD
Provider Gender: Male
License Number: 34489
NPI: 1730710104
Provider English Spoken: Y
Cultural Competency: Y
JASMINE P NGUYEN OD INC
4029 43RD ST STE 300
SAN DIEGO, CA 92105
Phone: (619) 284-3937
Fax: (619) 284-3938
After Hours Phone: (619) 284-3937
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 9AM-5PM
SA 9AM-1PM

HO, HOANG, OD
Provider Gender: Male
License Number: 12582
NPI: 1275684847
Provider English Spoken: Y
Cultural Competency: Y
HEALTHY I CARE OPTOMETRY
10737 CAMINO RUIZ STE 220
SAN DIEGO, CA 92126
Phone: (858) 844-9441
After Hours Phone: (858) 844-9441
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: TH-F 9AM-5PM

HO, AMIEE, OD
Provider Gender: Female
License Number: 14527
NPI: 1396009478
Provider English Spoken: Y
Cultural Competency: Y
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T

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Hours: M-F 8AM-5PM

HO, AMIEE, OD
Provider Gender: Female
License Number: 14527
NPI: 1396009478
Provider English Spoken: Y
Cultural Competency: Y
HILLCREST EYE CENTER-UCSD
4060 4TH AVE STE 610
SAN DIEGO, CA 92103
Phone: (619) 543-6244
Fax: (619) 295-5034
After Hours Phone: (619) 543-6244
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-4PM

HOANG, KEVIN, OD
Provider Gender: Male
License Number: 34401
NPI: 1790339216
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
JASMINE P NGUYEN OD INC
4029 43RD ST STE 300
SAN DIEGO, CA 92105
Phone: (619) 284-3937
Fax: (619) 284-3938
After Hours Phone: (619) 284-3937
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 9AM-5PM
SA 9AM-1PM

HOFFMAN, STEVEN, OD
Provider Gender: Male
License Number: 34561
NPI: 1033736079
Provider English Spoken: Y
Cultural Competency: Y
JASMINE P NGUYEN OD INC
4029 43RD ST STE 300
SAN DIEGO, CA 92105
Phone: (619) 284-3937
Fax: (619) 284-3938
After Hours Phone: (619) 284-3937
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 9AM-5PM
SA 9AM-1PM

HOM, GREGORY, OD
Provider Gender: Male
License Number: 9694
NPI: 1154473916
Provider English Spoken: Y
Cultural Competency: Y
GREGORY G HOM OD
11230 SORRENTO VLY RD STE 145
SAN DIEGO, CA 92121
Phone: (858) 535-9835
Fax: (858) 535-1266
After Hours Phone: (858) 535-9835
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender

restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-TH 9AM-5PM
F 9AM-4PM

HOO, PAMELA, OD
Provider Gender: Female
License Number: 11033
NPI: 1275566010
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
HILLCREST EYE CENTER-UCSD
4060 4TH AVE STE 610
SAN DIEGO, CA 92103
Phone: (619) 543-6244
Fax: (619) 295-5034
After Hours Phone: (619) 543-6244
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-4PM

HUANG, GRACE, OD
Provider Gender: Female
License Number: 35485
NPI: 1013605526
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Phone: (619) 697-4600
Fax: (619) 697-2410
After Hours Phone: (619) 697-4600
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M 7:30AM-4:30PM
TU 8AM-5PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-4PM

HUDSON, HENRY, MD
Provider Gender: Male
License Number: G76091
NPI: 1851349195
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Phone: (619) 697-4600
Fax: (619) 697-2410
After Hours Phone: (619) 697-4600
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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

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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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-4PM

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M 9:30AM-6PM
W-F 9:30AM-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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM
Teleservice

HUYNH, PAUL, MD
Provider Gender: Male
License Number: A79141
NPI: 1871577056
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: Y
ADVANCED EYE AND LASER CTR OF CA INC
4844 UNIVERSITY AVE STE A
SAN DIEGO, CA 92105
Phone: (619) 283-1303
Fax: (619) 283-1666
After Hours Phone: (619) 283-1303
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction

American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R) Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

JEONG, JEFFREY, OD
Provider Gender: Male
License Number: 36084
NPI: 1184216848
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: (P, EB, IB, E, R) 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

JOMOC, CAITLIN, OD
Provider Gender: Female
License Number: 35009
NPI: 1861164642
Provider English Spoken: Y
Cultural Competency: Y
HILLCREST EYE CENTER-UCSD
4060 4TH AVE STE 610
SAN DIEGO, CA 92103
Phone: (619) 543-6244
Fax: (619) 295-5034
After Hours Phone: (619) 543-6244
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R) 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: (P, EB, IB, E, R) 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
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M 7:30AM-4:30PM
TU 8AM-5PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-4PM

KHAN, FAHAD, MD
Provider Gender: Male
License Number: A163142
NPI: 1548605843
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi
Cultural Competency: Y
VISION SPECIALISTS OF CALIFORNIA
233 LEWIS ST
SAN DIEGO, CA 92103
Phone: (619) 501-9050
Fax: (619) 501-9054
After Hours Phone: (619) 501-9050
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Bengali, Hindi, Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T

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Hours: M-TH 8:30AM-4:30PM F 8:30AM-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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 8AM-5PM SA 8:30AM-2PM

KIKUNAGA, HENRY, OD

Provider Gender: Male
License Number: 13186
NPI: 1841406394
Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION MIRA MESA
8230 MIRA MESA BLVD STE B
SAN DIEGO, CA 92126
Phone: (858) 566-6670
Fax: (858) 566-5152
After Hours Phone: (858) 566-6670
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-5:30PM SA 9AM-5:30PM

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-4PM

KLAREN, AMANDA, OD

Provider Gender: Female
License Number: 12617
NPI: 1396876611
Provider English Spoken: Y
Cultural Competency: Y
RADY CHILDRENS SPECIALISTS
7910 FROST ST STE 200
SAN DIEGO, CA 92123
Phone: (858) 309-7702
Fax: (858) 966-8901
After Hours Phone: (858) 309-7702
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL):

N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 7AM-5PM
Teleservice

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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-4PM

LAU, KUEN CHINE, OD
Provider Gender: Male
License Number: 11166
NPI: 1821001645
Provider English Spoken: Y
Cultural Competency: Y
OPTOM-EYES VISION CARE OPTOMETRY
5638 MISSION CENTER RD STE 103
SAN DIEGO, CA 92108
Phone: (619) 295-2900
Fax: (888) 210-5799
After Hours Phone: (619) 295-2900
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 9AM-5:30PM 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)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 7AM-5PM
Teleservice

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: (P, EB, IB, E, R)
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
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-TH 11AM-6PM
F 1PM-5PM
SA 9AM-1PM
Teleservice

MA, SHAN, OD
Provider Gender: Female
License Number: 35938
NPI: 1174175129
Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION MIRA MESA
8230 MIRA MESA BLVD STE B
SAN DIEGO, CA 92126
Phone: (858) 566-6670
Fax: (858) 566-5152
After Hours Phone: (858) 566-6670
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-5:30PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

SA 9AM-5:30PM

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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

MCGRAW, JOSEPH, MD
Provider Gender: Male
License Number: A155228
NPI: 1588624852
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Phone: (619) 697-4600
Fax: (619) 697-2410
After Hours Phone: (619) 697-4600
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-4PM

MOGHTADER, YASAMIN, OD
Provider Gender: Female
License Number: 36147
NPI: 1386536159
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: (P, EB, IB, E, R)
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

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 7AM-5PM
Teleservice

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-4PM

MOOR, TRACY, OD
Provider Gender: Female
License Number: 35085
NPI: 1184283277
Provider English Spoken: Y
Cultural Competency: Y
UC SAN DIEGO HEALTH
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (858) 534-6290
Fax: (858) 732-0921
After Hours Phone: (858) 534-6290
Accepting New Patients: Yes

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Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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
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: (P, EB, IB, E, R)
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, VIET, OD
Provider Gender: Male
License Number: 35481
NPI: 1861170573
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: Y
JASMINE P NGUYEN OD INC
4029 43RD ST STE 300
SAN DIEGO, CA 92105
Phone: (619) 284-3937
Fax: (619) 284-3938
After Hours Phone: (619) 284-3937
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 9AM-5PM
SA 9AM-1PM

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 Languages(s) Spoken: Spanish, Vietnamese
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 9AM-5PM
SA 9AM-1PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

NGUYEN, THANH, OD
Provider Gender: Female
License Number: 13126
NPI: 1992813323
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: Y
JASMINE P NGUYEN OD INC
4029 43RD ST STE 300
SAN DIEGO, CA 92105
Phone: (619) 284-3937
Fax: (619) 284-3938
After Hours Phone: (619) 284-3937
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: 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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 7AM-5PM
Teleservice

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M 7:30AM-4:30PM
TU 8AM-5PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-4PM

PATEL, GITANE, MD
Provider Gender: Male
License Number: A108603
NPI: 1710171434
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M 7:30AM-4:30PM
TU 8AM-5PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-4PM

PHAM, TONY, OD
Provider Gender: Male
License Number: 12348
NPI: 1841271434
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Vietnamese
Cultural Competency: Y
MIRA MESA EYECARE
6755 MIRA MESA BLVD STE 141
SAN DIEGO, CA 92121
Phone: (858) 535-8282
Fax: (858) 535-0537
After Hours Phone: (858) 535-8282
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-TH 10AM-6PM
F 9AM-6PM
SA 9AM-2PM

POUSTI, SHEIVA, OD
Provider Gender: Female
License Number: 10403
NPI: 1730240052
Provider English Spoken: Y
Cultural Competency: Y
SAN DIEGO EYE CLINIC OPTOMETRY
3560 FAIRMOUNT AVE STE A
SAN DIEGO, CA 92105
Phone: (619) 431-2020
Fax: (619) 376-2100
After Hours Phone: (619) 431-2020
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Hours: SU-SA 9AM-6PM

PRABHU, SUJATA, MD
Provider Gender: Female
License Number: A115965
NPI: 1982872552
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Phone: (619) 697-4600
Fax: (619) 697-2410
After Hours Phone: (619) 697-4600
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 9AM-5:30PM
SA 9AM-3PM

SHOLLY, ALLISON, OD
Provider Gender: Female
License Number: 34740
NPI: 1447886601
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: (P, EB, IB, E, R)
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

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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M 9AM-4PM
TU 7AM-2PM
W-TH 10AM-6PM
F 10AM-3PM

SILOS, VIRGINIE, OD
Provider Gender: Female
License Number: 14915
NPI: 1942616040
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: (P, EB, IB, E, R)
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

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: (P, EB, IB, E, R)
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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 9AM-5:30PM
SA 9AM-3PM

TAVASSOLI, SARA, OD
Provider Gender: Female
License Number: 13395
NPI: 1184764011
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: (P, EB, IB, E, R)
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

TILLMAN, SYLVIA, OD
Provider Gender: Female
License Number: 9726
NPI: 1174730824
Provider English Spoken: Y
Cultural Competency: Y
JASMINE P NGUYEN OD INC
4029 43RD ST STE 300
SAN DIEGO, CA 92105
Phone: (619) 284-3937
Fax: (619) 284-3938
After Hours Phone: (619) 284-3937
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Vietnamese
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
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

TOMIKA, TIFFANY, OD
Provider Gender: Female
License Number: 35552
NPI: 1376320812
Provider English Spoken: Y
Cultural Competency: Y
TOTAL VISION MIRA MESA
8230 MIRA MESA BLVD
STE B
SAN DIEGO, CA 92126
Phone: (858) 566-6670

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

Fax: (858) 566-5152
After Hours Phone: (858) 566-6670
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-5:30PM
SA 9AM-5:30PM

TON-NU, MY LINH, OD
Provider Gender: Female
License Number: 34990
NPI: 1245733476
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M 7:30AM-4:30PM
TU 8AM-5PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-4PM

TONNU, ANH, OD
Provider Gender: Female
License Number: 11318
NPI: 1679521280
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: Y
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Phone: (619) 697-4600
Fax: (619) 697-2410
After Hours Phone: (619) 697-4600
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
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

TRAJANO, CHARMINE, OD
Provider Gender: Female
License Number: 14993
NPI: 1699183673
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-4PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

L. ارائه دهندگان خدمات بینایی

TRAJANO, CHARMINE, OD
Provider Gender: Female
License Number: 14993
NPI: 1699183673
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
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: (P, EB, IB, E, R)
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
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 7AM-5PM
Teleservice

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M 10AM-3PM
W 10AM-3PM
F 10AM-5PM
SA 9AM-1PM
Teleservice

TU, CHARLES, OD
Provider Gender: Male
License Number: 34618
NPI: 1073137691
Provider English Spoken: Y
Cultural Competency: Y
SAN DIEGO VISION CARE OPTOMETRY
3807 FAIRMOUNT AVE STE 200
SAN DIEGO, CA 92105
Phone: (619) 508-5678
Fax: (619) 501-0686
After Hours Phone: (619)

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

508-5678
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U

VO, LISA, OD
Provider Gender: Female
License Number: 35327
NPI: 1336476605
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: Y
TOTAL VISION MIRA MESA
8230 MIRA MESA BLVD
STE B
SAN DIEGO, CA 92126
Phone: (858) 566-6670
Fax: (858) 566-5152
After Hours Phone: (858) 566-6670
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-5:30PM
SA 9AM-5:30PM

VO, ANDREW MINH, OD
Provider Gender: Male
License Number: 33869
NPI: 1790291565
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: Y
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: (P, EB, IB, E, R)
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
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Contract Terminated as of 2024-11-25T00:00:00
Teleservice

YEGHIAZARIAN, MARK, OD
Provider Gender: Male
License Number: 34021
NPI: 1356829691
Provider English Spoken: Y

Provider Language(s) Spoken: Spanish
Cultural Competency: Y
TOTAL VISION MIRA MESA
8230 MIRA MESA BLVD
STE B
SAN DIEGO, CA 92126
Phone: (858) 566-6670
Fax: (858) 566-5152
After Hours Phone: (858) 566-6670
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8:30AM-5:30PM
SA 9AM-5:30PM

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-4PM

YUEN, STEVEN, OD
Provider Gender: Male
License Number: 10454
NPI: 1447289814
Provider English Spoken: Y
Provider Language(s) Spoken: Chinese
Cultural Competency: Y
GOLDEN VISION SAN DIEGO
7330 CLAIREMONT MESA BLVD # A1
SAN DIEGO, CA 92111
Phone: (858) 292-4498
Fax: (858) 292-0967
After Hours Phone: (858) 292-4498
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: SU 10AM-7PM
M-W 10AM-7PM
F 10AM-7PM
SA 10AM-7PM

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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R) 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

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 PC
340 RANCHEROS DR STE 164
SAN MARCOS, CA 92069
Phone: (760) 598-0400
Fax: (760) 249-7394
After Hours Phone: (760) 598-0400
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Chinese
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R) 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 PC
340 RANCHEROS DR STE 164
SAN MARCOS, CA 92069
Phone: (760) 598-0400
Fax: (760) 249-7394
After Hours Phone: (760) 598-0400
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Chinese
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R) 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 PC
340 RANCHEROS DR STE 164
SAN MARCOS, CA 92069
Phone: (760) 598-0400
Fax: (760) 249-7394
After Hours Phone: (760) 598-0400
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Chinese
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R) Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 8AM-5PM

SKAY, RICHARD, OD
Provider Gender: Male
License Number: 7649

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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
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-TU 9AM-5PM
W 9AM-3PM
TH 8AM-4PM
F 9AM-3PM

SPRING VALLEY

KALRA, ANKUR, OD
Provider Gender: Male
License Number: 11898
NPI: 1124195789
Provider English Spoken: Y
Provider Language(s) Spoken: Hindi
Cultural Competency: Y
EYE CARE OPTOMETRY ASSOCIATES
687 SWEETWATER RD
SPRING VALLEY, CA 91977
Phone: (619) 466-9444
Fax: (619) 466-9314
After Hours Phone: (619) 466-9444
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 9AM-6PM
SA 9AM-5PM
Teleservice

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 9AM-6PM
SA 9AM-5PM
Teleservice

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

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 9AM-6PM
SA 9AM-5PM
Teleservice

NGUYEN, THERESA, OD
Provider Gender: Female
License Number: 35530
NPI: 1609555713
Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 9AM-6PM
SA 9AM-5PM
Teleservice

SOLIS, KEVIN, OD
Provider Gender: Male
License Number: 10420
NPI: 1538362116
Provider English Spoken: Y
Cultural Competency: Y
EYE CARE OPTOMETRY ASSOCIATES
687 SWEETWATER RD
SPRING VALLEY, CA 91977
Phone: (619) 466-9444
Fax: (619) 466-9314
After Hours Phone: (619) 466-9444
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 9AM-6PM
SA 9AM-5PM
Teleservice

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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 9AM-6PM
SA 9AM-5PM
Teleservice

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American Sign Language (ASL): N
Accessibility: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-F 9AM-6PM
SA 9AM-5PM
Teleservice

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) 249-7325
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1U
Hours: M-TH 9AM-5PM
F 9AM-1PM

VISTA

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: (P, EB, IB, E, R)
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M 9AM-5PM
TU-W 9AM-6PM
TH-F 9AM-5PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

L. ارائه دهندگان خدمات بینایی

MOLINA VELANDIA, MARIA, OD
Provider Gender: Female
License Number: 35172
NPI: 1649998097
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: Y
SHADOWRIDGE FAMILY VISION CENTER
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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M 9AM-6PM
TU 9AM-6:30PM
W 9AM-5PM
TH 9AM-6PM

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) 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: (P, EB, IB, E, R)
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 10AM-5PM

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

K. سایر ارائهدهندگان خدمات (حمایتهای اجتماعی، مدیریت مراقبت پیشرفته)

جول جمعیت موردتوجه (POF)مدیریت ارتقاایفته مراقبت (ECM)

		مجعیت مدیریت ارتقاایفته مراقبت	بزرگسال	کودکان و جوانان
	1	افرادی که بی‌خانمانی را تجربه می‌کنند	✓	✓
	2	افراد در خطر استفاده بیش‌ازحد و قابل‌اجتناب از بیمارستان یا اورژانس *(که با عنوان رسمی "کاربران پرمصرف" خوانده می‌شوند)*	✓	✓
	3	افراد با احتیاجات اساسی سلامت روانی و/یا اختلال مصرف مواد	✓	✓
	4	افراد در دوره گذار بعد از حبس	✓	✓
	5	بزرگسالانی که در این اجتماع زندگی می‌کنند و احتمال پذیرش در مراکز مراقبت طولانی‌مدت (LTC) را دارند	✓	
	6	ساکنان مرکز پرستاری بزرگسالان در دوره گذار و انتقال به این اجتماع	✓	
	7	کودکان و جوانان ثبت‌نام شده در مرکز خدمات کودکان کالیفرنیا (CCS) یا CCS مدل جامع کودک (WCM) با نیازهایی ورای شرایط CCS		✓
	8	کودکان و جوانان درگیر با خدمات رفاه کودکان		✓
	9	جمعیت موردتوجه شرایط برابر زایش	✓	✓

K. سایر ارائهدهندگان خدمات (حمایتهای اجتماعی، مدیریت مراقبت پیشرفته)

CARLSBAD

SAN DIEGO HEALTHCARE QUALITY COLLABORATIVE

7632 CORTINA CT
CARLSBAD, CA 92009
Phone: (760) 707-9256
After Hours Phone: (760) 707-9256
Website: N/A
Community Supports Services: Housing Deposits,Housing Tenancy and Sustaining Services,Housing Transition Navigation Services
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (760) 707-9256

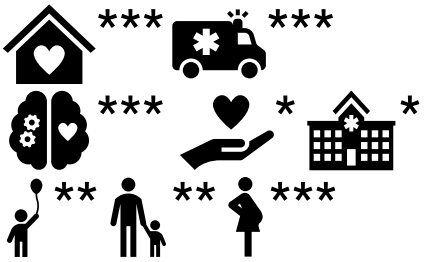
SAN DIEGO HEALTHCARE QUALITY COLLABORATIVE

7632 CORTINA CT
CARLSBAD, CA 92009
Phone: (760) 707-9256
After Hours Phone: (760) 707-9256
Website: N/A
Community Supports Services: Housing Deposits,Housing Tenancy and Sustaining Services,Housing Transition Navigation Services
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (760) 707-9256

CHULA VISTA

OPSAM HEALTH

637 3RD AVE STE E1
CHULA VISTA, CA 91910
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (844) 200-2426

HORIZON RECUPERATIVE CARE

171 4TH AVE
CHULA VISTA, CA 91910
Phone: (858) 326-1100
After Hours Phone: (858) 326-1100
Website: www.horizoncenters.org
Community Supports Services: Day Habilitation Programs,Housing Deposits,Housing Tenancy and Sustaining Services,Housing Transition Navigation Services,Recuperative Care (Medical Respite),Short-Term Post-Hospitalization Housing
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (858) 326-1100

*بزرگسالان **کودکان ***بزرگسالان و کودکان
†مدیریت مراقبت ارتقا یافته (ECM) و حمایت‌های اجتماعی نیاز به مجوز قبلی دارند و محدود به اعضایی هستند که معیارهای صلاحیت خاصی را دارند.
پزشکی خیابانی یا سلامت خیابانی، مفهومی است برای ارائه مراقبت‌های بهداشتی به افرادی که بی‌خانمانی بدون سرپناه بودن را تجربه می‌کنند. برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتریBlue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

K. سایر ارائهدهندگان خدمات (حمایتهای اجتماعی، مدیریت مراقبت پیشرفته)

CORONA

TANGELO

1701 N DELILAH ST
CORONA, CA 92879
Phone: (866) 291-9125
After Hours Phone: (866) 291-9125
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: (866) 291-9125

CULVER CITY

MEDZED PHYSICIAN SERVICES INC

300 CORPORATE POINTE STE 465
CULVER CITY, CA 90230
Phone: (323) 203-0070
After Hours Phone: (323) 203-0070
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

MEDZED PHYSICIAN SERVICES INC

300 CORPORATE POINTE STE 465
CULVER CITY, CA 90230
Phone: (323) 203-0070
After Hours Phone: (323) 203-0070
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

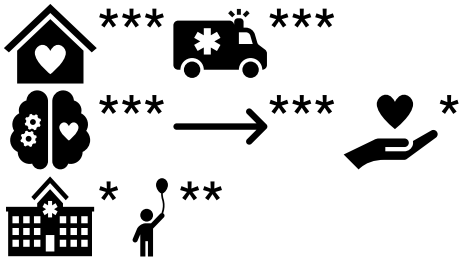
EL CAJON

INTEGRATED HEALTH PARTNERS

855 E MADISON AVE
EL CAJON, CA 92020

*بزرگسالان **کودکان ***بزرگسالان و کودکان
†مدیریت مراقبت ارتقا یافته (ECM) و حمایت‌های اجتماعی نیاز به مجوز قبلی دارند و محدود به اعضایی هستند که معیارهای صلاحیت خاصی را دارند.
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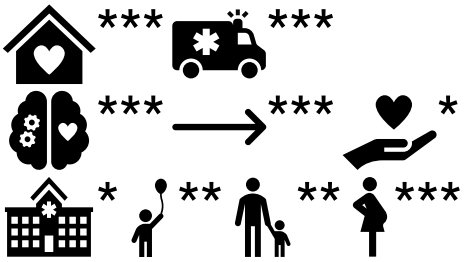
Phone: (833) 867-4642
After Hours Phone: (833) 867-4642
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (833) 867-4642
Mailing Address: PO BOX 57216 9;Tarzana;CA;91357
JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

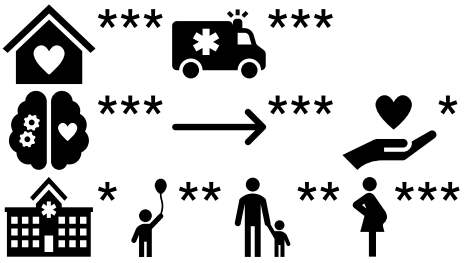
165 S 1ST ST
EL CAJON, CA 92019
Phone: (619) 510-4641
After Hours Phone: (619) 510-4641
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641
Mailing Address: 4060 FAIRMOUNT AVE;San Diego;CA;92105
JI ECM Provider Billing- Direct Contract with Correctional Facilities;JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

165 S 1ST ST
EL CAJON, CA 92019
Phone: (619) 510-4641
After Hours Phone: (619) 510-4641
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N

*بزرگسالان **کودکان ***بزرگسالان و کودکان
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Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641
Mailing Address: 4060 FAIRMOUNT AVE;San Diego;CA;92105
JI ECM Provider Billing- Direct Contract with Correctional Facilities;JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

EL SEGUNDO

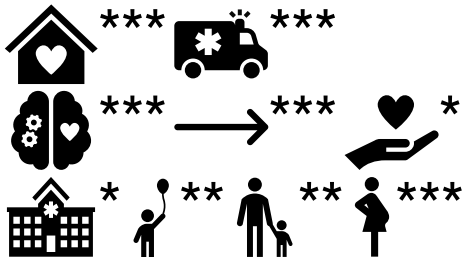
24HR HOMECARE LLC

200 N PACIFIC COAST HWY STE 300
EL SEGUNDO, CA 90245
Phone: (310) 906-3683
After Hours Phone: (310) 906-3683
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
Website: N/A
ECM Population of Focus:



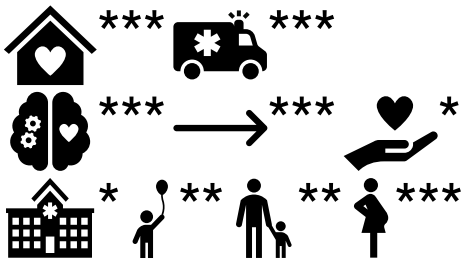
Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: referrals@sdwellnesscollaborative.org
Phone for New Referrals and Existing Patients: (619) 273-3295
Mailing Address: 1084 N EL CAMINO REAL STE B;Encinitas;CA;92024
JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

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
Website: N/A
ECM Population of Focus:

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K. سایر ارائهدهندگان خدمات (حمایتهای اجتماعی، مدیریت مراقبت پیشرفته)



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: referrals@sdwellnesscollaborative.org
Phone for New Referrals and Existing Patients: (619) 273-3295
Mailing Address: 1084 N EL CAMINO REAL STE B;Encinitas;CA;92024
JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

ESCONDIDO

TITANIUM HEALTHCARE

500 LA TERRAZA BLVD
STE 150
ESCONDIDO, CA 92025
Phone: (310) 280-5203
After Hours Phone: (310) 280-5203
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
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

INTEGRATED HEALTH PARTNERS

215 S HICKORY ST
ESCONDIDO, CA 92025
Phone: (833) 867-4642
After Hours Phone: (833) 867-4642
Website: N/A
ECM Population of Focus:



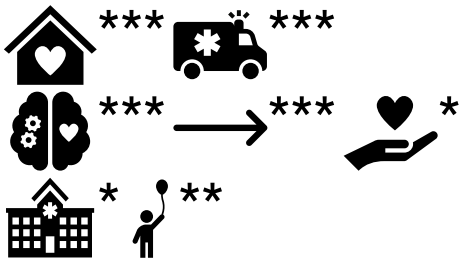
Community Supports Services: N/A
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (833)

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867-4642

INTEGRATED HEALTH PARTNERS

460 N ELM ST
ESCONDIDO, CA 92025
Phone: (833) 867-4642
After Hours Phone: (833) 867-4642
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (833) 867-4642
Mailing Address: PO BOX 57216 9;Tarzana;CA;91357
JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

INTERFAITH COMMUNITY SERVICES

550 W WASHINGTON AVE
ESCONDIDO, CA 92025
Phone: (760) 489-6380
After Hours Phone: (760) 489-6380
Accessibility: Basic: (P, EB, IB, E, R)
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

INTERFAITH COMMUNITY SERVICES

555 N CENTRE CITY PKWY
ESCONDIDO, CA 92025
Phone: (760) 489-6380
After Hours Phone: (760) 489-6380
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

HEALTHRIGHT 360

130 S FIG ST
ESCONDIDO, CA 92025
Phone: (760) 233-4533
After Hours Phone: (760) 233-4533
Website: N/A
ECM Population of Focus:

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K. سایر ارائهدهندگان خدمات (حمایتهای اجتماعی، مدیریت مراقبت پیشرفته)



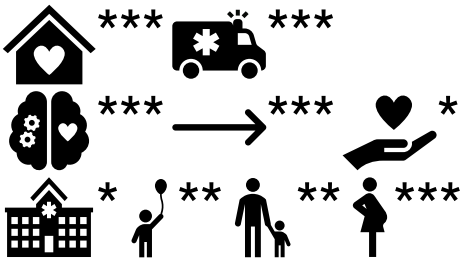
Community Supports Services: N/A
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (760) 233-4533
Mailing Address: 1563 MISSION ST;San Francisco;CA;94103
JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

FALLBROOK

INTEGRATED HEALTH PARTNERS

1328 S MISSION RD
FALLBROOK, CA 92028
Phone: (951) 616-7026
After Hours Phone: (951) 616-7026
Website: N/A

ECM Population of Focus:



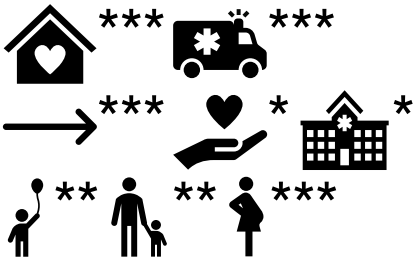
Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: cmreferrals@chsica.org
Phone for New Referrals and Existing Patients: (951) 616-7026
Mailing Address: PO BOX 572169;Tarzana;CA;91357
JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

IMPERIAL BEACH

INTEGRATED HEALTH PARTNERS

949 PALM AVE
IMPERIAL BEACH, CA 91932
Phone: (619) 429-3733
After Hours Phone: (619) 429-3733
Accessibility: Limited: (P, EB, IB, E)
Website: N/A

ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: tsadlowski@ibclinic.org
Phone for New Referrals and Existing Patients: (619) 429-3733

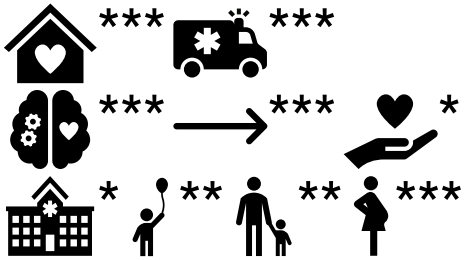
*بزرگسالان **کودکان ***بزرگسالان و کودکان
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Mailing Address: PO BOX 57216 9;Tarzana;CA;91357
JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LEMON GROVE

LA MAESTRA COMMUNITY HEALTH CENTERS

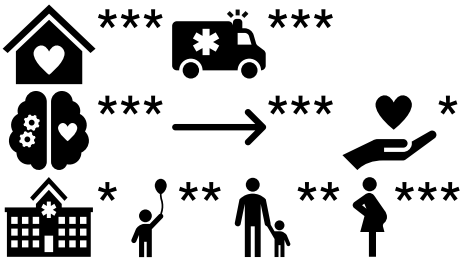
7967 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 510-4641
After Hours Phone: (619) 510-4641
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641
Mailing Address: 4060 FAIRMOUNT AVE;San Diego;CA;92105
JI ECM Provider Billing- Direct Contract with Correctional Facilities;JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

7967 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 510-4641
After Hours Phone: (619) 510-4641
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641
Mailing Address: 4060 FAIRMOUNT AVE;San Diego;CA;92105
JI ECM Provider Billing- Direct Contract with Correctional Facilities;JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm

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Handoffs

LOS ANGELES

EXODUS RECOVERY INC

8401 S VERMONT AVE
LOS ANGELES, CA 90044
Phone: (323) 789-6492
After Hours Phone: (323) 789-6492
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
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

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
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
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

NATIONAL CITY

BRIDGE PRENATAL PC

502 EUCLID AVE STE 300
NATIONAL CITY, CA 91950
Phone: (917) 721-4499
After Hours Phone: (917) 721-4499
Website: N/A
ECM Population of Focus:

***

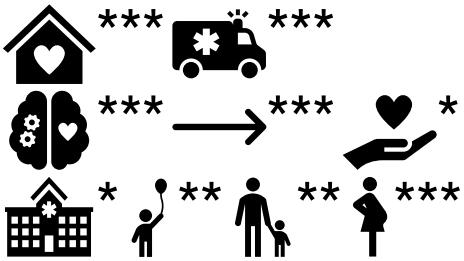
Community Supports Services:

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N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: referrals@bridgeprenatal.org
Phone for New Referrals and Existing Patients: (917) 721-4499

LA MAESTRA COMMUNITY HEALTH CENTERS

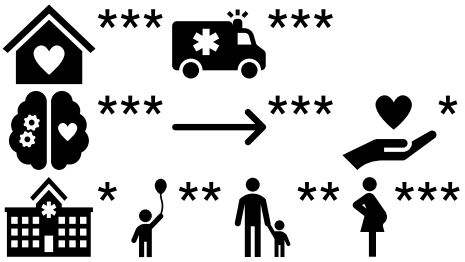
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (619) 510-4641
After Hours Phone: (619) 510-4641
Accessibility: Basic: (P, EB, IB, E, R)
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641
Mailing Address: 4060 FAIRMOUNT AVE;San Diego;CA;92105
JI ECM Provider Billing- Direct Contract with Correctional Facilities;JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (619) 510-4641
After Hours Phone: (619) 510-4641
Accessibility: Basic: (P, EB, IB, E, R)
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641
Mailing Address: 4060 FAIRMOUNT AVE;San Diego;CA;92105
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JI ECM Provider Services-Pre-Release Services

*بزرگسالان **کودکان ***بزرگسالان و کودکان
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and Participating in Warm Handoffs

ORINDA

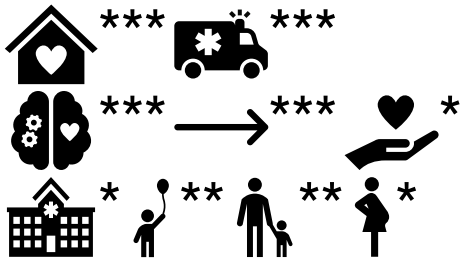
PATHWAY HOME SOLUTIONS INC

2 BIRCH CT
ORINDA, CA 94563
Phone: (209) 601-0734
After Hours Phone: (209) 601-0734
Website: N/A
Community Supports Services: Environmental Accessibility Adaptations (Home Modifications)
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (209) 601-0734

PLAYA DEL REY

NURTURING CARE LLC

322 CULVER BLVD STE 1151
PLAYA DEL REY, CA 90293
Phone: (323) 622-4911
After Hours Phone: (323) 622-4911
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ADMIN@NURTURINGCARELLC.COM
Phone for New Referrals and Existing Patients: (323) 622-4911
Mailing Address: 13736 STOCKBROOK RD;Moreno Valley;CA;92553
JI ECM Provider Billing- Direct Contract with Correctional Facilities;JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

REDONDO BEACH

EXODUS RECOVERY INC

923 S CATALINA AVE
REDONDO BEACH, CA 90277
Phone: (424) 282-2255
After Hours Phone: (424) 282-2255
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

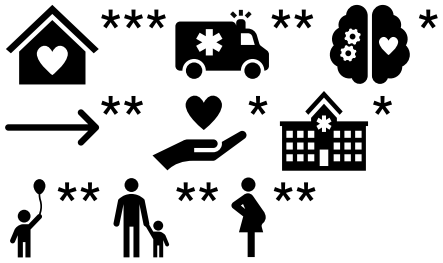
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Website: N/A
Community Supports Services: Housing Deposits,Housing Tenancy and Sustaining Services,Housing Transition Navigation Services
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (424) 282-2255

SACRAMENTO

FULL CIRCLE HEALTH NETWORK

2201 K ST
SACRAMENTO, CA 95816
Phone: (888) 749-8877
After Hours Phone: (888) 749-8877
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: network@fullcirclehn.org
Phone for New Referrals and Existing Patients: (888) 749-8877
Mailing Address: 2201 K ST;Sacramento;CA;95816
JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

SAN DIEGO

BRILLIANT CORNERS

1660 HOTEL CIR N STE 204
SAN DIEGO, CA 92108
Phone: (619) 736-9184
After Hours Phone: (619) 736-9184
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: (619) 736-9184

CORRECTIONAL HEALTH TREATMENT CENTERS

402 W BROADWAY
SAN DIEGO, CA 92101
Phone: (888) 506-5609
After Hours Phone: (888) 506-5609
Website: N/A
ECM Population of Focus:



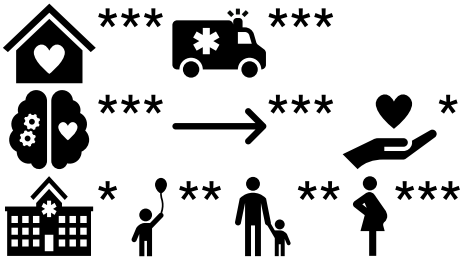
Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ECM@CORRECTIONAL.HEALTH
Phone for New Referrals and Existing Patients: (888)

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506-5609
Mailing Address: 473 S CARNE GIE DR STE 200;San Bernardin o;CA;92408
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

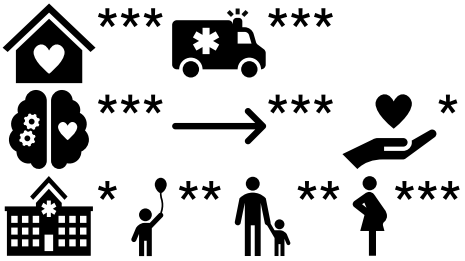
823 GATEWAY CENTER WAY
SAN DIEGO, CA 92102
Phone: (619) 876-4450
After Hours Phone: (619) 876-4450
Website: N/A
ECM Population of Focus:



Community Supports Services: Housing Deposits,Housing Tenancy and Sustaining Services,Housing Transition Navigation Services
Street Medicine Provider: N
Email for New Referrals and Ex isting Patients: CalAIMReferral s@fhcsd.org
Phone for New Referrals and Existing Patients: (619) 876-4450
Mailing Address: 823 GATEWA Y CENTER WAY;San Diego;CA; 92102
JI ECM Provider Billing- Direct Contract with Correctional Facilities;JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

FAMILY HEALTH CENTERS OF SAN DIEGO

823 GATEWAY CENTER WAY
SAN DIEGO, CA 92102
Phone: (619) 876-4450
After Hours Phone: (619) 876-4450
Website: N/A
ECM Population of Focus:



Community Supports Services: Housing Deposits,Housing Tenancy and Sustaining Services,Housing Transition Navigation Services
Street Medicine Provider: N
Email for New Referrals and Ex isting Patients: CalAIMReferral s@fhcsd.org
Phone for New Referrals and Existing Patients: (619) 876-4450
Mailing Address: 823 GATEWA Y CENTER WAY;San Diego;CA;

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K. سایر ارائه‌دهندگان خدمات (حمایتهای اجتماعی، مدیریت مراقبت پیشرفته)

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

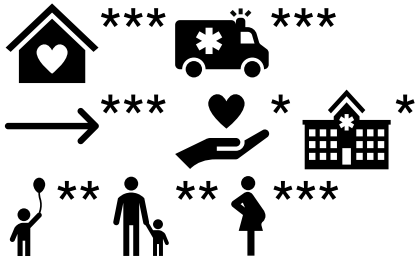
16 15TH ST
SAN DIEGO, CA 92101
Phone: (619) 645-6405
After Hours Phone: (619) 645-6405
Website: N/A
Community Supports Services: Recuperative Care (Medical Respite)
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (619) 645-6405

HORIZON RECUPERATIVE CARE

3423 CHANNEL WAY
SAN DIEGO, CA 92110
Phone: (858) 326-1100
After Hours Phone: (858) 326-1100
Website: www.horizoncenters.org
Community Supports Services: Day Habilitation Programs,Housing Deposits,Housing Tenancy and Sustaining Services,Housing Transition Navigation Services,Recuperative Care (Medical Respite),Short-Term Post-Hospitalization Housing
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (858) 326-1100

INTEGRATED HEALTH PARTNERS

1016 OUTER RD
SAN DIEGO, CA 92154
Phone: (619) 429-3733
After Hours Phone: (619) 429-3733
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: tsadlowski@ibclinic.org
Phone for New Referrals and Existing Patients: (619) 429-3733
Mailing Address: PO BOX 572169;Tarzana;CA;91357
JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

HEALTHY CONNECT SAN DIEGO

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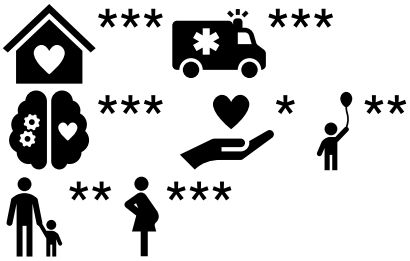
1202 MORENA BLVD
SAN DIEGO, CA 92110
Phone: (619) 507-9333
After Hours Phone: (619) 507-9333
Hours: M-F 8AM-4PM
Website: N/A
ECM Population of Focus:



Community Supports Services: Housing Deposits,Housing Tenancy and Sustaining Services,Housing Transition Navigation Services
Street Medicine Provider: N
Email for New Referrals and Existing Patients: mhammel@comresearch.org
Phone for New Referrals and Existing Patients: (619) 507-9333

HEALTHY CONNECT SAN DIEGO

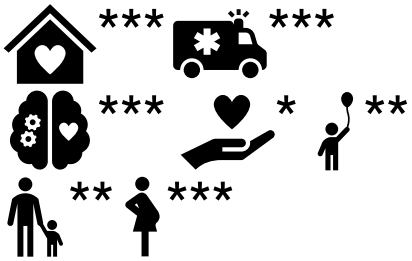
1202 MORENA BLVD
SAN DIEGO, CA 92110
Phone: (619) 507-9333
After Hours Phone: (619) 507-9333
Hours: M-F 8AM-4PM
Website: N/A
ECM Population of Focus:



Community Supports Services: Housing Deposits,Housing Tenancy and Sustaining Services,Housing Transition Navigation Services
Street Medicine Provider: N
Email for New Referrals and Existing Patients: mhammel@comresearch.org
Phone for New Referrals and Existing Patients: (619) 507-9333

HEALTHY CONNECT SAN DIEGO

3570 CAMINO DEL RIO N
SAN DIEGO, CA 92108
Phone: (619) 507-9333
After Hours Phone: (619) 507-9333
Website: N/A
ECM Population of Focus:



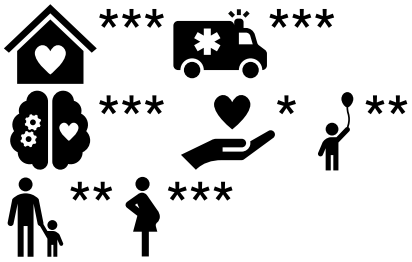
Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: mhammel@comresearch.org
Phone for New Referrals and Existing Patients: (619) 507-9333

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K. سایر ارائهدهندگان خدمات (حمایتهای اجتماعی، مدیریت مراقبت پیشرفته)

HEALTHY CONNECT SAN DIEGO

3570 CAMINO DEL RIO N
SAN DIEGO, CA 92108
Phone: (619) 507-9333
After Hours Phone: (619) 507-9333
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
Phone for New Referrals and Existing Patients: (619) 507-9333

2-1-1 SAN DIEGO

3860 CALLE FORTUNADA
SAN DIEGO, CA 92123
Phone: (858) 380-5750
After Hours Phone: (858) 380-5750
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ecm@211sandiego.org
Phone for New Referrals and Existing Patients: (858) 380-5750

LIGHTBRIDGE HOSPICE LLC

6155 CORNERSTONE CT E STE 220
SAN DIEGO, CA 92121
Phone: (858) 500-7547
After Hours Phone: (858) 500-7547
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: amandas@lightbridgemedical.com
Phone for New Referrals and Existing Patients: (858) 500-7547

MAMAS KITCHEN

3960 HOME AVE
SAN DIEGO, CA 92105
Phone: (619) 233-6262
After Hours Phone: (619) 233-6262
Website: https://mamaskitchen.org/
Community Supports Services: Medically-Supportive Food/Meals/Medically Tailored Meals
Street Medicine Provider: N

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Phone for New Referrals and Existing Patients: (619) 233-6262

MCALISTER INSTITUTE

2506 MARKET ST
SAN DIEGO, CA 92102
Phone: (916) 442-0277
After Hours Phone: (916) 442-0277
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
Website: N/A
ECM Population of Focus:

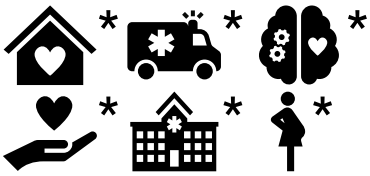




Community Supports Services: Housing Deposits,Housing Tenancy and Sustaining Services,Housing Transition Navigation Services,Medically-Supportive Food/Meals/Medically Tailored Meals
Street Medicine Provider: N
Email for New Referrals and Existing Patients: calaim@jfssd.org
Phone for New Referrals and 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
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

INTEGRATED HEALTH PARTNERS

1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 645-6405
After Hours Phone: (619) 645-6405

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Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: VHC_ECM@neighbor.org
Phone for New Referrals and Existing Patients: (619) 645-6405

INTEGRATED HEALTH PARTNERS

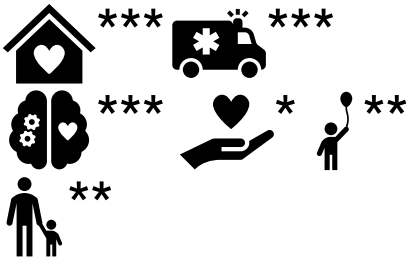
3710 RUFFIN RD
SAN DIEGO, CA 92123
Phone: (619) 542-4381
After Hours Phone: (619) 542-4381
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: bescalante@ihpsocal.org
Phone for New Referrals and Existing Patients: (619) 542-4381

INTEGRATED HEALTH PARTNERS

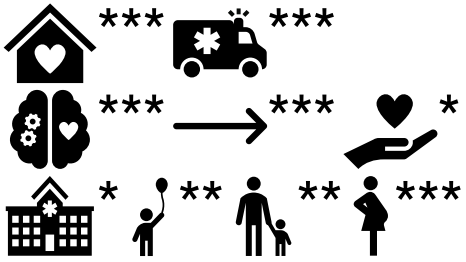
4004 BEYER BLVD
SAN DIEGO, CA 92173
Phone: (833) 503-5910
After Hours Phone: (833) 503-5910
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ecm@syhealth.org
Phone for New Referrals and Existing Patients: (833) 503-5910

LA MAESTRA COMMUNITY HEALTH CENTERS

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 510-4641
After Hours Phone: (619) 510-4641
Website: N/A
ECM Population of Focus:



Community Supports Services: Asthma Remediation,Housing Deposits,Housing Tenancy and Sustaining Services,Housing

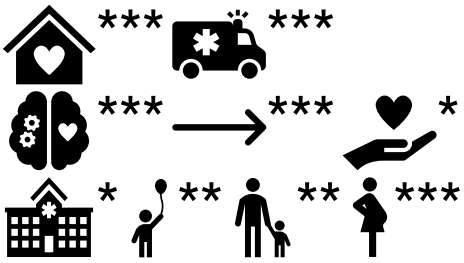
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Transition Navigation Services
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641
Mailing Address: 4060 FAIRMOUNT AVE;San Diego;CA;92105
JI ECM Provider Billing- Direct Contract with Correctional Facilities;JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

- 4060 FAIRMOUNT AVE
  SAN DIEGO, CA 92105
- *Phone: (619) 510-4641*
- *After Hours Phone: (619) 510-4641*
- *Website: N/A*

ECM Population of Focus:

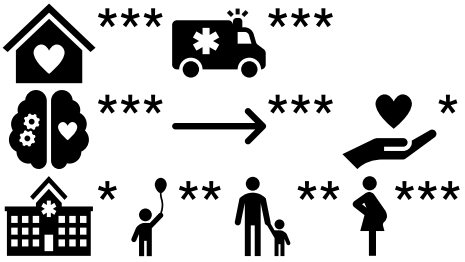


Community Supports Services: Asthma Remediation,Housing Deposits,Housing Tenancy and Sustaining Services,Housing Transition Navigation Services
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641
Mailing Address: 4060 FAIRMOUNT AVE;San Diego;CA;92105
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JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

- 4074 FAIRMOUNT AVE
  SAN DIEGO, CA 92105
- *Phone: (619) 510-4641*
- *After Hours Phone: (619) 510-4641*
- *Website: N/A*

ECM Population of Focus:



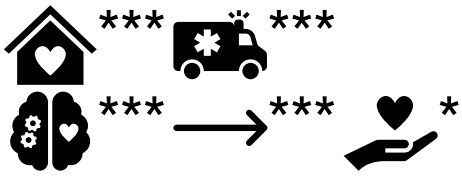
Community Supports Services: N/A
Street Medicine Provider: N
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Phone for New Referrals and

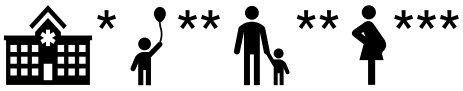
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Existing Patients: (619) 510-4641
Mailing Address: 4060 FAIRMOUNT AVE;San Diego;CA;92105
JI ECM Provider Billing- Direct Contract with Correctional Facilities;JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

4074 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 510-4641
After Hours Phone: (619) 510-4641
Website: N/A
ECM Population of Focus:

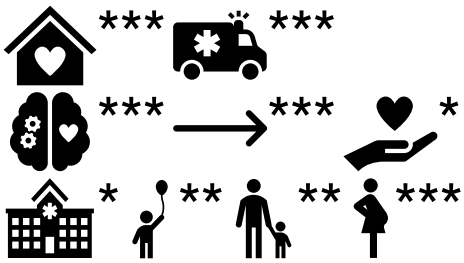




Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641
Mailing Address: 4060 FAIRMOUNT AVE;San Diego;CA;92105
JI ECM Provider Billing- Direct Contract with Correctional Facilities;JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

4157 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 510-4641
After Hours Phone: (619) 510-4641
Website: N/A
ECM Population of Focus:



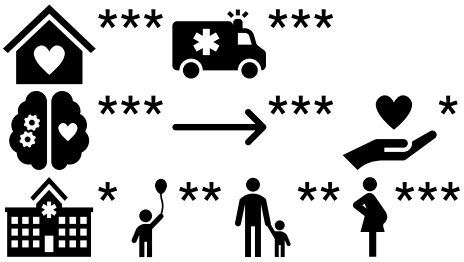
Community Supports Services: N/A
Street Medicine Provider: N
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Mailing Address: 4060 FAIRMOUNT AVE;San Diego;CA;92105
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JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

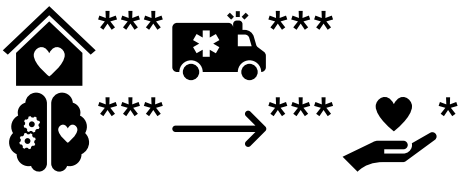
4157 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 510-4641
After Hours Phone: (619) 510-4641
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641
Mailing Address: 4060 FAIRMOUNT AVE;San Diego;CA;92105
JI ECM Provider Billing- Direct Contract with Correctional Facilities;JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

4167 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 510-4641
After Hours Phone: (619) 510-4641
Website: N/A
ECM Population of Focus:





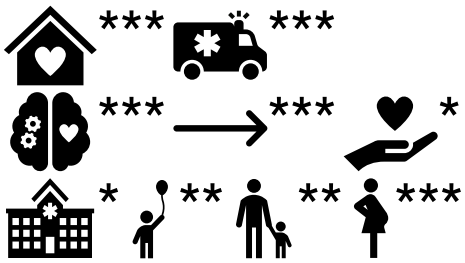
Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641
Mailing Address: 4060 FAIRMOUNT AVE;San Diego;CA;92105
JI ECM Provider Billing- Direct Contract with Correctional Facilities;JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

4167 FAIRMOUNT AVE

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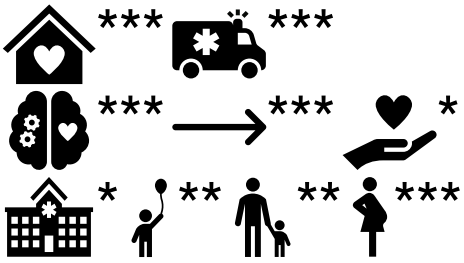
SAN DIEGO, CA 92105
Phone: (619) 510-4641
After Hours Phone: (619) 510-4641
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641
Mailing Address: 4060 FAIRMOUNT AVE;San Diego;CA;92105
JI ECM Provider Billing- Direct Contract with Correctional Facilities;JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

4171 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 510-4641
After Hours Phone: (619) 510-4641
Accessibility: Basic: (P, EB, IB, E, R)
Website: N/A
ECM Population of Focus:



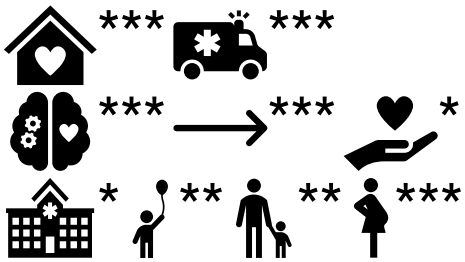
Community Supports Services: N/A
Street Medicine Provider: N
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Phone for New Referrals and Existing Patients: (619) 510-4641
Mailing Address: 4060 FAIRMOUNT AVE;San Diego;CA;92105
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JI ECM Provider Services-Pre-Release 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: Basic: (P, EB, IB, E, R)
Website: N/A
ECM Population of Focus:

*بزرگسالان **کودکان ***بزرگسالان و کودکان
†مدیریت مراقبت ارتقا یافته (ECM) و حمایت‌های اجتماعی نیاز به مجوز قبلی دارند و محدود به اعضایی هستند که معیارهای صلاحیت خاصی را دارند.
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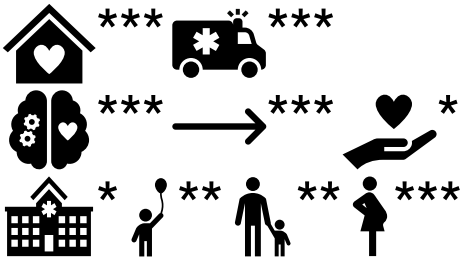
K. سایر ارائهدهندگان خدمات (حمایتهای اجتماعی، مدیریت مراقبت پیشرفته)



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641
Mailing Address: 4060 FAIRMOUNT AVE;San Diego;CA;92105
JI ECM Provider Billing- Direct Contract with Correctional Facilities;JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

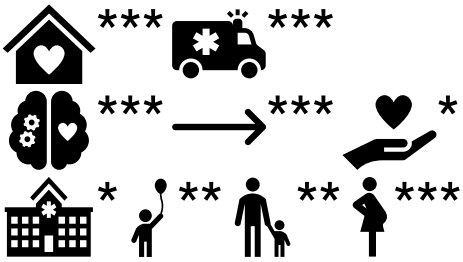
4187 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 510-4641
After Hours Phone: (619) 510-4641
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG
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Mailing Address: 4060 FAIRMOUNT AVE;San Diego;CA;92105
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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
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A

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Street Medicine Provider: N
Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641
Mailing Address: 4060 FAIRMOUNT AVE;San Diego;CA;92105
JI ECM Provider Billing- Direct Contract with Correctional Facilities;JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

PEOPLE ASSISTING THE HOMELESS

1250 SIXTH AVE
SAN DIEGO, CA 92101
Phone: (619) 810-8668
After Hours Phone: (619) 810-8668
Website: N/A
Community Supports Services: Day Habilitation Programs,Housing Deposits,Housing Tenancy and Sustaining Services,Housing Transition Navigation Services,Recuperative Care (Medical Respite),Short-Term Post-Hospitalization Housing
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (619) 810-8668

PEOPLE ASSISTING THE HOMELESS

1250 SIXTH AVE
SAN DIEGO, CA 92101
Phone: (619) 810-8668
After Hours Phone: (619) 810-8668
Website: N/A
Community Supports Services: Day Habilitation Programs,Housing Deposits,Housing Tenancy and Sustaining Services,Housing Transition Navigation Services,Recuperative Care (Medical Respite),Short-Term Post-Hospitalization Housing
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (619) 810-8668

SAN DIEGO FAMILY CARE

6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
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

*بزرگسالان **کودکان ***بزرگسالان و کودکان
†مدیریت مراقبت ارتقا یافته (ECM) و حمایت‌های اجتماعی نیاز به مجوز قبلی دارند و محدود به اعضایی هستند که معیارهای صلاحیت خاصی را دارند.
پزشکی خیابانی یا سلامت خیابانی، مفهومی است برای ارائه مراقبت‌های بهداشتی به افرادی که بی‌خانمانی بدون سرپناه بودن را تجربه می‌کنند. برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتریBlue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

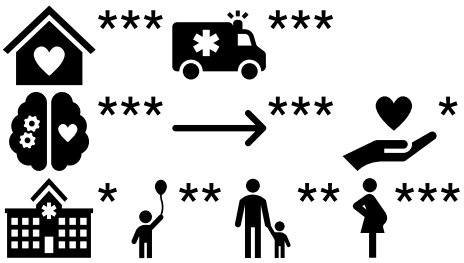
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858) 810-8700
Accessibility: Basic: (P, EB, IB, E, R, T)
Website: www.sdfamilycare.org
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (858) 810-8700

VOLUNTEERS OF AMERICA SOUTHWEST CALIFORNIA INCORPORATION

3530 CAMINO DEL RIO N STE 300
SAN DIEGO, CA 92108
Phone: (619) 398-4585
After Hours Phone: (619) 398-4585
Website: N/A
ECM Population of Focus:

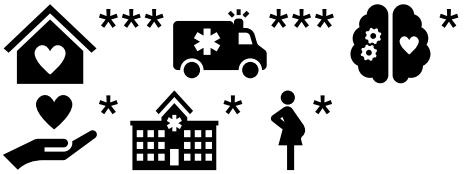


Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ecm@voasw.org
Phone for New Referrals and Existing Patients: (619) 398-4585
Mailing Address: 3530 CAMINO DEL RIO N STE 300;San Diego; CA;92108
JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

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
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

*بزرگسالان **کودکان ***بزرگسالان و کودکان
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Email for New Referrals and Existing Patients: ecm@picf.org
Phone for New Referrals and Existing Patients: (747) 500-4609

PARTNERS IN CARE FOUNDATION

732 MOTT ST STE 150
SAN FERNANDO, CA 91340
Phone: (747) 500-4609
After Hours Phone: (747) 500-4609
Website: N/A
ECM Population of Focus:



Community Supports Services: Housing Tenancy and Sustaining Services,Housing Transition Navigation Services,Personal Care and Homemaker Services,Respite Services
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ecm@picf.org
Phone for New Referrals and Existing Patients: (747) 500-4609

SAN MARCOS

AMERICARE ADULT DAY HEALTH CARE CENTER

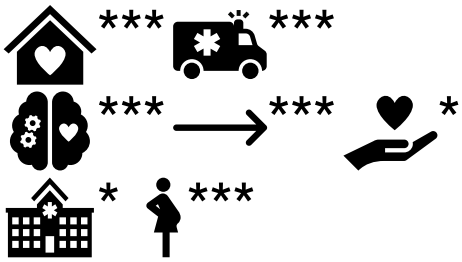
340 RANCHEROS DR STE 196
SAN MARCOS, CA 92069
Phone: (760) 682-2424
After Hours Phone: (760) 682-2424
Site Languages(s) Spoken: Russian, Armenian, Tagalog, Spanish
Hours: M-F 8AM-4:30PM
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: INASHTUT@AMERICAREADHC.COM
Phone for New Referrals and Existing Patients: (760) 682-2424

INTEGRATED HEALTH PARTNERS

150 VALPREDA RD
SAN MARCOS, CA 92069
Phone: (760) 566-1922
After Hours Phone: (760) 566-1922
Website: N/A
ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: eva.diaz-leon@truecare.org

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Phone for New Referrals and Existing Patients: (760) 566-1922
Mailing Address: PO BOX 57216 9;Tarzana;CA;91357
JI ECM Provider Billing- FFS (PAVE Enrollment)
JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

VAN NUYS

LIBERTANA HOME HEALTH OF SHERMAN OAKS

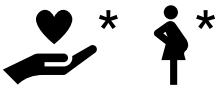
5805 SEPULVEDA BLVD STE 605
VAN NUYS, CA 91411
Phone: (818) 902-5000
After Hours Phone: (818) 902-5000
Website: N/A
Community Supports Services: Community Transition Services/Nursing Facilities Transition to a Home,Housing Deposits,Housing Tenancy and Sustaining Services,Housing Transition Navigation Services,Nursing Facility Transition/Diversion to Assisted Living Facilities,Personal Care and Homemaker Services,Respite Services
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (818) 902-5000

VISTA

VISTA COMMUNITY CLINIC

1000 VALE TERRACE DR
VISTA, CA 92084
Phone: (760) 631-5000
After Hours Phone: (760) 631-5000
Accessibility: Limited: (P, EB, E, R)
Website: N/A
ECM Population of Focus:





Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ecmteam@vcc.org
Phone for New Referrals and Existing Patients: (760) 631-5000

EXODUS RECOVERY INC

550 W VISTA WAY STE 200
VISTA, CA 92083
Phone: (619) 321-5543
After Hours Phone: (619) 321-5543
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: (619)

*بزرگسالان **کودکان ***بزرگسالان و کودکان
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321-5543

EXODUS RECOVERY INC

550 W VISTA WAY STE 200
VISTA, CA 92083
Phone: (619) 321-5543
After Hours Phone: (619) 321-5543
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: (619) 321-5543

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SAN DIEGO

AFC URGENT CARE OF SAN DIEGO

License Number:

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
N/A
Accepting New Patients: No

AFC URGENT CARE OF SAN DIEGO

License Number:

NPI: 1396058137

5671 BALBOA AVE
SAN DIEGO, CA 92111
(858) 800-2880
(858) 800-2880
Spanish
SU 8AM-6PM
M-F 8AM-8PM
SA 8AM-6PM
N/A
Accepting New Patients: No

AFC URGENT CARE OF SAN DIEGO

License Number:

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
N/A
Accepting New Patients: No

AFC URGENT CARE OF SAN DIEGO

License Number:

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
N/A
Accepting New Patients: No

AFC URGENT CARE OF SAN DIEGO

License Number:

NPI: 1952995466

8260 MIRA MESA BLVD
STE A
SAN DIEGO, CA 92126
(858) 900-3550
(858) 900-3550
SU-SA 8AM-8PM
https://www.afcurgentcare.com/san- diego/
Accepting New Patients: No

AFC URGENT CARE OF SAN DIEGO

License Number:

NPI: 1952995466

1740 ROSECRANS ST
SAN DIEGO, CA 92106
(619) 790-7800
(619) 790-7800
SU-SA 8AM-8PM
https://www.afcurgentcare.com/san- diego/
Accepting New Patients: No

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

AFC URGENT CARE OF SAN DIEGO
License Number:
NPI: 1952995466
5671 BALBOA AVE
SAN DIEGO, CA 92111
(858) 800-2880
(858) 800-2880
SU-SA 8AM-8PM
https://www.afcurgentcare.com/san- diego/
Accepting New Patients: No

AFC URGENT CARE OF SAN DIEGO
License Number:
NPI: 1952995466
8590 RIO SAN DIEGO DR STE 111
SAN DIEGO, CA 92108
(619) 736-4600
(619) 736-4600
SU-SA 8AM-8PM
https://www.afcurgentcare.com/san- diego/
Accepting New Patients: No

SANTEE

AFC URGENT CARE OF SAN DIEGO
License Number:
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
N/A
Accepting New Patients: No

SAN DIEGO

MD TODAY URGENT CARE
License Number:
NPI: 1275909434
3830 VALLEY CENTRE DR STE 702
SAN DIEGO, CA 92130
(858) 720-0554
(858) 720-0554
Spanish
SU 8AM-6PM
M-F 8AM-8PM
SA 8AM-6PM
Accessibility: Basic: (P, EB, IB, E, R, T)
www.mdtoday.com
Accepting New Patients: No

MD TODAY URGENT CARE
License Number:
NPI: 1750644258
10605 SCRIPPS POWAY PKWY STE C
SAN DIEGO, CA 92131
(858) 622-0554
(858) 622-0554
Spanish
SU-SA 8AM-8PM
Accessibility: Basic: (P, EB, IB, E, R, T)
www.mdtoday.com
Accepting New Patients: No

CHULA VISTA

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
License Number:
NPI: 1669617197
386 E H ST STE 202
CHULA VISTA, CA 91910
(858) 966-1720

برای دریافت اطلاعات به‌روز، از دوشنبه تا جمعه، از ساعت 8 صبح تا 6 بعد از ظهر، با خدمات مشتری Blue Shield Promise به شماره 1-855-699-5557 تماس بگیرید. TTY/TDD: 711. آنلاین شوید و به blueshieldca.com/promise/medi-cal مراجعه کنید. اطلاعات مندرج در این «فهرست راهنمای ارائه‌دهندگان» ممکن است تغییر کند.

(858) 966-1720
SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
License Number:
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
N/A
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ESCONDIDO

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
License Number:
NPI: 1669617197
2125 CITRACADO PKWY
STE 100
ESCONDIDO, CA 92029
(760) 755-7600
(760) 755-7600
M-F 8AM-5PM
Accessibility: Basic: (P, EB, IB, E, R)
N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
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RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

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M-F 8AM-5PM
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N/A
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RADY CHILDRENS

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Accessibility: Basic: (P, EB, IB, E, R)
N/A
Accepting New Patients: No

LA MESA

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
License Number:
NPI: 1669617197
5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942
(619) 713-5375
(619) 713-5375
N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
License Number:
NPI: 1669617197
5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

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(619) 713-5375
(619) 713-5375
N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
License Number:
NPI: 1669617197
5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942
(619) 713-5375
(619) 713-5375
N/A
Accepting New Patients: No

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5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942
(619) 713-5375
(619) 713-5375
N/A
Accepting New Patients: No

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M-F 8AM-4:45PM
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SAN DIEGO

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
License Number:
NPI: 1669617197
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
(619) 280-2905
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Accessibility: Basic: (P, EB, IB, E, R)
N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED

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N/A
Accepting New Patients: No

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SAN DIEGO, CA 92105
(619) 280-2905
(619) 280-2905
Accessibility: Basic: (P, EB, IB, E, R)
N/A
Accepting New Patients: No

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(619) 280-2905
Accessibility: Basic: (P, EB, IB, E, R)
N/A
Accepting New Patients: No

CHULA VISTA

RCH CHULA VISTA URGENT CARE
License Number:
NPI: 1710065933
386 E H ST STE 202
CHULA VISTA, CA 91910
(858) 966-1720
(858) 966-1720
N/A
Accepting New Patients: No

ESCONDIDO

RCH ESCONDIDO URGENT CARE
License Number:
NPI: 1710065933
2125 CITRACADO PKWY STE 100
ESCONDIDO, CA 92029
(760) 755-7600
(760) 755-7600
Accessibility: Basic: (P, EB, IB, E, R)
N/A
Accepting New Patients: No

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