

# 提供者目錄



**Medi-Cal**  
San Diego 縣 | June 2024

**blue**   
california  
Promise Health Plan





Promise Health Plan

## LANGUAGE ASSISTANCE NOTICE

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

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

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

ប្រាសាទភាសាខ្មែរ (Cambodian) ចំណាំ៖ បើសិនអ្នកត្រូវការជំនួយ ជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅលេខ 1-855-699-5557 (TTY: 711) ។ ជំនួយ និងសេវា សំរាប់ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរព្រីល សំរាប់ជនពិការភ្នែក ឬឯកសារជាអក្សរព្រីលធំៗ ក៏មានដែរ។ ទូរស័ព្ទមកលេខ 1-855-699-5557 (TTY: 711)។ សេវាទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Chinese) 请注意：如果您需要以您的母语提供帮助，请致电 1-855-699-5557 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 1-855-699-5557 (TTY: 711)。这些服务都是免费的。

مطلب به زبان فارسی (Farsi) توجه: اگر میخواهید به زبان خود کمک دریافت کنید، با 1-855-699-5557 (TTY: 711) تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-855-699-5557 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه میشوند.

हिन्दी टैगलाइन (Hindi) ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-855-699-5557 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-855-699-5557 (TTY: 711) पर कॉल करें। ये सेवाएं नि:शुल्क हैं।

Nge Lus Hmoob (Hmong) Cob CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-855-699-5557 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-855-699-5557 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese) 注意日本語での対応が必要な場合は 1-855-699-5557 (TTY: 711) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-855-699-5557 (TTY: 711) へお電話ください。これらのサービスは無料で提供していますへお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean) 유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-855-699-5557 (TTY: 711)번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-855-699-5557 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

**ແທກໂລພາສາລາວ (Laotian)** ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-855-699-5557 (TTY: 711). ອັງ ມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕຮິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-855-699-5557 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

**Mienh Tagline (Mien)** LONGC HNYOUV JANGX LONGX OC: Beiv taux meih 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 ਟੈਗਲਾਈਨ (Punjabi)** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-855-699-5557 (TTY: 711) | ਆਹਜ ਲੇਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-855-699-5557 (TTY: 711) | ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

**Русский слоган (Russian)** ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-855-699-5557 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-855-699-5557 (линия TTY: 711). Такие услуги предоставляются бесплатно.

**Mensaje en español (Spanish)** ATENCIÓN: Si necesita ayuda en su idioma, llame al 1-855-699-5557 (TTY: 711). Para las personas con discapacidades, también hay asistencia y servicios gratuitos disponibles, como documentos en braille y letra grande. Llame al 1-855-699-5557 (TTY: 711). Estos servicios son gratuitos.

**Tagalog Tagline** PAUNAWA: Kung kailangan ninyo ng tulong sa inyong wika, tumawag sa 1-855-699-5557 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malalaking titik. Tumawag sa 1-855-699-5557 (TTY: 711). Libre ang mga serbisyong ito.

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

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

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

# 目錄

A. 簡介	6
禁止歧視通知	9
如何提出申訴	10
Blue Shield Promise 提供者網路	12
提供者目錄無障礙通行設施標誌	13
無障礙通行設施代碼說明	14
如何查閱提供者列表	15
及時獲得護理的標準	16
B. 具備聯邦資質的健康診所	19
C. 初級保健名錄	311
D. 專業提供者目錄	665
E. 醫院名錄 - 普通急症醫院	1435
F. 長期護理 (LTC) 和專業護理機構 (SNF)	1440
G. 基於社群的成人服務 (CBAS) - 成人日間服務	1457
H. 縣居家支援服務 (IHSS)	1460
I. 心理健康名錄	1461
J. 視力提供者目錄 - 眼科和視力服務	1546
K. 其他服務提供者 (社區支援、增強護理管理)	1666
L. Blue Shield Promise 緊急護理設施	1682
M. 初級保健索引	1717

# A. 簡介

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

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

## 更換您的 PCP

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

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

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

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

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

醫療保健服務時，您將需要出示您的 Medi-Cal (BIC) 卡。



## Blue Shield 保險卡 (BIC)

### Medi-Cal Rx 的藥房服務

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

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

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

### 如何使用本目錄

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

您可使用本提供者目錄，以選擇一位

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

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

### 其他重要資訊和披露

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

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

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

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

就診某些提供者可能需要授權或轉介。

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

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

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

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

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

## 禁止歧視通知

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

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

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

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

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

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

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

Blue Shield of California Promise Health Plan Customer Service

3840 Kilroy Airport Way, Long Beach, CA 90806

(800) 605-2556 (Los Angeles)

(855) 699-5557 (San Diego)

聽障和語障專線：711

## 如何提出申訴

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

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



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

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

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

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

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

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

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



# Blue Shield Promise 提供者網路

## 定義與一般資訊

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

家庭與全科醫學：為兒童、成年男性和女性提供治療的醫生。

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

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

內科：為 18 歲以上的成年男性和女性提供治療的醫生。

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








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

婦產科：專門從事女性健康與產科護理的醫生。

兒科：為 18 歲以下兒童提供治療的醫生。

主治醫生 (PCP)：作為 Blue Shield Promise 的會

## 提供者目錄要點

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

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

- 家庭與全科醫學
- 內科
- 婦產科
- 兒科

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

## 提供者目錄無障礙通行設施標誌

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

### **E (Exam Room) = 檢查室**

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

### **T (Exam Table/Scale) = 檢查台/磅秤**

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

### **EB (Exterior Building) = 大樓外部**

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

### **IB (Interior Building) = 大樓內部**

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

### **P (Parking) = 停車場**

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

### **R (Restroom) = 洗手間**

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

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



## 無障礙通行設施代碼說明

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

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

# 如何查閱提供者列表

下述資訊可說明您選擇 PCP。

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

示例：

1. 兒科
2. Doe, Jane, MD
3. 提供者 ID: 00A2123456
4. 女
5. 執照號碼：00A123456
6. NPI: 0123456789
7. 英語、西班牙語、越南語、波斯語、韓語、中文、阿拉伯語
8. 是
9. **Good Samaritan Hospital**
10. 兒科
11. **Northeast County Community Clinic**
12. **601 Potrero Grande Drive, Monterey Park, CA 91755**
13. (855) 699-5557
14. (855) 699-5557
15. [www.northeastclinic.com](http://www.northeastclinic.com)
16. [doctordoe@gmail.com](mailto:doctordoe@gmail.com)
17. 是/否
18. 0-18
19. 有限服務。P, EB, IB, E
20. 週一至週五上午 8 點至下午 5 點

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

# 及時獲得護理的標準

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

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





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

**San Diego:**

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



## B. 具備聯邦資質的健康診所

### ALPINE

#### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

Phone: 619-445-6200

After Hours Phone:  
619-445-6200

License Number: 20A17296

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.mtnhealth.org

#### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

Phone: 619-662-4100

After Hours Phone:

619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.mtnhealth.org

#### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 90000681

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.mtnhealth.org

#### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A158569

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

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


## B. 具備聯邦資質的健康診所


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### **SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE**

Provider ID: 517802

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A97270

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### **SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE**

Provider ID: 517802

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP95005999

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### **SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE**

Provider ID: 517802

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: NP95006360

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### **SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE**

Provider ID: 517802

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100


License Number: PA20490

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No





 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM

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

## B. 具備聯邦資質的健康診所

SA 9:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)



### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE


Provider ID: 517802  
 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100  
 License Number: PA52347  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

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

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### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE




Provider ID: 517802  
 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103  
 Phone: 619-662-4100  
 Fax: 619-205-6305  
 After Hours Phone: 619-662-4100  
 License Number: C172036  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM


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

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

### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802  
 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

 Phone: 619-662-4100  
 Fax: 619-205-6305  
 After Hours Phone: 619-662-4100  
 License Number: DC28335  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

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

## BORREGO SPRINGS

### BORREGO MEDICAL CLINIC

Provider ID: 185179  
 4343 YAQUI PASS RD BORREGO SPRINGS, CA 92004  
 Phone: 760-767-5051  
 After Hours Phone: 760-767-5051  
 License Number: C39104  
 NPI: 1134144165  
 Accepting New Patients: Yes

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

## B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION

Website: N/A

### **BORREGO MEDICAL CLINIC**

Provider ID: 185179

4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

Phone: 760-767-5051

Fax: 760-767-4552

After Hours Phone:  
760-767-5051

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION

Website: N/A

### **BORREGO MEDICAL CLINIC**

Provider ID: 185179

4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

Phone: 760-767-5051

Fax: 760-767-4552

After Hours Phone:  
760-767-5051

License Number: 80000651

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: Yes

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION

Website: N/A

### **BORREGO MEDICAL CLINIC**

Provider ID: 185179

4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

Phone: 760-767-5051

Fax: 760-767-4552

After Hours Phone:  
760-767-5051

License Number: G85319

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

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

## B. 具備聯邦資質的健康診所

### FOUNDTION


 Website: N/A


#### CAMPO

### SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686

 1388 BUCKMAN SPRINGS  
RD  
CAMPO, CA 91906-2028

 Phone: 619-445-6200

 After Hours Phone:  
619-445-6200


License Number: 20A17296

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686

 1388 BUCKMAN SPRINGS  
RD  
CAMPO, CA 91906-2028

 Phone: 619-445-6200

 After Hours Phone:  
619-445-6200

License Number: A88893

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686

 1388 BUCKMAN SPRINGS  
RD  
CAMPO, CA 91906-2028


 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

### SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686

 1388 BUCKMAN SPRINGS  
RD  
CAMPO, CA 91906-2028

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 20A18400

NPI: 1598122871

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

 Site English Spoken: Yes

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


## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

 *Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: N/A*

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

*Provider ID: 519686*

 1388 BUCKMAN SPRINGS RD  
CAMPO, CA 91906-2028

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: 90000660*


*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: N/A*

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

*Provider ID: 519686*

 1388 BUCKMAN SPRINGS RD  
CAMPO, CA 91906-2028

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: PA20490*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: N/A*


## **CARLSBAD**

### **TRUECARE**

*Provider ID: 480120*

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

 *Phone: 760-736-6767*

 *After Hours Phone:  
760-736-6767*

*License Number: A131678*


*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: N/A*

### **TRUECARE**

*Provider ID: 480120*


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

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



## B. 具備聯邦資質的健康診所

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: A49273


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

### TRUECARE

Provider ID: 480120

 1295 CARLSBAD VILLAGE

DR, STE 100

CARLSBAD, CA

92008-1950

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: A93248


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

### TRUECARE


Provider ID: 480120


 1295 CARLSBAD VILLAGE

DR, STE 100

CARLSBAD, CA

92008-1950

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: G74757


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

### TRUECARE


Provider ID: 480120


 1295 CARLSBAD VILLAGE

DR, STE 100

CARLSBAD, CA

92008-1950

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: PA53036


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

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

## B. 具備聯邦資質的健康診所

### TRUECARE

Provider ID: 480120

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

Phone: 760-736-6767

Fax: 760-720-7204

After Hours Phone:  
760-736-6767

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: N/A

### TRUECARE

Provider ID: 480120

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

Phone: 760-736-6767

Fax: 760-720-7204

After Hours Phone:

760-736-6767

License Number: 80000630

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: N/A

### TRUECARE

Provider ID: 480120

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

Phone: 760-736-6767

Fax: 760-720-7204

After Hours Phone:  
760-736-6767

License Number: PA22667

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: N/A

### CHULA VISTA

#### CHULA VISTA PEDIATRICS

Provider ID: 482034

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

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A49591

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None



Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-4:00PM  
MO 9:00AM-4:00PM  
TU 9:00AM-4:00PM  
WE 9:00AM-4:00PM  
TH 9:00AM-4:00PM  
FR 9:00AM-4:00PM  
SA 9:00AM-4:00PM

American Sign Language (ASL):

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

## B. 具備聯邦資質的健康診所

- N**  
 **Accessibility:** CONTACT PROVIDER  
**Medical Group/IPA:** IHP OF SOUTHERN CALIFORNIA  
 **Website:** [www.ihpsocal.org](http://www.ihpsocal.org)
- CHULA VISTA PEDIATRICS**  
**Provider ID:** 482034  
 855 3RD AVE STE 2200  
CHULA VISTA, CA  
91911-1353  
 **Phone:** 619-662-4100  
 **After Hours Phone:** 619-662-4100  
**License Number:** A82912  
**NPI:** 1598122871  
**Accepting New Patients:** Yes  
**Min/Max Age:** 0\None  
 **Site English Spoken:** Yes  
**Cultural Competency:** No  
 **Hours:** SU 9:00AM-4:00PM  
MO 9:00AM-4:00PM  
TU 9:00AM-4:00PM  
WE 9:00AM-4:00PM  
TH 9:00AM-4:00PM  
FR 9:00AM-4:00PM  
SA 9:00AM-4:00PM  
**American Sign Language (ASL):** N
-  855 3RD AVE STE 2200  
CHULA VISTA, CA  
91911-1353  
 **Phone:** 619-662-4100  
 **After Hours Phone:** 619-662-4100  
**License Number:** C51110  
**NPI:** 1598122871  
**Accepting New Patients:** Yes  
**Min/Max Age:** 0\None  
 **Site English Spoken:** Yes  
**Cultural Competency:** No  
 **Hours:** SU 9:00AM-4:00PM  
MO 9:00AM-4:00PM  
TU 9:00AM-4:00PM  
WE 9:00AM-4:00PM  
TH 9:00AM-4:00PM  
FR 9:00AM-4:00PM  
SA 9:00AM-4:00PM  
**American Sign Language (ASL):** N
-  **Site English Spoken:** Yes  
**Cultural Competency:** No  
 **Hours:** SU 9:00AM-4:00PM  
MO 9:00AM-4:00PM  
TU 9:00AM-4:00PM  
WE 9:00AM-4:00PM  
TH 9:00AM-4:00PM  
FR 9:00AM-4:00PM  
SA 9:00AM-4:00PM  
**American Sign Language (ASL):** N
-  **Accessibility:** CONTACT PROVIDER  
**Medical Group/IPA:** IHP OF SOUTHERN CALIFORNIA  
 **Website:** [www.ihpsocal.org](http://www.ihpsocal.org)
- SAN YSIDRO HEALTH CHULA VISTA**  
**Provider ID:** 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 **Phone:** 619-662-4100  
 **After Hours Phone:** 619-662-4100  
**License Number:** 20A11087  
**NPI:** 1598122871  
**Accepting New Patients:** Yes  
**Min/Max Age:** 0\None  
 **Site English Spoken:** Yes  
**Cultural Competency:** No  
 **Hours:** SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM
-  **Site English Spoken:** Yes  
**Cultural Competency:** No  
 **Hours:** SU 9:00AM-4:00PM  
MO 9:00AM-4:00PM  
TU 9:00AM-4:00PM  
WE 9:00AM-4:00PM  
TH 9:00AM-4:00PM  
FR 9:00AM-4:00PM  
SA 9:00AM-4:00PM  
**American Sign Language (ASL):** N
-  **Accessibility:** CONTACT PROVIDER  
**Medical Group/IPA:** IHP OF SOUTHERN CALIFORNIA  
 **Website:** [www.ihpsocal.org](http://www.ihpsocal.org)
- CHULA VISTA PEDIATRICS**  
**Provider ID:** 482034  
 855 3RD AVE STE 2200  
CHULA VISTA, CA  
91911-1353  
 **Phone:** 619-662-4100  
**Fax:** 619-662-4196  
 **After Hours Phone:** 619-662-4100  
**NPI:** 1598122871  
**Accepting New Patients:** Yes  
**Min/Max Age:** 0\None

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


## B. 具備聯邦資質的健康診所



American Sign Language (ASL): **SAN YSIDRO HEALTH CHULA VISTA**

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

**SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

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

License Number: 20A12555  
NPI: 1598122871


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



 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

American Sign Language (ASL): **SAN YSIDRO HEALTH CHULA VISTA**

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


Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736


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

License Number: 20A13225  
NPI: 1598122871


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



 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

American Sign Language (ASL): **SAN YSIDRO HEALTH CHULA VISTA**

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736



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

619-662-4100

License Number: 20A14025

NPI: 1598122871

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

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

American Sign Language (ASL): **SAN YSIDRO HEALTH CHULA VISTA**


 *Accessibility: CONTACT PROVIDER*



Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: www.ihpsocal.org*

**SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

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

License Number: 20A19485  
NPI: 1598122871

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

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*


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## B. 具備聯邦資質的健康診所

MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
 619-662-4100


License Number: 20A9060

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):


N


 Accessibility: CONTACT

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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
 619-662-4100

License Number: A106103

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
 619-662-4100

License Number: A114600

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
 619-662-4100

License Number: A114893


NPI: 1598122871

Accepting New Patients: Yes


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## B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A115598


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL): **SAN YSIDRO HEALTH CHULA VISTA**


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A115699


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM


WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM


American Sign Language (ASL): **SAN YSIDRO HEALTH CHULA VISTA**


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A120584


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):


N  
 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

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

## B. 具備聯邦資質的健康診所

☎ *After Hours Phone:*  
619-662-4100

*License Number:* A120672

*NPI:* 1598122871

*Accepting New Patients:* Yes

*Min/Max Age:* 0\None

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

🕒 *Hours:* SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

*American Sign Language (ASL):*  
N

♿ *Accessibility:* CONTACT  
PROVIDER

*Medical Group/IPA:* IHP OF  
SOUTHERN CALIFORNIA

🌐 *Website:* www.ihpsocal.org

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

*Provider ID:* 427322

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

☎ *Phone:* 619-662-4100

☎ *After Hours Phone:*  
619-662-4100

*License Number:* A121861

*NPI:* 1598122871

*Accepting New Patients:* Yes

*Min/Max Age:* 0\None

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

🕒 *Hours:* SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

*American Sign Language (ASL):*  
N

♿ *Accessibility:* CONTACT  
PROVIDER

*Medical Group/IPA:* IHP OF  
SOUTHERN CALIFORNIA

🌐 *Website:* www.ihpsocal.org

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

*Provider ID:* 427322

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

☎ *Phone:* 619-662-4100

☎ *After Hours Phone:*  
619-662-4100

*License Number:* A123263

*NPI:* 1598122871

*Accepting New Patients:* Yes

*Min/Max Age:* 0\None

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

🕒 *Hours:* SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

*American Sign Language (ASL):*  
N

♿ *Accessibility:* CONTACT  
PROVIDER

*Medical Group/IPA:* IHP OF  
SOUTHERN CALIFORNIA

🌐 *Website:* www.ihpsocal.org

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

*Provider ID:* 427322

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

☎ *Phone:* 619-662-4100

☎ *After Hours Phone:*  
619-662-4100

*License Number:* A123492

*NPI:* 1598122871

*Accepting New Patients:* Yes

*Min/Max Age:* 0\None

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

🕒 *Hours:* SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

*American Sign Language (ASL):*  
N

♿ *Accessibility:* CONTACT  
PROVIDER

*Medical Group/IPA:* IHP OF  
SOUTHERN CALIFORNIA

🌐 *Website:* www.ihpsocal.org

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## B. 具備聯邦資質的健康診所

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE  
CHULA VISTA, CA  
91910-5736

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A123604

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE  
CHULA VISTA, CA  
91910-5736

Phone: 619-662-4100

After Hours Phone:

619-662-4100

License Number: A127706

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE  
CHULA VISTA, CA  
91910-5736

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A134303

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE  
CHULA VISTA, CA  
91910-5736

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A138474

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

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



## B. 具備聯邦資質的健康診所

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

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

Provider ID: 427322

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

License Number: A138534

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER



Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA

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

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

Provider ID: 427322

 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736

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

License Number: A159831

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
 PROVIDER



Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA

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

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

Provider ID: 427322

 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736

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


License Number: A162816

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
 PROVIDER



Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA

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

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

Provider ID: 427322

 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736


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


License Number: A163183

NPI: 1598122871

Accepting New Patients: Yes



Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No






 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM



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## B. 具備聯邦資質的健康診所



SA 8:00AM-5:00PM  
American Sign Language (ASL): **SAN YSIDRO HEALTH CHULA**  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


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



Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100  
License Number: A164392  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM




American Sign Language (ASL): **SAN YSIDRO HEALTH CHULA**  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**VISTA**  
Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100  
License Number: A177922  
NPI: 1598122871



Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM




American Sign Language (ASL): **SAN YSIDRO HEALTH CHULA**  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


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

 After Hours Phone: 619-662-4100  
License Number: A40061  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL): **SAN YSIDRO HEALTH CHULA**  
N

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

**SAN YSIDRO HEALTH CHULA VISTA**  
Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100  
License Number: A40473  
NPI: 1598122871

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

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## B. 具備聯邦資質的健康診所

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A41486


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A47906

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A50477


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:

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

## B. 具備聯邦資質的健康診所

619-662-4100  
License Number: A56153  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No  
🕒 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

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

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

Provider ID: 427322  
📍 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
☎ Phone: 619-662-4100  
🕒 After Hours Phone:  
619-662-4100  
License Number: A66903  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No  
🕒 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N

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

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

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

License Number: A69264  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
🕒 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

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

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

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

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

License Number: A77936  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
🕒 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
🌐 Website: www.ihpsocal.org

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


Provider ID: 427322

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## B. 具備聯邦資質的健康診所

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A80185  
NPI: 1598122871

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

Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

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


License Number: A87650

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER



Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

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


License Number: A93785

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM

SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER



Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

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


License Number: C55563

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

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

## B. 具備聯邦資質的健康診所

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE  
CHULA VISTA, CA  
91910-5736

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: DC20760

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE  
CHULA VISTA, CA  
91910-5736

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: DC31963

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE  
CHULA VISTA, CA  
91910-5736

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: DC33295

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE  
CHULA VISTA, CA  
91910-5736

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: DDS102880

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None



Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM






American Sign Language (ASL):  
N



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

## B. 具備聯邦資質的健康診所






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

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

*Provider ID: 427322*  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*License Number: DPM2930*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*  
*American Sign Language (ASL):*  
*N*




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



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


*Provider ID: 427322*  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*License Number: G57243*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*  
*American Sign Language (ASL):*  
*N*

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






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

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

*619-662-4100*  
*License Number: G59670*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*  
*American Sign Language (ASL):*  
*N*

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

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

*Provider ID: 427322*  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*License Number: G72486*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*


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

## B. 具備聯邦資質的健康診所

MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: G74728

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):


N


 Accessibility: CONTACT


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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: G80234

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: NP12112

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP95015413

NPI: 1598122871

Accepting New Patients: Yes

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## B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: PA54404


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL): **SAN YSIDRO HEALTH CHULA VISTA**


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: SP18192


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM


WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM


American Sign Language (ASL): **OTAY FAMILY HEALTH CLINIC**


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

Fax: 619-425-1184

 After Hours Phone:  
619-662-4100


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM


American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

Provider ID: 314546

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

 Phone: 619-205-1360

 After Hours Phone:  
619-205-1360

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

## B. 具備聯邦資質的健康診所

License Number: A95959

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### OTAY FAMILY HEALTH CLINIC

Provider ID: 314546

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

Phone: 619-205-1376

After Hours Phone:  
619-205-1376

License Number: A179598

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### OTAY FAMILY HEALTH CLINIC

Provider ID: 314546

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

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A123170

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### OTAY FAMILY HEALTH CLINIC

Provider ID: 314546

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

Phone: 619-662-4100

Fax: 619-336-2323

After Hours Phone:  
619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500


After Hours Phone:

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

## B. 具備聯邦資質的健康診所

619-515-2500  
 License Number: A113001  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

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

Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628

 Phone: 619-515-2500

 After Hours Phone: 619-515-2500


License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None


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

Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628

 Phone: 619-515-2500

 After Hours Phone: 619-515-2500


License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

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

Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM

TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628

 Phone: 619-515-2500

 After Hours Phone: 619-515-2500


License Number: A119689

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None


















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

Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):






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

## B. 具備聯邦資質的健康診所

<p>N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO</i>   <i>Website: www.fhcsd.org</i></p>	<p>DIEGO   <i>Website: www.fhcsd.org</i></p>	<p><b>CHULA VISTA FAMILY HLTH CTR</b>  <i>Provider ID: 206355</i></p>
<p><b>CHULA VISTA FAMILY HLTH CTR</b>  <i>Provider ID: 206355</i>   251 LANDIS AVE            CHULA VISTA, CA            91910-2628   <i>Phone: 619-515-2500</i>   <i>After Hours Phone: 619-515-2500</i>  <i>License Number: 20A11535</i>  <i>NPI: 1134155377</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>  <input type="checkbox"/> <i>Site English Spoken: Yes</i>  <input type="checkbox"/> <i>Site Languages(s) Spoken: Spanish</i>  <i>Cultural Competency: No</i>   <i>Hours: SU 9:00AM-5:00PM</i>  <i>MO 9:00AM-5:00PM</i>  <i>TU 9:00AM-5:00PM</i>  <i>WE 9:00AM-5:00PM</i>  <i>TH 9:00AM-5:00PM</i>  <i>FR 9:00AM-5:00PM</i>  <i>SA 9:00AM-5:00PM</i>  <i>American Sign Language (ASL):</i></p>	<p><b>CHULA VISTA FAMILY HLTH CTR</b>  <i>Provider ID: 206355</i>   251 LANDIS AVE            CHULA VISTA, CA            91910-2628   <i>Phone: 619-515-2500</i>   <i>After Hours Phone: 619-515-2500</i>  <i>License Number: 20A14919</i>  <i>NPI: 1134155377</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>  <input type="checkbox"/> <i>Site English Spoken: Yes</i>  <input type="checkbox"/> <i>Site Languages(s) Spoken: Spanish</i>  <i>Cultural Competency: No</i>   <i>Hours: SU 9:00AM-5:00PM</i>  <i>MO 9:00AM-5:00PM</i>  <i>TU 9:00AM-5:00PM</i>  <i>WE 9:00AM-5:00PM</i>  <i>TH 9:00AM-5:00PM</i>  <i>FR 9:00AM-5:00PM</i>  <i>SA 9:00AM-5:00PM</i>  <i>American Sign Language (ASL):</i></p>	<p><b>CHULA VISTA FAMILY HLTH CTR</b>  <i>Provider ID: 206355</i>   251 LANDIS AVE            CHULA VISTA, CA            91910-2628   <i>Phone: 619-515-2500</i>   <i>After Hours Phone: 619-515-2500</i>  <i>License Number: A108228</i>  <i>NPI: 1134155377</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>  <input type="checkbox"/> <i>Site English Spoken: Yes</i>  <input type="checkbox"/> <i>Site Languages(s) Spoken: Spanish</i>  <i>Cultural Competency: No</i>   <i>Hours: SU 9:00AM-5:00PM</i>  <i>MO 9:00AM-5:00PM</i>  <i>TU 9:00AM-5:00PM</i>  <i>WE 9:00AM-5:00PM</i>  <i>TH 9:00AM-5:00PM</i>  <i>FR 9:00AM-5:00PM</i>  <i>SA 9:00AM-5:00PM</i>  <i>American Sign Language (ASL):</i></p>
<p>N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN</i></p>	<p>DIEGO   <i>Website: www.fhcsd.org</i></p>	<p><b>CHULA VISTA FAMILY HLTH CTR</b>  <i>Provider ID: 206355</i>   251 LANDIS AVE            CHULA VISTA, CA</p>

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

## B. 具備聯邦資質的健康診所




91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: A148014  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



### CHULA VISTA FAMILY HLTH CTR

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





Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: A154298  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)


### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: A163464  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM

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

## B. 具備聯邦資質的健康診所

FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: A164859

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM


SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT


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

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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: A177698

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN


DIEGO


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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: A178499

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

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








### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE

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



## B. 具備聯邦資質的健康診所




CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: A68463  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**CHULA VISTA FAMILY HLTH  
CTR**  
Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: A72005




NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**CHULA VISTA FAMILY HLTH  
CTR**  
Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: A73172  
NPI: 1134155377

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

Spanish  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**CHULA VISTA FAMILY HLTH  
CTR**  
Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: A78355  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM

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

## B. 具備聯邦資質的健康診所

TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: C174771

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: DC26269

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: DPM4819

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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




### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

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## B. 具備聯邦資質的健康診所

 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: G78814  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### CHULA VISTA FAMILY HLTH CTR




Provider ID: 206355

 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500

License Number: NM792  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### CHULA VISTA FAMILY HLTH CTR





Provider ID: 206355

 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: NP10943  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes

Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### CHULA VISTA FAMILY HLTH CTR



Provider ID: 206355

 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: NP23687  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM





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



## B. 具備聯邦資質的健康診所

WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):  
 N





 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)


### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: NP95001492  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)





### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: NP95001705  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

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

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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: NP95001964  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355


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

## B. 具備聯邦資質的健康診所

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: NP95013978  
NPI: 1134155377

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

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

Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355


 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

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

License Number: PA21591  
NPI: 1134155377

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

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

Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628


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

License Number: PT291706  
NPI: 1134155377

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

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355


 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

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

License Number: PT292823  
NPI: 1134155377

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



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

Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM





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## B. 具備聯邦資質的健康診所

WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):  
 N





 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)


### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: PT293536  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)





### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: PT294245  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

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

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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: PT295173  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):









N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

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



## B. 具備聯邦資質的健康診所

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: PT37189  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### CHULA VISTA FAMILY HLTH CTR





Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
Fax: 619-397-1161  
 After Hours Phone:

619-515-2500  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### CHULA VISTA FAMILY HLTH CTR


Provider ID: 206355

 252 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: A116680  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)


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

Provider ID: 417641


 352 L ST  
CHULA VISTA, CA  
91911-1208  
 Phone: 619-515-2325  
 After Hours Phone:  
619-515-2325  
License Number: A144995  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM

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


## B. 具備聯邦資質的健康診所

FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  Website: [www.fhcsd.org](http://www.fhcsd.org)

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

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

Provider ID: 417641

 352 L ST  
CHULA VISTA, CA  
91911-1208

 Phone: 619-515-2325

 After Hours Phone:  
619-515-2325

License Number: PA19306


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM


TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):  Website: [www.fhcsd.org](http://www.fhcsd.org)

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN DIEGO


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

Provider ID: 417641

 352 L ST  
CHULA VISTA, CA  
91911-1208

 Phone: 619-515-2325

Fax: 619-420-0660

 After Hours Phone:  
619-515-2325


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):  Website: [www.fhcsd.org](http://www.fhcsd.org)


N


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

Provider ID: 417641

 352 L ST  
CHULA VISTA, CA  
91911-1208

 Phone: 619-515-2325

Fax: 619-420-0660

 After Hours Phone:  
619-515-2325

License Number: 550002305


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):  Website: [www.fhcsd.org](http://www.fhcsd.org)

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN


DIEGO


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

## EL CAJON

### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

 1111 W CHASE AVE  
EL CAJON, CA 92020-5710

 Phone: 619-515-2499

Fax: 619-593-7164


 After Hours Phone:

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

## B. 具備聯邦資質的健康診所

619-515-2499  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

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

Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO


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

### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

 Phone: 619-515-2499

 After Hours Phone:  
 619-515-2499

License Number: 20A13700

NPI: 1134155377

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

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


Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN

DIEGO


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

### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

 Phone: 619-515-2499


 After Hours Phone:  
 619-515-2499

License Number: A110192

NPI: 1134155377

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

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

Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM

FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO


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

### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

 Phone: 619-515-2499

 After Hours Phone:  
 619-515-2499

License Number: A138887

NPI: 1134155377

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

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

Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

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


## B. 具備聯邦資質的健康診所


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

 1111 W CHASE AVE  
EL CAJON, CA 92020-5710

 Phone: 619-515-2499

 After Hours Phone:  
619-515-2499

License Number: A170055

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None


Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL): HEALTH CENTERS OF SAN DIEGO


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

 1111 W CHASE AVE  
EL CAJON, CA 92020-5710

 Phone: 619-515-2499

 After Hours Phone:  
619-515-2499

License Number: DC33150

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

 1111 W CHASE AVE  
EL CAJON, CA 92020-5710

 Phone: 619-515-2499

 After Hours Phone:  
619-515-2499


License Number: NP95007253  
NPI: 1134155377

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

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

### CENTRO MEDICO EL CAJON

Provider ID: 478971

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

 Phone: 619-401-0404

 After Hours Phone:  
619-401-0404

License Number: A151547

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None


Site English Spoken: Yes

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



## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

 *Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: BORREGO  
COMMUNITY HEALTH  
FOUNDTION*


 *Website: N/A*

### **CENTRO MEDICO EL CAJON**

*Provider ID: 478971*

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

 *Phone: 619-401-0404*

 *After Hours Phone:  
619-401-0404*

*License Number: A158569*


*NPI: 1134144165*

*Accepting New Patients: Yes*


*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: BORREGO  
COMMUNITY HEALTH  
FOUNDTION*


 *Website: N/A*

### **CENTRO MEDICO EL CAJON**

*Provider ID: 478971*

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

 *Phone: 619-401-0404*

 *After Hours Phone:  
619-401-0404*

*License Number: A98486*


*NPI: 1134144165*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: BORREGO  
COMMUNITY HEALTH  
FOUNDTION*


 *Website: N/A*

### **CENTRO MEDICO EL CAJON**

*Provider ID: 478971*

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

 *Phone: 619-401-0404*

 *After Hours Phone:  
619-401-0404*

*License Number: G52812*


*NPI: 1134144165*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: BORREGO  
COMMUNITY HEALTH  
FOUNDTION*


 *Website: N/A*

### **CENTRO MEDICO EL CAJON**

*Provider ID: 478971*

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

 *Phone: 619-401-0404*

 *After Hours Phone:  
619-401-0404*

*License Number: NP95001710*



*NPI: 1134144165*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

## B. 具備聯邦資質的健康診所

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-8:00PM*  
*MO 8:00AM-8:00PM*  
*TU 8:00AM-8:00PM*  
*WE 8:00AM-8:00PM*  
*TH 8:00AM-8:00PM*  
*FR 8:00AM-8:00PM*  
*SA 8:00AM-8:00PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION*

 *Website: N/A*

### **CENTRO MEDICO EL CAJON**

*Provider ID: 478971*

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

 *Phone: 619-873-8940*

 *After Hours Phone: 619-873-8940*


*License Number: 20A11733*

*NPI: 1134144165*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

 *Hours: SU 8:00AM-8:00PM*  
*MO 8:00AM-8:00PM*  
*TU 8:00AM-8:00PM*  
*WE 8:00AM-8:00PM*  
*TH 8:00AM-8:00PM*  
*FR 8:00AM-8:00PM*  
*SA 8:00AM-8:00PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION*

 *Website: N/A*

### **CENTRO MEDICO EL CAJON**

*Provider ID: 478971*

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

 *Phone: 619-873-8940*

 *After Hours Phone: 619-873-8940*


*License Number: A113241*

*NPI: 1134144165*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

 *Hours: SU 8:00AM-8:00PM*  
*MO 8:00AM-8:00PM*  
*TU 8:00AM-8:00PM*  
*WE 8:00AM-8:00PM*  
*TH 8:00AM-8:00PM*  
*FR 8:00AM-8:00PM*  
*SA 8:00AM-8:00PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION*

 *Website: N/A*

### **CENTRO MEDICO EL CAJON**

*Provider ID: 478971*

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

 *Phone: 619-873-8940*

 *After Hours Phone: 619-873-8940*


*License Number: A114674*

*NPI: 1134144165*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

 *Hours: SU 8:00AM-8:00PM*  
*MO 8:00AM-8:00PM*  
*TU 8:00AM-8:00PM*  
*WE 8:00AM-8:00PM*  
*TH 8:00AM-8:00PM*  
*FR 8:00AM-8:00PM*  
*SA 8:00AM-8:00PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION*

 *Website: N/A*

### **CENTRO MEDICO EL CAJON**

*Provider ID: 478971*

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

 *Phone: 619-873-8940*

 *After Hours Phone: 619-873-8940*

*License Number: DPM1536*

*NPI: 1134144165*

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

## B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: BORREGO COMMUNITY HEALTH

FOUNDTION

Website: N/A

### **CENTRO MEDICO EL CAJON**

Provider ID: 478971

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

Phone: 619-873-8940

After Hours Phone:  
619-873-8940

License Number: PA16673

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL): **CENTRO MEDICO EL CAJON**

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: BORREGO COMMUNITY HEALTH

FOUNDTION

Website: N/A

### **CENTRO MEDICO EL CAJON**

Provider ID: 478971

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

Phone: 619-873-8940

Fax: 619-401-0522

After Hours Phone:  
619-873-8940

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: BORREGO COMMUNITY HEALTH

FOUNDTION

Website: N/A

Provider ID: 478971

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

Phone: 619-873-8940

Fax: 619-401-0522

After Hours Phone:  
619-873-8940

License Number: 550000430

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: Yes

Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: BORREGO COMMUNITY HEALTH

FOUNDTION

Website: N/A

### **LA MAESTRA CHC EL CAJON BROADWAY**

Provider ID: 418501

1032 BROADWAY  
EL CAJON, CA 92021-7416

Phone: 619-795-5991

After Hours Phone:

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

## B. 具備聯邦資質的健康診所

619-795-5991  
License Number: 20A14222  
NPI: 1609849074  
Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC

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

### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

1032 BROADWAY  
EL CAJON, CA 92021-7416

Phone: 619-795-5991

After Hours Phone:  
619-795-5991

License Number: 20A6433

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC

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

### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

1032 BROADWAY  
EL CAJON, CA 92021-7416

Phone: 619-795-5991

After Hours Phone:  
619-795-5991

License Number: A123929

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

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

### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

1032 BROADWAY  
EL CAJON, CA 92021-7416

Phone: 619-795-5991

After Hours Phone:  
619-795-5991

License Number: A160760

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC

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

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

## B. 具備聯邦資質的健康診所

### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

1032 BROADWAY  
EL CAJON, CA 92021-7416

Phone: 619-795-5991

After Hours Phone:  
619-795-5991

License Number: G50634

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC

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

### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

1032 BROADWAY  
EL CAJON, CA 92021-7416

Phone: 619-795-5991

After Hours Phone:  
619-795-5991

License Number: PA21625

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC

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

### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

1032 BROADWAY  
EL CAJON, CA 92021-7416

Phone: 619-795-5991

After Hours Phone:  
619-795-5991

License Number: PA58466

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC

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

### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

1032 BROADWAY  
EL CAJON, CA 92021-7416

Phone: 619-795-5991

Fax: 619-795-5992

After Hours Phone:  
619-795-5991

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

## B. 具備聯邦資質的健康診所


Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC

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


### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

 1032 BROADWAY  
EL CAJON, CA 92021-7416

 Phone: 619-795-5991

Fax: 619-795-5992

 After Hours Phone:  
619-795-5991

License Number: 550003567

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC


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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

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

 Phone: 619-269-1262

 After Hours Phone:  
619-269-1262

License Number: C55979

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC


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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

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

 Phone: 619-312-0347

 After Hours Phone:  
619-312-0347


License Number: 20A14222

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

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

 Phone: 619-312-0347

 After Hours Phone:  
619-312-0347


License Number: 20A6433

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

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

## B. 具備聯邦資質的健康診所

TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

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

 Phone: 619-312-0347


 After Hours Phone:  
619-312-0347

License Number: A123929

NPI: 1609849074


Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC


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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

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

 Phone: 619-312-0347


 After Hours Phone:  
619-312-0347

License Number: A68184

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC


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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

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

 Phone: 619-312-0347

 After Hours Phone:  
619-312-0347


License Number: PA58466

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC


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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

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

 Phone: 619-312-0348

 After Hours Phone:  
619-312-0348

License Number: G45632


NPI: 1609849074

Accepting New Patients: Yes


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

## B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC


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


### **FAMILY HLTH CTR SAN**

#### **DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300


License Number: PT293536

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM


TH 8:30AM-5:30PM

FR 8:30AM-5:30PM


SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

### **FAMILY HLTH CTR SAN**

#### **DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498


License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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


### **FAMILY HLTH CTR SAN**

#### **DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498


License Number: 20A13060

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

### **FAMILY HLTH CTR SAN**

#### **DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

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



## B. 具備聯邦資質的健康診所

☎ *After Hours Phone:*  
619-515-2498

License Number: 20A13745  
NPI: 1134155377

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

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

🕒 *Hours: SU 8:30AM-5:30PM*  
*MO 8:30AM-5:30PM*  
*TU 8:30AM-5:30PM*  
*WE 8:30AM-5:30PM*  
*TH 8:30AM-5:30PM*  
*FR 8:30AM-5:30PM*  
*SA 8:30AM-5:30PM*

*American Sign Language (ASL):*  
N

♿ *Accessibility: CONTACT*  
*PROVIDER*

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

🌐 *Website: www.fhcsd.org*

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

*Provider ID: 418340*

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

☎ *Phone: 619-515-2498*

☎ *After Hours Phone:*  
619-515-2498

License Number: 20A14919  
NPI: 1134155377

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

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

🕒 *Hours: SU 8:30AM-5:30PM*  
*MO 8:30AM-5:30PM*  
*TU 8:30AM-5:30PM*  
*WE 8:30AM-5:30PM*  
*TH 8:30AM-5:30PM*  
*FR 8:30AM-5:30PM*  
*SA 8:30AM-5:30PM*

*American Sign Language (ASL):*  
N

♿ *Accessibility: CONTACT*  
*PROVIDER*

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

🌐 *Website: www.fhcsd.org*

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

*Provider ID: 418340*

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

☎ *Phone: 619-515-2498*

☎ *After Hours Phone:*  
619-515-2498

License Number: 20A7241  
NPI: 1134155377

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

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

🕒 *Hours: SU 8:30AM-5:30PM*  
*MO 8:30AM-5:30PM*  
*TU 8:30AM-5:30PM*  
*WE 8:30AM-5:30PM*  
*TH 8:30AM-5:30PM*  
*FR 8:30AM-5:30PM*  
*SA 8:30AM-5:30PM*

*American Sign Language (ASL):*  
N

♿ *Accessibility: CONTACT*  
*PROVIDER*

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

🌐 *Website: www.fhcsd.org*

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

*Provider ID: 418340*

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

☎ *Phone: 619-515-2498*

☎ *After Hours Phone:*  
619-515-2498

License Number: A107093  
NPI: 1134155377

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

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

🕒 *Hours: SU 8:30AM-5:30PM*  
*MO 8:30AM-5:30PM*  
*TU 8:30AM-5:30PM*  
*WE 8:30AM-5:30PM*  
*TH 8:30AM-5:30PM*  
*FR 8:30AM-5:30PM*  
*SA 8:30AM-5:30PM*

*American Sign Language (ASL):*  
N

♿ *Accessibility: CONTACT*  
*PROVIDER*

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

🌐 *Website: www.fhcsd.org*


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


## B. 具備聯邦資質的健康診所

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498


License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498


License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498


License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498


License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM


American Sign Language (ASL):


N



 Accessibility: CONTACT


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## B. 具備聯邦資質的健康診所



**PROVIDER**  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



**FAMILY HLTH CTR SAN  
DIEGO-EL CAJON**  
Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498  
License Number: A118095  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

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



Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
DIEGO-EL CAJON**  
Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498  
License Number: A127798  
NPI: 1134155377






Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

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

**FAMILY HLTH CTR SAN  
DIEGO-EL CAJON**  
Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498

License Number: A134303  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

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

**FAMILY HLTH CTR SAN  
DIEGO-EL CAJON**  
Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498  
License Number: A138815  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM

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上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medical)。此提供  
者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A144974

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT


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


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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A146838

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A147976

NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

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## B. 具備聯邦資質的健康診所

License Number: A148014

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: www.fhcsd.org

### FAMILY HLTH CTR SAN

#### DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:

619-515-2498

License Number: A152462

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: www.fhcsd.org

### FAMILY HLTH CTR SAN

#### DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:

619-515-2498

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: www.fhcsd.org

### FAMILY HLTH CTR SAN

#### DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:

619-515-2498

License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: www.fhcsd.org


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## B. 具備聯邦資質的健康診所

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498


License Number: A175325

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498


License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498


License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498


License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM


American Sign Language (ASL):

N






 Accessibility: CONTACT


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

## B. 具備聯邦資質的健康診所



**PROVIDER**  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



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

Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498  
License Number: A83390  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

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



Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
DIEGO-EL CAJON**  
Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498  
License Number: C174771  
NPI: 1134155377






Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

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

**FAMILY HLTH CTR SAN  
DIEGO-EL CAJON**  
Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498

License Number: DC33150  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

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

**FAMILY HLTH CTR SAN  
DIEGO-EL CAJON**  
Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498  
License Number: DC33869  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM

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

## B. 具備聯邦資質的健康診所

TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: DPM5661

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT


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


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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: G78814

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: NM1721

NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

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




## B. 具備聯邦資質的健康診所




License Number: NP15444  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM



American Sign Language (ASL):

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

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

Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone: 619-515-2498  
License Number: NP95000205  
NPI: 1134155377




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

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM

TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM  
American Sign Language (ASL):

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

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

Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone: 619-515-2498  
License Number: NP95007000  
NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM




American Sign Language (ASL):

N  
 Accessibility: CONTACT


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

 Website: www.fhcsd.org

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

Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone: 619-515-2498  
License Number: NP95009180  
NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

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


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


## B. 具備聯邦資質的健康診所

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498


License Number: NP95009292

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498


License Number: NP95013978

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498


License Number: NP95021154

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498


License Number: PA20396

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM


American Sign Language (ASL):

N






 Accessibility: CONTACT


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

## B. 具備聯邦資質的健康診所

**PROVIDER**  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



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

Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498  
License Number: PA23258  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

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



Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
DIEGO-EL CAJON**  
Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498  
License Number: PT292482  
NPI: 1134155377






Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

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

**FAMILY HLTH CTR SAN  
DIEGO-EL CAJON**  
Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498

License Number: PT295173  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

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

**FAMILY HLTH CTR SAN  
DIEGO-EL CAJON**  
Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
619-515-2498  
License Number: RN810863  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM

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上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medical)。此提供  
者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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


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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

Fax: 619-269-0191

 After Hours Phone:  
619-515-2498

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT


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

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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

Fax: 619-269-0191

 After Hours Phone:  
619-515-2498

License Number: 20A19473

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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


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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

Fax: 619-269-0191

 After Hours Phone:  
619-515-2498

License Number: 550003553

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2499

 After Hours Phone:

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

## B. 具備聯邦資質的健康診所

619-515-2499  
 License Number: RN428876  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 8:30AM-5:30PM  
 SA 8:30AM-5:30PM

American Sign Language (ASL):  
 N

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340  
 526 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone: 619-515-2498

License Number: A163464  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 8:30AM-5:30PM  
 SA 8:30AM-5:30PM

American Sign Language (ASL):  
 N

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

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100  
 NPI: 1598122871

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

Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N

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

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100  
 License Number: 20A10964  
 NPI: 1598122871

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

Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N

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

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

## B. 具備聯邦資質的健康診所

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

Provider ID: 569910

875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 550002514

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: N/A

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

Provider ID: 569910

875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:

619-662-4100

License Number: A101773

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: N/A

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

Provider ID: 569910

875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A101888

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:

Spanish, Tagalog

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: N/A

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

Provider ID: 569910

875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A120584

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes


Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No







Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM


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## B. 具備聯邦資質的健康診所

SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A







### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A127706  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM



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

 Website: N/A


### SAN YSIDRO HEALTH EL CAJON






Provider ID: 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A131365  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM


American Sign Language (ASL):  
N

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

### SAN YSIDRO HEALTH EL CAJON

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




 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A134995  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

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

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A40473  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None

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## B. 具備聯邦資質的健康診所


<p> Site English Spoken: Yes</p> <p> Site Languages(s) Spoken: Spanish, Tagalog</p>	<p>TH 8:00AM-5:00PM</p> <p>FR 8:00AM-5:00PM</p> <p>SA 8:00AM-5:00PM</p>	<p>SOUTHERN CALIFORNIA</p> <p> Website: N/A</p>
<p>Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM</p> <p>MO 8:00AM-5:00PM</p> <p>TU 8:00AM-5:00PM</p> <p>WE 8:00AM-5:00PM</p> <p>TH 8:00AM-5:00PM</p> <p>FR 8:00AM-5:00PM</p> <p>SA 8:00AM-5:00PM</p>	<p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: N/A</p>	<p><b>SAN YSIDRO HEALTH EL CAJON</b></p> <p>Provider ID: 569910</p> <p> 875 EL CAJON BLVD EL CAJON, CA 92020-5714</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: A87650</p> <p>NPI: 1598122871</p>
<p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: N/A</p>	<p><b>SAN YSIDRO HEALTH EL CAJON</b></p> <p>Provider ID: 569910</p> <p> 875 EL CAJON BLVD EL CAJON, CA 92020-5714</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: A79338</p> <p>NPI: 1598122871</p>	<p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p> <p> Site English Spoken: Yes</p> <p> Site Languages(s) Spoken: Spanish, Tagalog</p> <p>Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM</p> <p>MO 8:00AM-5:00PM</p> <p>TU 8:00AM-5:00PM</p> <p>WE 8:00AM-5:00PM</p> <p>TH 8:00AM-5:00PM</p> <p>FR 8:00AM-5:00PM</p> <p>SA 8:00AM-5:00PM</p>
<p><b>SAN YSIDRO HEALTH EL CAJON</b></p> <p>Provider ID: 569910</p> <p> 875 EL CAJON BLVD EL CAJON, CA 92020-5714</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: A47906</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p>	<p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p> <p> Site English Spoken: Yes</p> <p> Site Languages(s) Spoken: Spanish, Tagalog</p> <p>Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM</p> <p>MO 8:00AM-5:00PM</p> <p>TU 8:00AM-5:00PM</p> <p>WE 8:00AM-5:00PM</p> <p>TH 8:00AM-5:00PM</p> <p>FR 8:00AM-5:00PM</p> <p>SA 8:00AM-5:00PM</p>	<p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: N/A</p>
<p> Site English Spoken: Yes</p> <p> Site Languages(s) Spoken: Spanish, Tagalog</p> <p>Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM</p> <p>MO 8:00AM-5:00PM</p> <p>TU 8:00AM-5:00PM</p> <p>WE 8:00AM-5:00PM</p>	<p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF</p>	<p><b>SAN YSIDRO HEALTH EL CAJON</b></p> <p>Provider ID: 569910</p> <p> 875 EL CAJON BLVD</p>


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## B. 具備聯邦資質的健康診所

EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A96002

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD

EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: C144411

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A


### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD

EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: G43179

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD

EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP95009329

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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## B. 具備聯邦資質的健康診所

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: NP95012943

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: PT40025

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: PT42665

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A

## ENCINITAS

### TRUECARE

Provider ID: 480243

1130 2ND ST ENCINITAS, CA 92024-5008

Phone: 760-736-6767

After Hours Phone: 760-736-6767

License Number: 20A17306

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No







Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM





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## B. 具備聯邦資質的健康診所

WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A



### TRUECARE

Provider ID: 480243  
 1130 2ND ST  
ENCINITAS, CA  
92024-5008  
 Phone: 760-736-6767  
 After Hours Phone:  
760-736-6767  
License Number: DC29074  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A  
**TRUECARE**  
Provider ID: 480243  
 1130 2ND ST  
ENCINITAS, CA  
92024-5008  
 Phone: 760-736-6767  
 After Hours Phone:  
760-736-6767  
License Number: NP21368  
NPI: 1598122871






Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A

### TRUECARE

Provider ID: 480243  
 1130 2ND ST  
ENCINITAS, CA  
92024-5008  
 Phone: 760-736-6767  
 After Hours Phone:  
760-736-6767

License Number: PA19437  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A

### TRUECARE






Provider ID: 480243  
 1130 2ND ST  
ENCINITAS, CA  
92024-5008  
 Phone: 760-736-6767  
 After Hours Phone:  
760-736-6767  
License Number: PA22667  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM





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

## B. 具備聯邦資質的健康診所

WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A




### TRUECARE

Provider ID: 480243  
 1130 2ND ST  
ENCINITAS, CA  
92024-5008  
 Phone: 760-753-7842  
 After Hours Phone:  
760-753-7842  
License Number: A103940  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A  
**TRUECARE**  
Provider ID: 480243  
 1130 2ND ST  
ENCINITAS, CA  
92024-5008  
 Phone: 760-753-7842  
 After Hours Phone:  
760-753-7842  
License Number: A116562  
NPI: 1598122871





Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A

### TRUECARE

Provider ID: 480243  
 1130 2ND ST  
ENCINITAS, CA  
92024-5008  
 Phone: 760-753-7842  
 After Hours Phone:  
760-753-7842

License Number: C54157  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A

### TRUECARE

Provider ID: 480243  
 1130 2ND ST  
ENCINITAS, CA  
92024-5008  
 Phone: 760-753-7842  
Fax: 760-736-8740  
 After Hours Phone:  
760-753-7842  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM

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

## B. 具備聯邦資質的健康診所

WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

### TRUECARE

Provider ID: 480243

 1130 2ND ST  
ENCINITAS, CA  
92024-5008

 Phone: 760-753-7842

Fax: 760-736-8740


 After Hours Phone:  
760-753-7842


License Number: 80000638

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA


 Website: N/A


### ESCONDIDO

#### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941

 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: C171064

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

#### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941

 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: G58033

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A



#### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941

 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

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

## B. 具備聯邦資質的健康診所

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

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

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER



Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

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

Provider ID: 588941

 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

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

License Number: NP95006360  
NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER



Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

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



Provider ID: 588941

 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405


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

License Number: PA20490  
NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM

SA 9:00AM-5:00PM  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER



Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

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



Provider ID: 588941

 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

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

License Number: PA52347  
NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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


## B. 具備聯邦資質的健康診所

 Website: N/A

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

Provider ID: 588941

 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

 Phone: 619-662-4100

Fax: 619-662-7952


 After Hours Phone:  
619-662-4100

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A


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

Provider ID: 424775

 426 N DATE ST

ESCONDIDO, CA  
92025-3409

 Phone: 760-690-5900

 After Hours Phone:  
760-690-5900

License Number: A56054

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

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

Provider ID: 424775

 426 N DATE ST  
ESCONDIDO, CA  
92025-3409

 Phone: 760-690-5900


 After Hours Phone:  
760-690-5900

License Number: A62467

NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

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

Provider ID: 424775

 426 N DATE ST  
ESCONDIDO, CA  
92025-3409


 Phone: 760-690-5900


 After Hours Phone:  
760-690-5900

License Number: A67626

NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No







 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM

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

## B. 具備聯邦資質的健康診所






WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A

### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775  
 426 N DATE ST  
ESCONDIDO, CA  
92025-3409  
 Phone: 760-690-5900  
 After Hours Phone:  
760-690-5900  
License Number: G83438  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT






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

### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775  
 426 N DATE ST  
ESCONDIDO, CA  
92025-3409  
 Phone: 760-690-5900  
 After Hours Phone:  
760-690-5900  
License Number: NP4799  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM


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

### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775  
 426 N DATE ST  
ESCONDIDO, CA  
92025-3409  
 Phone: 760-690-5900  
Fax: 360-462-2747  
 After Hours Phone:  
760-690-5900  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

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


### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775  
 426 N DATE ST  
ESCONDIDO, CA  
92025-3409


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



## B. 具備聯邦資質的健康診所

 Phone: 760-690-5900

Fax: 360-462-2747

 After Hours Phone:  
760-690-5900

License Number: 550000511


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A


### NEIGHBORHOOD

### HEALTHCARE VALLEY

### PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900


 After Hours Phone:  
760-737-6900

License Number: A120348


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A


### NEIGHBORHOOD

### HEALTHCARE VALLEY

### PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: A139490


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A


### NEIGHBORHOOD

### HEALTHCARE VALLEY

### PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: A140398


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF

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

## B. 具備聯邦資質的健康診所


*SOUTHERN CALIFORNIA*

 Website: N/A

**NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900


License Number: A145349

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

**NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: A161074

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

**NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900


 After Hours Phone:  
760-737-6900

License Number: A94128

NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

**NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052


 Phone: 760-737-6900


 After Hours Phone:  
760-737-6900

License Number: DPM5260

NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No







 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM

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

## B. 具備聯邦資質的健康診所






WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A

### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271  
 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052  
 Phone: 760-737-6900  
 After Hours Phone:  
760-737-6900  
License Number: G61829  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT






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


### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271  
 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052  
 Phone: 760-737-6900  
 After Hours Phone:  
760-737-6900  
License Number: NP8169  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM


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

### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271  
 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052  
 Phone: 760-737-6900  
Fax: 360-462-2748  
 After Hours Phone:  
760-737-6900  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM


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

### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271  
 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

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

## B. 具備聯邦資質的健康診所

 Phone: 760-737-6900

Fax: 360-462-2748

 After Hours Phone:  
760-737-6900

License Number: 80000158


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

### NEIGHBORHOOD HEALTHCARE PEDIATRIC AND PRENATAL

Provider ID: 206266

 425 N DATE ST  
ESCONDIDO, CA  
92025-3413

 Phone: 760-520-8340

 After Hours Phone:  
760-520-8340

License Number: A56054


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

### NEIGHBORHOOD HEALTHCARE PEDIATRIC AND PRENATAL

Provider ID: 206266

 425 N DATE ST  
ESCONDIDO, CA  
92025-3413

 Phone: 760-520-8340

 After Hours Phone:  
760-520-8340

License Number: A67626


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org


### NEIGHBORHOOD HEALTHCARE PEDIATRIC AND PRENATAL

Provider ID: 206266

 425 N DATE ST  
ESCONDIDO, CA  
92025-3413

 Phone: 760-520-8340

Fax: 360-462-2752

 After Hours Phone:  
760-520-8340


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF

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

## B. 具備聯邦資質的健康診所

SOUTHERN CALIFORNIA


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


### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: 20A14292

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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


### NEIGHBORHOOD


#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA

92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: A107557

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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


### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100


License Number: A109655

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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


### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: A119661

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

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

## B. 具備聯邦資質的健康診所

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

N

 **Accessibility: CONTACT PROVIDER**

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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


**NEIGHBORHOOD**

**HEALTHCARE ESCONDIDO**

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100


License Number: A120771

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

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

N

 **Accessibility: CONTACT PROVIDER**


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

**HEALTHCARE ESCONDIDO**

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: A139490

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

760-520-8100


License Number: A152372

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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


**NEIGHBORHOOD**

**HEALTHCARE ESCONDIDO**

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100


License Number: A159727

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

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

## B. 具備聯邦資質的健康診所

MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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


### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100


License Number: A45413

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

### PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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


### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: A61751

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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


### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100


License Number: A78116

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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


### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: A82173


NPI: 1598122871

Accepting New Patients: Yes


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

## B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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


### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100


 After Hours Phone:  
760-520-8100

License Number: A94128


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

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

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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


### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: DC12036


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

### NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: DC28605


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

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



## B. 具備聯邦資質的健康診所

☎ *After Hours Phone:*  
760-520-8100  
*License Number:* G61829  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None

🗣 *Site English Spoken:* Yes  
*Cultural Competency:* No  
🕒 *Hours:* SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

*American Sign Language (ASL):*  
N

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

### **NEIGHBORHOOD HEALTHCARE ESCONDIDO**

*Provider ID:* 206270  
📍 460 N ELM ST  
ESCONDIDO, CA  
92025-3002  
☎ *Phone:* 760-520-8100  
*Fax:* 360-466-2745  
☎ *After Hours Phone:*  
760-520-8100  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
🗣 *Site English Spoken:* Yes  
*Cultural Competency:* No

🕒 *Hours:* SU 8:00AM-5:00PM N  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

*American Sign Language (ASL):*  
N

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

### **NEIGHBORHOOD HEALTHCARE ESCONDIDO**

*Provider ID:* 206270  
📍 460 N ELM ST  
ESCONDIDO, CA  
92025-3002  
☎ *Phone:* 760-520-8100  
*Fax:* 360-466-2745  
☎ *After Hours Phone:*  
760-520-8100  
*License Number:* 80000397  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
🗣 *Site English Spoken:* Yes  
*Cultural Competency:* No  
🕒 *Hours:* SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
*American Sign Language (ASL):*

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

### **NEIGHBORHOOD HEALTHCARE GRAND AVE**

*Provider ID:* 206269  
📍 1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604  
☎ *Phone:* 760-520-8200  
☎ *After Hours Phone:*  
760-520-8200  
*License Number:* A101773  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
🗣 *Site English Spoken:* Yes  
*Cultural Competency:* No  
🕒 *Hours:* SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
*American Sign Language (ASL):*  
N  
♿ *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA  
🌐 *Website:* www.ihpsocal.org

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


## B. 具備聯邦資質的健康診所


### NEIGHBORHOOD

#### HEALTHCARE GRAND AVE

Provider ID: 206269

 1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604

 Phone: 760-520-8200

 After Hours Phone:  
760-520-8200

License Number: A161074

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### NEIGHBORHOOD

#### HEALTHCARE GRAND AVE

Provider ID: 206269

 1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604

 Phone: 760-520-8200

 After Hours Phone:

760-520-8200


License Number: A94128

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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


### NEIGHBORHOOD

#### HEALTHCARE GRAND AVE

Provider ID: 206269

 1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604

 Phone: 760-520-8200

 After Hours Phone:  
760-520-8200


License Number: PA51508

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### NEIGHBORHOOD


#### HEALTHCARE GRAND AVE

Provider ID: 206269

 1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604

 Phone: 760-520-8200

Fax: 360-462-2749


 After Hours Phone:  
760-520-8200

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

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

## B. 具備聯邦資質的健康診所

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

**NEIGHBORHOOD**  
**HEALTHCARE GRAND AVE**  
 Provider ID: 206269

 1001 E GRAND AVE  
 ESCONDIDO, CA  
 92025-4604  
 Phone: 760-520-8200  
 Fax: 360-462-2749  
 After Hours Phone:  
 760-520-8200  
 License Number: 550000697  
 NPI: 1598122871

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

Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM



American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA

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

**NEIGHBORHOOD**  
**HEALTHCARE GRAND AVE**  
 Provider ID: 206269

 1001 E GRAND AVE  
 ESCONDIDO, CA  
 92025-4604  
 Phone: 760-520-8200  
 Fax: 360-462-2749

 After Hours Phone:  
 760-520-8200  
 License Number: 80000397  
 NPI: 1598122871

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

Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM



American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA

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


**NEIGHBORHOOD**  
**HEALTHCARE GRAND AVE**  
 Provider ID: 206269

 1001 E GRAND AVE  
 ESCONDIDO, CA  
 92025-4604  
 Phone: 760-520-8200

Fax: 360-462-2749

 After Hours Phone:  
 760-520-8200  
 License Number: 80000483  
 NPI: 1598122871

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

Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA


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


### FALLBROOK

#### VISTA COMMUNITY CLINIC

Provider ID: 624122

 321 E ALVARADO ST  
 FALLBROOK, CA  
 92028-2912

 Phone: 760-723-6200

 After Hours Phone:  
 760-723-6200

License Number: NP95003447  
 NPI: 1598122871

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

Site English Spoken: Yes

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

## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

 *Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.vistacommunityclinic.org*


### **FALLBROOK FAMILY HLTH CTR**

*Provider ID: 183910*

 *1328 S MISSION RD  
FALLBROOK, CA  
92028-4006*

 *Phone: 760-451-4720*

*Fax: 760-451-4700*

 *After Hours Phone:  
760-451-4720*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM*

*FR 8:00AM-5:00PM*

*SA 8:00AM-5:00PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*

*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: N/A*

### **FALLBROOK FAMILY HLTH CTR**

*Provider ID: 183910*

 *1328 S MISSION RD  
FALLBROOK, CA  
92028-4006*

 *Phone: 760-451-4720*

*Fax: 760-451-4700*

 *After Hours Phone:  
760-451-4720*

*License Number: 80000150*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT*


*PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *Website: N/A*

### **FALLBROOK FAMILY HLTH CTR**

*Provider ID: 183910*

 *1328 S MISSION RD  
FALLBROOK, CA  
92028-4006*

 *Phone: 760-451-4770*

 *After Hours Phone:  
760-451-4770*

*License Number: A169529*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: N/A*

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

## B. 具備聯邦資質的健康診所

### IMPERIAL BEACH

#### IMPERIAL BEACH HEALTH CENTER

Provider ID: 179678

949 PALM AVE  
IMPERIAL BEACH, CA  
91932-1503

Phone: 619-429-3733

After Hours Phone:  
619-429-3733

License Number: A51447

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

#### IMPERIAL BEACH HEALTH CENTER

Provider ID: 179678

949 PALM AVE  
IMPERIAL BEACH, CA

91932-1503

Phone: 619-429-3733

After Hours Phone:  
619-429-3733

License Number: A66830

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### LA MESA

#### LA MESA PEDIATRICS

Provider ID: 480827

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

Phone: 619-464-6434

After Hours Phone:  
619-464-6434

License Number: NP95017921

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: BORREGO  
COMMUNITY HEALTH  
FOUNDATION

Website: N/A

#### LA MESA PEDIATRICS

Provider ID: 480827

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

Phone: 619-464-6434

Fax: 619-464-5109

After Hours Phone:

619-464-6434

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM

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

## B. 具備聯邦資質的健康診所

FR 9:00AM-5:00PM SA 9:00AM-5:00PM American Sign Language (ASL):  Website: N/A N Accessibility: CONTACT PROVIDER Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION Website: N/A	COMMUNITY HEALTH FOUNDTION 200 LA MESA, CA 91942-3135 Phone: 619-464-6434 Fax: 619-464-5109 After Hours Phone: 619-464-6434 License Number: A113241 NPI: 1134144165 Accepting New Patients: Yes Min/Max Age: 0\None Site English Spoken: Yes Cultural Competency: No Hours: SU 9:00AM-5:00PM MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION Website: N/A	200 LA MESA, CA 91942-3135 Phone: 619-464-6434 Fax: 619-464-5109 After Hours Phone: 619-464-6434 License Number: A113241 NPI: 1134144165 Accepting New Patients: Yes Min/Max Age: 0\None Site English Spoken: Yes Cultural Competency: No Hours: SU 9:00AM-5:00PM MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION Website: N/A
<b>LA MESA PEDIATRICS</b> Provider ID: 480827 8881 FLETCHER PKWY STE 200 LA MESA, CA 91942-3135 Phone: 619-464-6434 Fax: 619-464-5109 After Hours Phone: 619-464-6434 License Number: 20A11733 NPI: 1134144165 Accepting New Patients: Yes Min/Max Age: 0\None Site English Spoken: Yes Cultural Competency: No Hours: SU 9:00AM-5:00PM MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM American Sign Language (ASL):  Website: N/A N Accessibility: CONTACT PROVIDER Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION Website: N/A	<b>LA MESA PEDIATRICS</b> Provider ID: 480827 8881 FLETCHER PKWY STE 200 LA MESA, CA 91942-3135 Phone: 619-464-6434 Fax: 619-464-5109 After Hours Phone: 619-464-6434 License Number: 550000430 NPI: 1134144165 Accepting New Patients: Yes Min/Max Age: 0\None Site English Spoken: Yes Cultural Competency: Yes Hours: SU 9:00AM-5:00PM MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM American Sign Language (ASL):  Website: N/A N Accessibility: CONTACT PROVIDER Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION Website: N/A	<b>LA MESA PEDIATRICS</b> Provider ID: 480827 8881 FLETCHER PKWY STE 200 LA MESA, CA 91942-3135 Phone: 619-464-6434 Fax: 619-464-5109 After Hours Phone: 619-464-6434 License Number: A89865

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

## B. 具備聯邦資質的健康診所

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION

Website: N/A

### LA MESA PEDIATRICS

Provider ID: 480827

8881 FLETCHER PKWY STE 200

LA MESA, CA 91942-3135

Phone: 619-464-6434

Fax: 619-464-5109

After Hours Phone: 619-464-6434

License Number: C133872

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION

Website: N/A

### LAKESIDE

#### NEIGHBORHOOD

#### HEALTHCARE LAKESIDE

Provider ID: 353843

10039 VINE ST LAKESIDE, CA 92040-3120

Phone: 858-218-3000

After Hours Phone: 858-218-3000

License Number: A152372

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

#### NEIGHBORHOOD

#### HEALTHCARE LAKESIDE

Provider ID: 353843

10039 VINE ST LAKESIDE, CA 92040-3120

Phone: 858-218-3000

After Hours Phone: 858-218-3000

License Number: A43914

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

#### NEIGHBORHOOD

#### HEALTHCARE LAKESIDE

Provider ID: 353843

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

## B. 具備聯邦資質的健康診所

10039 VINE ST  
LAKESIDE, CA 92040-3120  
Phone: 858-218-3000  
After Hours Phone:  
858-218-3000

License Number: A75411

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### NEIGHBORHOOD

#### HEALTHCARE LAKESIDE

Provider ID: 353843

10039 VINE ST  
LAKESIDE, CA 92040-3120  
Phone: 858-218-3000  
After Hours Phone:  
858-218-3000

License Number: DC33688

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### NEIGHBORHOOD

#### HEALTHCARE LAKESIDE

Provider ID: 353843

10039 VINE ST  
LAKESIDE, CA 92040-3120  
Phone: 858-218-3000  
Fax: 360-462-2744

After Hours Phone:  
858-218-3000

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### NEIGHBORHOOD

#### HEALTHCARE LAKESIDE

Provider ID: 353843

10039 VINE ST  
LAKESIDE, CA 92040-3120  
Phone: 858-218-3000  
Fax: 360-462-2744

After Hours Phone:  
858-218-3000

License Number: 80000483

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

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## B. 具備聯邦資質的健康診所

### LEMON GROVE

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2500

After Hours Phone:  
619-515-2500

License Number: G78814

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2550

After Hours Phone:  
619-515-2550

License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2550

After Hours Phone:  
619-515-2550

License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2550

After Hours Phone:  
619-515-2550

License Number: A102060

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM


WE 9:00AM-5:00PM



TH 9:00AM-5:00PM

FR 9:00AM-5:00PM







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## B. 具備聯邦資質的健康診所

SA 9:00AM-5:00PM  
 American Sign Language (ASL):  Website: N/A  
 N

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







### LEMON GROVE FAMILY HEALTH CENTER


Provider ID: 419139  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604  
 Phone: 619-515-2550  
 After Hours Phone: 619-515-2550  
 License Number: A107323  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):  Website: N/A  
 N

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


DIEGO  
 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER



Provider ID: 419139  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604  
 Phone: 619-515-2550  
 After Hours Phone: 619-515-2550  
 License Number: A108228  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):  Website: N/A  
 N



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


### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139  
 7592 BROADWAY

LEMON GROVE, CA 91945-1604

 Phone: 619-515-2550  
 After Hours Phone: 619-515-2550




License Number: A113001  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

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

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604  
 Phone: 619-515-2550  
 After Hours Phone: 619-515-2550  
 License Number: A114181  
 NPI: 1134155377

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## B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2550

After Hours Phone:  
619-515-2550

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2550

After Hours Phone:  
619-515-2550

License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2550

After Hours Phone:  
619-515-2550

License Number: A165925

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: N/A

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

## B. 具備聯邦資質的健康診所

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2550

After Hours Phone:  
619-515-2550

License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2550

After Hours Phone:  
619-515-2550

License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2550

After Hours Phone:  
619-515-2550

License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2550

After Hours Phone:  
619-515-2550

License Number: C172318

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

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## B. 具備聯邦資質的健康診所

American Sign Language (ASL):  Website: N/A

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: C174771


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):  Website: N/A


N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: NP15444


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM


American Sign Language (ASL): 


N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: NP95001050


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM


TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL): 

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes


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## B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM N

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):  Website: N/A

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY LEMON GROVE, CA 91945-1604

 Phone: 619-515-2550

 After Hours Phone: 619-515-2550

License Number: A118095


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM N

MO 9:00AM-5:00PM


TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):  Website: N/A


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY LEMON GROVE, CA 91945-1604

 Phone: 619-515-2550

 After Hours Phone: 619-515-2550

License Number: A148014


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):  Website: N/A


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY


HEALTH CENTERS OF SAN DIEGO

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY LEMON GROVE, CA 91945-1604

 Phone: 619-515-2550

 After Hours Phone: 619-515-2550

License Number: A154298


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO






 Website: N/A



### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139




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



## B. 具備聯邦資質的健康診所


 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
 Phone: 619-515-2550  
 After Hours Phone:  
619-515-2550  
License Number: A154838  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):

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




### LEMON GROVE FAMILY HEALTH CENTER



Provider ID: 419139  
 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
 Phone: 619-515-2550  
 After Hours Phone:  
619-515-2550  
License Number: NP95008782  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

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


### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139  
 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
 Phone: 619-515-2550  
 After Hours Phone:  
619-515-2550  
License Number: NP95009933  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM




WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N



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

 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139  
 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
 Phone: 619-515-2550  
 After Hours Phone:  
619-515-2550  
License Number: NP95013978  
NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM


American Sign Language (ASL):  
N

 Accessibility: CONTACT

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


## B. 具備聯邦資質的健康診所


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


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: PA12416

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: PA56072

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN


DIEGO


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550


 After Hours Phone:  
619-515-2550

License Number: RN428876

NPI: 1134155377

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

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: N/A


### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

Fax: 619-825-9577

 After Hours Phone:  
619-515-2550

NPI: 1134155377

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


Site English Spoken: Yes

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



## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

 *Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


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

 *Website: N/A*


### **LEMON GROVE FAMILY HEALTH CENTER**

*Provider ID: 419139*

 *7592 BROADWAY  
LEMON GROVE, CA  
91945-1604*

 *Phone: 619-515-2550*

*Fax: 619-825-9577*

 *After Hours Phone:  
619-515-2550*

*License Number: 550001268*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM*

*SA 9:00AM-5:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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


*DIEGO*


 *Website: N/A*


### **NATIONAL CITY**

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

*Provider ID: 418930*

 *1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856*

 *Phone: 619-515-2399*

 *After Hours Phone:  
619-515-2399*

*License Number: 20A18460*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 8:30AM-3:30PM  
MO 8:30AM-3:30PM  
TU 8:30AM-3:30PM  
WE 8:30AM-3:30PM  
TH 8:30AM-3:30PM  
FR 8:30AM-3:30PM  
SA 8:30AM-3:30PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: FAMILY*


*HEALTH CENTERS OF SAN  
DIEGO*


 *Website: www.fhcsd.org*

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

*Provider ID: 418930*

 *1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856*

 *Phone: 619-515-2399*

 *After Hours Phone:  
619-515-2399*

*License Number: A163862*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 8:30AM-3:30PM  
MO 8:30AM-3:30PM  
TU 8:30AM-3:30PM  
WE 8:30AM-3:30PM  
TH 8:30AM-3:30PM  
FR 8:30AM-3:30PM  
SA 8:30AM-3:30PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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






 *Website: www.fhcsd.org*

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

*Provider ID: 418930*




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

## B. 具備聯邦資質的健康診所

 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856  
 Phone: 619-515-2399  
 After Hours Phone:  
619-515-2399  
License Number: A176878  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-3:30PM  
MO 8:30AM-3:30PM  
TU 8:30AM-3:30PM  
WE 8:30AM-3:30PM  
TH 8:30AM-3:30PM  
FR 8:30AM-3:30PM  
SA 8:30AM-3:30PM  
American Sign Language (ASL):






N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

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

Provider ID: 418930  
 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856  
 Phone: 619-515-2399  
 After Hours Phone:  
619-515-2399  
License Number: NP95010663  
NPI: 1134155377







Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-3:30PM  
MO 8:30AM-3:30PM  
TU 8:30AM-3:30PM  
WE 8:30AM-3:30PM  
TH 8:30AM-3:30PM  
FR 8:30AM-3:30PM  
SA 8:30AM-3:30PM  
American Sign Language (ASL):

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

Provider ID: 418930  
 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856  
 Phone: 619-515-2399  
 After Hours Phone:  
619-515-2399  
License Number: PA55660  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-3:30PM  
MO 8:30AM-3:30PM  
TU 8:30AM-3:30PM

WE 8:30AM-3:30PM  
TH 8:30AM-3:30PM  
FR 8:30AM-3:30PM  
SA 8:30AM-3:30PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

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





Provider ID: 418930  
 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856  
 Phone: 619-515-2399  
Fax: 619-269-0053  
 After Hours Phone:  
619-515-2399  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-3:30PM  
MO 8:30AM-3:30PM  
TU 8:30AM-3:30PM  
WE 8:30AM-3:30PM  
TH 8:30AM-3:30PM  
FR 8:30AM-3:30PM  
SA 8:30AM-3:30PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

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

## B. 具備聯邦資質的健康診所

**PROVIDER**  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

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





Provider ID: 418930  
 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856  
 Phone: 619-515-2399  
Fax: 619-269-0053  
 After Hours Phone:  
619-515-2399  
License Number: 550000465  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-3:30PM  
MO 8:30AM-3:30PM  
TU 8:30AM-3:30PM  
WE 8:30AM-3:30PM  
TH 8:30AM-3:30PM  
FR 8:30AM-3:30PM  
SA 8:30AM-3:30PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **SAN YSIDRO HEALTH SOUTH BAY**

Provider ID: 361428  
 330 E 8TH ST  
NATIONAL CITY, CA  
91950-2312  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: 20A12653  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM




American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### **SAN YSIDRO HEALTH SOUTH BAY**

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





619-662-4100  
License Number: A133539  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### **SAN YSIDRO HEALTH SOUTH BAY**

Provider ID: 361428  
 330 E 8TH ST  
NATIONAL CITY, CA  
91950-2312  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: G71855  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM

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

## B. 具備聯邦資質的健康診所

MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH SOUTH BAY

Provider ID: 361428

 330 E 8TH ST  
NATIONAL CITY, CA  
91950-2312

 Phone: 619-662-4100

Fax: 619-259-2807

 After Hours Phone:  
619-662-4100


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT


### PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102

 2743 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7410

 Phone: 844-200-2426

 After Hours Phone:  
844-200-2426

License Number: A74777

NPI: 1801907449


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

 Hours: SU 8:00AM-6:00PM

MO 8:00AM-6:00PM

TU 8:00AM-6:00PM

WE 8:00AM-6:00PM

TH 8:00AM-6:00PM

FR 8:00AM-6:00PM

SA 8:00AM-6:00PM


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:


OPERATION SAMAHAN


 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102

 2743 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7410

 Phone: 844-200-2426

 After Hours Phone:  
844-200-2426

License Number: NP22974

NPI: 1801907449


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

 Hours: SU 8:00AM-6:00PM

MO 8:00AM-6:00PM

TU 8:00AM-6:00PM

WE 8:00AM-6:00PM

TH 8:00AM-6:00PM

FR 8:00AM-6:00PM

SA 8:00AM-6:00PM


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)








### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102




 2743 HIGHLAND AVE  
NATIONAL CITY, CA

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

## B. 具備聯邦資質的健康診所






91950-7410  
 Phone: 844-200-2426  
 After Hours Phone:  
844-200-2426  
License Number: NP95000203  
NPI: 1801907449  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Tagalog, Lao, Spanish  
Cultural Competency: No  
 Hours: SU 8:00AM-6:00PM  
MO 8:00AM-6:00PM  
TU 8:00AM-6:00PM  
WE 8:00AM-6:00PM  
TH 8:00AM-6:00PM  
FR 8:00AM-6:00PM  
SA 8:00AM-6:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
OPERATION SAMAHAN  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)




### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102  
 2743 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7410  
 Phone: 844-200-2426  
Fax: 619-474-3919  
 After Hours Phone:  
844-200-2426  
NPI: 1801907449






Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Tagalog, Lao, Spanish  
Cultural Competency: No  
 Hours: SU 8:00AM-6:00PM  
MO 8:00AM-6:00PM  
TU 8:00AM-6:00PM  
WE 8:00AM-6:00PM  
TH 8:00AM-6:00PM  
FR 8:00AM-6:00PM  
SA 8:00AM-6:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
OPERATION SAMAHAN  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102  
 2743 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7410  
 Phone: 844-200-2426  
Fax: 619-474-3919  
 After Hours Phone:  
844-200-2426  
License Number: 90000183  
NPI: 1801907449  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:

Tagalog, Lao, Spanish  
Cultural Competency: No  
 Hours: SU 8:00AM-6:00PM  
MO 8:00AM-6:00PM  
TU 8:00AM-6:00PM  
WE 8:00AM-6:00PM  
TH 8:00AM-6:00PM  
FR 8:00AM-6:00PM  
SA 8:00AM-6:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
OPERATION SAMAHAN  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

### OPERATION SAMAHAN GRANGER SCHOOL BASED


Provider ID: 418302  
 2101 GRANGER AVE  
NATIONAL CITY, CA  
91950-6208  
 Phone: 844-200-2426  
 After Hours Phone:  
844-200-2426  
License Number: NP95000203  
NPI: 1801907449  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM

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

## B. 具備聯邦資質的健康診所


SA 8:00AM-5:00PM  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA:


OPERATION SAMAHAN

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


### OPERATION SAMAHAN GRANGER SCHOOL BASED

Provider ID: 418302

 2101 GRANGER AVE  
NATIONAL CITY, CA  
91950-6208

 Phone: 844-200-2426

Fax: 619-434-8999


 After Hours Phone:  
844-200-2426

NPI: 1801907449

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA:


OPERATION SAMAHAN


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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

 217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518

 Phone: 619-280-4213

 After Hours Phone:  
619-280-4213

License Number: A167184

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC


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


### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

 217 HIGHLAND AVE

NATIONAL CITY, CA  
91950-1518

 Phone: 619-434-7308

 After Hours Phone:  
619-434-7308


License Number: 20A6433

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC


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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

 217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518

 Phone: 619-434-7308

 After Hours Phone:  
619-434-7308

License Number: A123929

NPI: 1609849074

Accepting New Patients: Yes


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

## B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM N

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

 217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518

 Phone: 619-434-7308

 After Hours Phone:  
619-434-7308

License Number: C55979


NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM N

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LA


MAESTRA FAMILY CLINIC


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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

 217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518

 Phone: 619-434-7308

 After Hours Phone:  
619-434-7308

License Number: G45632


NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC

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


### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

 217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518

 Phone: 619-434-7308

Fax: 619-434-7310

 After Hours Phone:  
619-434-7308

License Number: NP95013257


NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

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

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

## B. 具備聯邦資質的健康診所

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518

Phone: 619-564-8765

After Hours Phone:  
619-564-8765

License Number: NP95009891

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518

Phone: 619-798-3977

After Hours Phone:  
619-798-3977

License Number: A41375

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

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

### SAN YSIDRO HEALTH NATIONAL CITY

Provider ID: 227412

1136 D AVE  
NATIONAL CITY, CA  
91950-3412

Phone: 619-336-2300

After Hours Phone:  
619-336-2300

License Number: A78373

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH NATIONAL CITY

Provider ID: 227412

1136 D AVE  
NATIONAL CITY, CA  
91950-3412

Phone: 619-428-4463

After Hours Phone:  
619-428-4463

License Number: G71855

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No


Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

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



## B. 具備聯邦資質的健康診所

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i></p> <p> <i>Website: www.ihpsocal.org</i></p>	<p><b>SAN YSIDRO HEALTH NATIONAL CITY</b></p> <p><i>Provider ID: 227412</i></p> <p> 1136 D AVE NATIONAL CITY, CA 91950-3412</p> <p> <i>Phone: 619-662-4100</i></p> <p> <i>After Hours Phone: 619-662-4100</i></p> <p><i>License Number: A138919</i></p> <p><i>NPI: 1598122871</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p> <i>Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i></p> <p> <i>Website: www.ihpsocal.org</i></p>	<p><i>619-662-4100</i></p> <p><i>License Number: A165184</i></p> <p><i>NPI: 1598122871</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p> <i>Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i></p> <p> <i>Website: www.ihpsocal.org</i></p>
<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i></p> <p> <i>Website: www.ihpsocal.org</i></p>	<p><b>SAN YSIDRO HEALTH NATIONAL CITY</b></p> <p><i>Provider ID: 227412</i></p> <p> 1136 D AVE NATIONAL CITY, CA 91950-3412</p> <p> <i>Phone: 619-662-4100</i></p> <p> <i>After Hours Phone:</i></p>	<p><b>SAN YSIDRO HEALTH NATIONAL CITY</b></p> <p><i>Provider ID: 227412</i></p> <p> 1136 D AVE NATIONAL CITY, CA 91950-3412</p> <p> <i>Phone: 619-662-4100</i></p> <p> <i>After Hours Phone: 619-662-4100</i></p> <p><i>License Number: C55180</i></p> <p><i>NPI: 1598122871</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p> <i>Hours: SU 8:00AM-5:00PM</i></p>

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## B. 具備聯邦資質的健康診所

MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

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

Provider ID: 227412

 1136 D AVE  
NATIONAL CITY, CA  
91950-3412

 Phone: 619-662-4100  
Fax: 619-336-2323

 After Hours Phone:  
619-662-4100

NPI: 1598122871

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

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT

### **PROVIDER**


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

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

Provider ID: 227412

 1136 D AVE  
NATIONAL CITY, CA  
91950-3412

 Phone: 619-662-4100  
Fax: 619-336-2323

 After Hours Phone:  
619-662-4100

License Number: A112571

NPI: 1598122871

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

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

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

Provider ID: 227412

 1136 D AVE  
NATIONAL CITY, CA  
91950-3412

 Phone: 619-662-4100  
Fax: 619-474-3722


 After Hours Phone:  
619-662-4100

License Number: A55469

NPI: 1598122871

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

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

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

Provider ID: 227412

 1136 D AVE  
NATIONAL CITY, CA  
91950-3412

 Phone: 619-662-4100

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

## B. 具備聯邦資質的健康診所

Fax: 619-474-3722

☎ After Hours Phone:  
619-662-4100

License Number: G46444

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: Yes  
Cultural Competency: No

🕒 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH PARADISE HILLS

Provider ID: 227418

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

☎ Phone: 619-662-4100

☎ After Hours Phone:  
619-662-4100

License Number: A118227

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: Yes

☐ Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

🕒 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH PARADISE HILLS

Provider ID: 227418

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

☎ Phone: 619-662-4100

☎ After Hours Phone:  
619-662-4100

License Number: A138534

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: Yes

☐ Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

🕒 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH PARADISE HILLS

Provider ID: 227418

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

☎ Phone: 619-662-4100

☎ After Hours Phone:  
619-662-4100

License Number: A146819

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: Yes

☐ Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

🕒 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

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


## B. 具備聯邦資質的健康診所


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

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

Provider ID: 227418

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

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: A157488

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

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

Provider ID: 227418

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

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: A167529

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

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

Provider ID: 227418

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

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100


License Number: G88347

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

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

Provider ID: 227418

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

 Phone: 619-662-4100

Fax: 619-259-2806

 After Hours Phone:  
619-662-4100

License Number: 20A11518

NPI: 1598122871

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

## B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

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

Provider ID: 227418

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

Phone: 619-662-4100

Fax: 619-259-2807

After Hours Phone:  
619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

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

Provider ID: 227418

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

Phone: 619-662-4100

Fax: 619-259-2807

After Hours Phone:  
619-662-4100

License Number: A113624

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

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

Provider ID: 227418

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

Phone: 619-662-4100

Fax: 619-259-2807

After Hours Phone:  
619-662-4100

License Number: A71304

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF

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

## B. 具備聯邦資質的健康診所


### SOUTHERN CALIFORNIA

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


### OPERATION SAMAHAN GRANGER SCHOOL BASED

Provider ID: 418302

 2101 GRANGER AVE  
NATIONAL CITY, CA  
91950-6208

 Phone: 844-200-2426

Fax: 619-434-8999

 After Hours Phone:  
844-200-2426


License Number: 550002622

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:


OPERATION SAMAHAN


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


### OCEANSIDE

### TRUECARE

Provider ID: 480315

 3220 MISSION AVE STE 1  
OCEANSIDE, CA  
92058-1354

 Phone: 760-433-3155

 After Hours Phone:  
760-433-3155

License Number: PA19825

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### TRUECARE

Provider ID: 480315

 3220 MISSION AVE STE 1  
OCEANSIDE, CA  
92058-1354

 Phone: 760-433-3155

 After Hours Phone:  
760-433-3155


License Number: PA53036

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A


### TRUECARE

Provider ID: 480315

 3220 MISSION AVE STE 1  
OCEANSIDE, CA  
92058-1354

 Phone: 760-433-3155

Fax: 760-736-8740


 After Hours Phone:  
760-433-3155

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No



 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):






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

## B. 具備聯邦資質的健康診所

N



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

### TRUECARE






*Provider ID: 480315*  
 3220 MISSION AVE STE 1  
OCEANSIDE, CA  
92058-1354  
 *Phone: 760-433-3155*  
*Fax: 760-736-8740*  
 *After Hours Phone:*  
*760-433-3155*  
*License Number: 80000240*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

N



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

### TRUECARE




*Provider ID: 480315*  
 3220 MISSION AVE STE 1  
OCEANSIDE, CA  
92058-1354  
 *Phone: 760-736-6767*  
 *After Hours Phone:*  
*760-736-6767*  
*License Number: NP21368*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*



*American Sign Language (ASL):*

N

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



### TRUECARE

*Provider ID: 480315*  
 3220 MISSION AVE STE 1  
OCEANSIDE, CA  
92058-1354  
 *Phone: 760-891-4667*  
 *After Hours Phone:*  
*760-891-4667*  
*License Number: A131678*  
*NPI: 1598122871*






*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

N

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

### VISTA COMMUNITY CLINIC

*Provider ID: 206341*  
 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043  
 *Phone: 760-631-5000*  
 *After Hours Phone:*  
*760-631-5000*  
*License Number: 20A18374*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*

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

## B. 具備聯邦資質的健康診所

### American Sign Language (ASL): **VISTA COMMUNITY CLINIC**

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### **VISTA COMMUNITY CLINIC**

Provider ID: 206341

 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000


License Number: 20A8949

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

### American Sign Language (ASL): **VISTA COMMUNITY CLINIC**

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

Provider ID: 206341

 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: A149340

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

### American Sign Language (ASL): **VISTA COMMUNITY CLINIC**

N


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

### American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### **VISTA COMMUNITY CLINIC**

Provider ID: 206341

 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: NP95009284


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes



Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM






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





## B. 具備聯邦資質的健康診所

SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)






### VISTA COMMUNITY CLINIC


Provider ID: 206341  
 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043  
 Phone: 760-631-5000  
Fax: 760-414-3731  
 After Hours Phone: 760-631-5000  
License Number: A130883  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

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



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

### VISTA COMMUNITY CLINIC




Provider ID: 206341  
 4700 N RIVER RD  
OCEANSIDE, CA  
92057-6043  
 Phone: 760-631-5000  
 After Hours Phone: 760-631-5000  
License Number: NP95016368  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM



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

### VISTA COMMUNITY CLINIC PIER VIEW WAY




Provider ID: 402434  
 818 PIER VIEW WAY  
OCEANSIDE, CA  
92054-2803  
 Phone: 760-631-5000

Fax: 760-414-3892

 After Hours Phone: 760-631-5000  
License Number: 80000510  
NPI: 1598122871  
Accepting New Patients: No  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: Yes  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM


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

### VISTA COMMUNITY CLINIC PIER VIEW WAY


Provider ID: 402434  
 818 PIER VIEW WAY  
OCEANSIDE, CA  
92054-2803  
 Phone: 760-631-5000  
Fax: 760-414-3892  
 After Hours Phone: 760-631-5000  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None

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

## B. 具備聯邦資質的健康診所

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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


### VISTA COMMUNITY CLINIC

#### HORNE STREET

Provider ID: 402436

 517 N HORNE ST  
OCEANSIDE, CA  
92054-2518

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: 20A17371


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A


### VISTA COMMUNITY CLINIC

#### HORNE STREET

Provider ID: 402436

 517 N HORNE ST  
OCEANSIDE, CA  
92054-2518

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: NP95006826


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A

### VISTA COMMUNITY CLINIC

#### HORNE STREET

Provider ID: 402436

 517 N HORNE ST  
OCEANSIDE, CA  
92054-2518

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: NP95007885


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A

### VISTA COMMUNITY CLINIC

#### HORNE STREET

Provider ID: 402436


 517 N HORNE ST  
OCEANSIDE, CA  
92054-2518

 Phone: 760-631-5000

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

## B. 具備聯邦資質的健康診所

Fax: 760-414-3892

 After Hours Phone:  
760-631-5000


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A


### VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436

 517 N HORNE ST  
OCEANSIDE, CA  
92054-2518

 Phone: 760-631-5000

Fax: 760-414-3892

 After Hours Phone:  
760-631-5000

License Number: 80000745

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: Yes

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

### TRUECARE

Provider ID: 296476

 605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: 20A7241

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### TRUECARE

Provider ID: 296476

 605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: A131678

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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


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## B. 具備聯邦資質的健康診所

### TRUECARE

Provider ID: 296476

 605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: NP95012681

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### TRUECARE

Provider ID: 296476

 605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

 Phone: 760-736-6767

 After Hours Phone:

760-736-6767

License Number: NP95013879

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### TRUECARE

Provider ID: 296476

 605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

 Phone: 760-757-4566

 After Hours Phone:  
760-757-4566

License Number: 20A15689

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:

Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### TRUECARE

Provider ID: 296476

 605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

 Phone: 760-757-4566

 After Hours Phone:  
760-757-4566

License Number: C152937

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No





 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM


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

## B. 具備聯邦資質的健康診所

SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


### TRUECARE

Provider ID: 296476  
 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415  
 Phone: 760-757-4566  
 After Hours Phone: 760-757-4566  
 License Number: PA22667  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM



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



 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
**TRUECARE**  
 Provider ID: 296476  
 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415  
 Phone: 760-757-4566  
 After Hours Phone: 760-757-4566  
 License Number: PA53036  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM

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




### TRUECARE

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

Fax: 760-736-8740  
 After Hours Phone: 760-757-4566  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM  
 American Sign Language (ASL):

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

### TRUECARE

Provider ID: 296476  
 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415  
 Phone: 760-757-4566  
 Fax: 760-736-8740  
 After Hours Phone: 760-757-4566  
 License Number: 80000240  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None


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


## B. 具備聯邦資質的健康診所


<input type="checkbox"/> Site English Spoken: Yes	WE 8:00AM-5:00PM	PROVIDER
<input type="checkbox"/> Site Languages(s) Spoken: Spanish	TH 8:00AM-5:00PM	Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
Cultural Competency: No	FR 8:00AM-5:00PM	Website: www.ihpsocal.org
Hours: SU 8:00AM-5:00PM	SA 8:00AM-5:00PM	<b>TRUECARE</b>
MO 8:00AM-5:00PM	American Sign Language (ASL):	Provider ID: 296478
TU 8:00AM-5:00PM	N	605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415
WE 8:00AM-5:00PM	Accessibility: CONTACT PROVIDER	Phone: 760-757-4566
TH 8:00AM-5:00PM	Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA	After Hours Phone: 760-757-4566
FR 8:00AM-5:00PM	Website: www.ihpsocal.org	License Number: NP21368
SA 8:00AM-5:00PM		NPI: 1598122871
American Sign Language (ASL):		Accepting New Patients: Yes
N		Min/Max Age: 0\None
Accessibility: CONTACT PROVIDER	<b>TRUECARE</b>	<input type="checkbox"/> Site English Spoken: Yes
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA	Provider ID: 296477	<input type="checkbox"/> Site Languages(s) Spoken: Spanish
Website: www.ihpsocal.org	605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415	Cultural Competency: No
	Phone: 760-757-4566	Hours: SU 8:00AM-5:00PM
	Fax: 760-757-3004	MO 8:00AM-5:00PM
	After Hours Phone: 760-757-4566	TU 8:00AM-5:00PM
<b>TRUECARE</b>	License Number: A116562	WE 8:00AM-5:00PM
Provider ID: 296476	NPI: 1598122871	TH 8:00AM-5:00PM
605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415	Accepting New Patients: Yes	FR 8:00AM-5:00PM
Phone: 760-757-4566	Min/Max Age: 0\None	SA 8:00AM-5:00PM
Fax: 760-757-3004	<input type="checkbox"/> Site English Spoken: Yes	American Sign Language (ASL):
After Hours Phone: 760-757-4566	<input type="checkbox"/> Site Languages(s) Spoken: Spanish	N
License Number: A66289	Cultural Competency: No	Accessibility: CONTACT PROVIDER
NPI: 1598122871	Hours: SU 8:00AM-5:00PM	Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
Accepting New Patients: Yes	MO 8:00AM-5:00PM	Website: www.ihpsocal.org
Min/Max Age: 0\None	TU 8:00AM-5:00PM	
<input type="checkbox"/> Site English Spoken: Yes	WE 8:00AM-5:00PM	<b>TRUECARE</b>
<input type="checkbox"/> Site Languages(s) Spoken: Spanish	TH 8:00AM-5:00PM	Provider ID: 296479
Cultural Competency: No	FR 8:00AM-5:00PM	
Hours: SU 8:00AM-5:00PM	SA 8:00AM-5:00PM	
MO 8:00AM-5:00PM	American Sign Language (ASL):	
TU 8:00AM-5:00PM	N	
	Accessibility: CONTACT	

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

## B. 具備聯邦資質的健康診所

 605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

 Phone: 760-757-4566

 After Hours Phone:  
760-757-4566

License Number: A64435

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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


### PAUMA VALLEY

#### NEIGHBORHOOD

#### HEALTHCARE PAUMA VALLEY

Provider ID: 206267

 16650 HIGHWAY 76  
PAUMA VALLEY, CA  
92061-9524

 Phone: 760-742-9919

 After Hours Phone:

760-742-9919

License Number: A114419


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-4:30PM

MO 8:00AM-4:30PM

TU 8:00AM-4:30PM

WE 8:00AM-4:30PM

TH 8:00AM-4:30PM

FR 8:00AM-4:30PM

SA 8:00AM-4:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

#### NEIGHBORHOOD

#### HEALTHCARE PAUMA VALLEY

Provider ID: 206267

 16650 HIGHWAY 76  
PAUMA VALLEY, CA  
92061-9524

 Phone: 760-742-9919

 After Hours Phone:  
760-742-9919

License Number: G61829


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-4:30PM

MO 8:00AM-4:30PM

TU 8:00AM-4:30PM

WE 8:00AM-4:30PM

TH 8:00AM-4:30PM

FR 8:00AM-4:30PM

SA 8:00AM-4:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

#### NEIGHBORHOOD

#### HEALTHCARE PAUMA VALLEY

Provider ID: 206267

 16650 HIGHWAY 76  
PAUMA VALLEY, CA  
92061-9524

 Phone: 760-742-9919

Fax: 858-633-4696

 After Hours Phone:

760-742-9919


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-4:30PM

MO 8:00AM-4:30PM

TU 8:00AM-4:30PM

WE 8:00AM-4:30PM

TH 8:00AM-4:30PM

FR 8:00AM-4:30PM

SA 8:00AM-4:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

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## B. 具備聯邦資質的健康診所

### PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

### NEIGHBORHOOD

#### HEALTHCARE PAUMA VALLEY

Provider ID: 206267

 16650 HIGHWAY 76  
PAUMA VALLEY, CA  
92061-9524

 Phone: 760-742-9919

Fax: 858-633-4696

 After Hours Phone:  
760-742-9919

License Number: 80000611

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-4:30PM  
MO 8:00AM-4:30PM  
TU 8:00AM-4:30PM  
WE 8:00AM-4:30PM  
TH 8:00AM-4:30PM  
FR 8:00AM-4:30PM  
SA 8:00AM-4:30PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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


### POWAY


### NEIGHBORHOOD

#### HEALTHCARE GOLD FAMILY HEALTH CENTER

Provider ID: 481187

 13010 POWAY RD  
POWAY, CA 92064-4520

 Phone: 858-218-3000

 After Hours Phone:  
858-218-3000

License Number: A119661

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A


### NEIGHBORHOOD

#### HEALTHCARE GOLD FAMILY HEALTH CENTER

Provider ID: 481187

 13010 POWAY RD  
POWAY, CA 92064-4520

 Phone: 858-218-3000


 After Hours Phone:  
858-218-3000

License Number: A120771

NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A


### NEIGHBORHOOD

#### HEALTHCARE GOLD FAMILY HEALTH CENTER

Provider ID: 481187

 13010 POWAY RD  
POWAY, CA 92064-4520

 Phone: 858-218-3000

 After Hours Phone:  
858-218-3000

License Number: PA23310

NPI: 1598122871

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

 Site English Spoken: Yes

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



## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: N/A*

### **NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER**

*Provider ID: 481187*

 13010 POWAY RD  
POWAY, CA 92064-4520

 *Phone: 858-218-3000*

*Fax: 360-462-2742*

 *After Hours Phone:  
858-218-3000*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*


 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: N/A*


### **NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER**

*Provider ID: 481187*

 13010 POWAY RD  
POWAY, CA 92064-4520

 *Phone: 858-218-3000*

*Fax: 360-462-2742*

 *After Hours Phone:  
858-218-3000*

*License Number: 550004321*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: N/A*


## **SAN DIEGO**

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

*Provider ID: 403583*

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 *Phone: 619-233-8500*

 *After Hours Phone:  
619-233-8500*


*License Number: A104052*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: yes  
Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: N/A*

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

*Provider ID: 403583*

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 *Phone: 619-233-8500*

 *After Hours Phone:  
619-233-8500*

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

## B. 具備聯邦資質的健康診所

License Number: A109828


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: A115598


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: A136275


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA


 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: A42127


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

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

## B. 具備聯邦資質的健康診所

☎ *After Hours Phone:*  
619-233-8500  
*License Number:* A54702  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None

☑ *Site English Spoken:* yes  
*Cultural Competency:* No  
🕒 *Hours:* SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

*American Sign Language (ASL):*  
N

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

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

*Provider ID:* 403583  
📍 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
☎ *Phone:* 619-233-8500  
☎ *After Hours Phone:*  
619-233-8500  
*License Number:* A60801  
*NPI:* 1598122871

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

☑ *Site English Spoken:* yes  
*Cultural Competency:* No  
🕒 *Hours:* SU 8:00AM-5:30PM

MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM  
*American Sign Language (ASL):*  
N

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

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

*Provider ID:* 403583  
📍 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
☎ *Phone:* 619-233-8500  
☎ *After Hours Phone:*  
619-233-8500  
*License Number:* A67762  
*NPI:* 1598122871

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

☑ *Site English Spoken:* yes  
*Cultural Competency:* No  
🕒 *Hours:* SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

*American Sign Language (ASL):*  
N

♿ *Accessibility:* CONTACT PROVIDER

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

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

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

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

☑ *Site English Spoken:* yes  
*Cultural Competency:* No  
🕒 *Hours:* SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

*American Sign Language (ASL):*  
N


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


### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

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

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

## B. 具備聯邦資質的健康診所

 Phone: 619-233-8500


 After Hours Phone:  
619-233-8500

License Number: C53121


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: G29879


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: G71080


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT


PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: G72486


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM


TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE


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

## B. 具備聯邦資質的健康診所

<p>SAN DIEGO, CA 92101-7638  Phone: 619-233-8500  After Hours Phone: 619-233-8500 License Number: NP10769 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: yes Cultural Competency: No  Hours: SU 8:00AM-5:30PM MO 8:00AM-5:30PM TU 8:00AM-5:30PM WE 8:00AM-5:30PM TH 8:00AM-5:30PM FR 8:00AM-5:30PM SA 8:00AM-5:30PM American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: N/A</p>	<p>Cultural Competency: No  Hours: SU 8:00AM-5:30PM MO 8:00AM-5:30PM TU 8:00AM-5:30PM WE 8:00AM-5:30PM TH 8:00AM-5:30PM FR 8:00AM-5:30PM SA 8:00AM-5:30PM American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: N/A</p>	<p> Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>
<p><b>ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER</b> Provider ID: 403583  1501 IMPERIAL AVE SAN DIEGO, CA 92101-7638  Phone: 619-233-8500  After Hours Phone: 619-233-8500 License Number: PA54617 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: yes</p>	<p><b>KING CHAVEZ HEALTH CENTER</b> Provider ID: 451167  950 S EUCLID AVE SAN DIEGO, CA 92114-6201  Phone: 619-428-4463  After Hours Phone: 619-428-4463 License Number: G71855 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes Cultural Competency: No  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM American Sign Language (ASL): N</p>	<p><b>KING CHAVEZ HEALTH CENTER</b> Provider ID: 451167  950 S EUCLID AVE SAN DIEGO, CA 92114-6201  Phone: 619-662-4100  After Hours Phone: 619-662-4100 License Number: 20A7435 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes Cultural Competency: No  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>
	<p><b>KING CHAVEZ HEALTH CENTER</b> Provider ID: 451167</p>	

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## B. 具備聯邦資質的健康診所

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

License Number: 20A8204

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

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

License Number: A101017

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

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

License Number: A125329

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

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


License Number: A134995

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

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

## B. 具備聯邦資質的健康診所

### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A153223

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A165432

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A45942

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A79383

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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## B. 具備聯邦資質的健康診所

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

### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: A96919

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

 After Hours Phone:

619-662-4100

License Number: DC27523

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: NP15657

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: NP8563

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF

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




## B. 具備聯邦資質的健康診所


### SOUTHERN CALIFORNIA

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


### KING CHAVEZ HEALTH CENTER

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

Fax: 619-662-4158

 After Hours Phone:  
619-662-4100


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE

Provider ID: 517403

 316 25TH ST  
SAN DIEGO, CA 92102-3016

 Phone: 619-238-5551

 After Hours Phone:  
619-238-5551

License Number: A97270

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A

### SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE

Provider ID: 517403

 316 25TH ST  
SAN DIEGO, CA 92102-3016

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A156607


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A

### SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE

Provider ID: 517403

 316 25TH ST  
SAN DIEGO, CA 92102-3016

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP20849


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

## B. 具備聯邦資質的健康診所


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

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

Provider ID: 517403

 316 25TH ST  
SAN DIEGO, CA 92102-3016

 Phone: 619-662-4100

Fax: 619-238-3807

 After Hours Phone:  
619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### **SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED**

Provider ID: 517998

 4690 EL CAJON BLVD

SAN DIEGO, CA 92115-4403

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

### **SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED**

Provider ID: 517998

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115-4403

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 20A7502


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

### **SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED**

Provider ID: 517998

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115-4403

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 550003882


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes





























Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

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## B. 具備聯邦資質的健康診所

<p><b>N</b></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i></p> <p> <i>Website: N/A</i></p>	<p><b>SAN YSIDRO HEALTH CHC - OCEAN VIEW</b></p> <p><i>Provider ID: 227409</i></p> <p> 3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113-1432</p> <p> <i>Phone: 619-662-4100</i></p> <p> <i>After Hours Phone: 619-662-4100</i></p> <p><i>License Number: A112379</i></p> <p><i>NPI: 1598122871</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p> <i>Site English Spoken: yes</i></p> <p><i>Cultural Competency: No</i></p> <p> <i>Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</i></p> <p><i>American Sign Language (ASL):</i></p> <p><b>N</b></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i></p> <p> <i>Website: www.ihpsocal.org</i></p>	<p><i>NPI: 1598122871</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p> <i>Site English Spoken: yes</i></p> <p><i>Cultural Competency: No</i></p> <p> <i>Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</i></p> <p><i>American Sign Language (ASL):</i></p> <p><b>N</b></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i></p> <p> <i>Website: www.ihpsocal.org</i></p>
<p><b>SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED</b></p> <p><i>Provider ID: 517998</i></p> <p> 4690 EL CAJON BLVD SAN DIEGO, CA 92115-4403</p> <p> <i>Phone: 619-662-4100</i></p> <p> <i>After Hours Phone: 619-662-4100</i></p> <p><i>License Number: NP95005999</i></p> <p><i>NPI: 1598122871</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p> <i>Hours: SU 9:00AM-5:00PM MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM</i></p> <p><i>American Sign Language (ASL):</i></p> <p><b>N</b></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i></p> <p> <i>Website: N/A</i></p>	<p><b>SAN YSIDRO HEALTH CHC - OCEAN VIEW</b></p> <p><i>Provider ID: 227409</i></p> <p> 3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113-1432</p> <p> <i>Phone: 619-662-4100</i></p> <p> <i>After Hours Phone: 619-662-4100</i></p> <p><i>License Number: A120447</i></p>	<p><b>SAN YSIDRO HEALTH CHC - OCEAN VIEW</b></p> <p><i>Provider ID: 227409</i></p> <p> 3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113-1432</p> <p> <i>Phone: 619-662-4100</i></p> <p> <i>After Hours Phone: 619-662-4100</i></p> <p><i>License Number: A120576</i></p> <p><i>NPI: 1598122871</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p> <i>Site English Spoken: yes</i></p> <p><i>Cultural Competency: No</i></p> <p> <i>Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM</i></p>


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## B. 具備聯邦資質的健康診所



TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: www.ihpsocal.org

**SAN YSIDRO HEALTH CHC - OCEAN VIEW**  
 Provider ID: 227409  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100  
 License Number: A153414  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None




 Site English Spoken: yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM





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






 Website: www.ihpsocal.org  
**SAN YSIDRO HEALTH CHC - OCEAN VIEW**  
 Provider ID: 227409  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100  
 License Number: A157505  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

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

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

619-662-4100  
 License Number: A162332  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: www.ihpsocal.org

**SAN YSIDRO HEALTH CHC - OCEAN VIEW**  
 Provider ID: 227409  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100  
 License Number: A78373  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM

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

## B. 具備聯邦資質的健康診所

TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

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

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: C54198

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA

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

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

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: C55180

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

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

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: DC33300

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM


SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

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

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

Fax: 619-595-0258


 After Hours Phone:  
619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

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

## B. 具備聯邦資質的健康診所

MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100  
Fax: 619-858-1003

 After Hours Phone:  
619-662-4100


License Number: A88893  
NPI: 1598122871

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

Site English Spoken: yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

### SAN DIEGO AMERICAN INDIAN HEALTH CENTER

Provider ID: 207382

 2630 1ST AVE  
SAN DIEGO, CA  
92103-6599

 Phone: 619-234-2158  
Fax: 619-234-0206

 After Hours Phone:  
619-234-2158

NPI: 1598122871

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

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

Korean, Spanish, Hindi

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

### SAN DIEGO AMERICAN INDIAN HEALTH CENTER

Provider ID: 207382

 2630 1ST AVE  
SAN DIEGO, CA  
92103-6599

 Phone: 619-234-2158  
Fax: 619-234-0206


 After Hours Phone:  
619-234-2158

License Number: 90000168  
NPI: 1598122871

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

Site English Spoken: yes  
 Site Languages(s) Spoken:  
Korean, Spanish, Hindi

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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


### LINDA VISTA HEALTH CARE CTR


Provider ID: 206046

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

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

## B. 具備聯邦資質的健康診所

 Phone: 858-279-0925

 After Hours Phone:  
858-279-0925

License Number: A119010

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

 After Hours Phone:  
858-279-0925

License Number: A144372

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

 After Hours Phone:  
858-279-0925

License Number: C174985

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

 After Hours Phone:  
858-279-0925

License Number: DPM4434

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes




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

Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM



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

## B. 具備聯邦資質的健康診所

SA 8:30AM-5:30PM  
 American Sign Language (ASL):  N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

### LINDA VISTA HEALTH CARE CTR



Provider ID: 206046  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
 Phone: 858-279-0925  
 After Hours Phone: 858-279-0925  
 License Number: G41532  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 8:30AM-5:30PM  
 SA 8:30AM-5:30PM

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

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





### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
 Phone: 858-279-0925  
 After Hours Phone: 858-279-0925  
 License Number: G44807  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 8:30AM-5:30PM  
 SA 8:30AM-5:30PM



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

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

### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
 Phone: 858-279-0925  
 Fax: 858-279-0377  
 After Hours Phone: 858-279-0925  
 License Number: A93812  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 8:30AM-5:30PM  
 SA 8:30AM-5:30PM

American Sign Language (ASL):  N

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

### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046  
 6973 LINDA VISTA RD

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



## B. 具備聯邦資質的健康診所






SAN DIEGO, CA 92111-6342  
 Phone: 858-279-0925  
Fax: 858-279-0377  
 After Hours Phone:  
858-279-0925  
License Number: G70886  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342  
 Phone: 858-279-0925  
Fax: 858-633-4680  
 After Hours Phone:  
858-279-0925






NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342  
 Phone: 858-810-8700  
 After Hours Phone:  
858-810-8700  
License Number: 20A12402  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:

Vietnamese, Spanish,  
Chinese, Lithuanian  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

### MID-CITY COMMUNITY CLINIC

Provider ID: 233597  
 4290 POLK AVE  
SAN DIEGO, CA 92105-1524  
 Phone: 619-563-0250  
 After Hours Phone:  
619-563-0250  
License Number: 20A7662  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

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

## B. 具備聯邦資質的健康診所

<p>American Sign Language (ASL): <b>MID-CITY COMMUNITY CLINIC</b> N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>	<p>Provider ID: 233597</p> <p> 4290 POLK AVE SAN DIEGO, CA 92105-1524</p> <p> Phone: 619-563-0250</p> <p> After Hours Phone: 619-563-0250</p> <p>License Number: A163512 NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>	<p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>
<p><b>MID-CITY COMMUNITY CLINIC</b> Provider ID: 233597</p> <p> 4290 POLK AVE SAN DIEGO, CA 92105-1524</p> <p> Phone: 619-563-0250</p> <p> After Hours Phone: 619-563-0250</p> <p>License Number: A112176 NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>	<p><b>MID-CITY COMMUNITY CLINIC</b> Provider ID: 233597</p> <p> 4290 POLK AVE SAN DIEGO, CA 92105-1524</p> <p> Phone: 619-563-0250</p> <p> After Hours Phone: 619-563-0250</p> <p>License Number: A175116 NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM</p>	<p><b>MID-CITY COMMUNITY CLINIC</b> Provider ID: 233597</p> <p> 4290 POLK AVE SAN DIEGO, CA 92105-1524</p> <p> Phone: 619-563-0250</p> <p> After Hours Phone: 619-563-0250</p> <p>License Number: DPM4434 NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM</p>

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

## B. 具備聯邦資質的健康診所

<p>SA 8:00AM-5:00PM American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>	<p><b>MID-CITY COMMUNITY CLINIC</b> Provider ID: 233532  4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690  Phone: 619-280-2058  After Hours Phone: 619-280-2058 License Number: A112176 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes Cultural Competency: No  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>	<p>License Number: A152267 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes Cultural Competency: No  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>
<p><b>MID-CITY COMMUNITY CLINIC</b> Provider ID: 233597  4290 POLK AVE SAN DIEGO, CA 92105-1524  Phone: 619-563-0250  After Hours Phone: 619-563-0250 License Number: G60630 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes Cultural Competency: No  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>	<p><b>MID-CITY COMMUNITY CLINIC</b> Provider ID: 233532  4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690  Phone: 619-280-2058  After Hours Phone: 619-280-2058 License Number: A163512 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes Cultural Competency: No  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM</p>	<p><b>MID-CITY COMMUNITY CLINIC</b> Provider ID: 233532  4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690  Phone: 619-280-2058  After Hours Phone: 619-280-2058 License Number: A163512 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes Cultural Competency: No  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM</p>






























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## B. 具備聯邦資質的健康診所

<p>TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p>	<p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>	<p>150 SAN DIEGO, CA 92105-1690  Phone: 619-280-2058  After Hours Phone: 619-280-2058</p>
<p>American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>	<p><b>MID-CITY COMMUNITY CLINIC</b> Provider ID: 233532  4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690  Phone: 619-280-2058  After Hours Phone: 619-280-2058 License Number: A72833 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes Cultural Competency: No  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p>	<p>License Number: A94449 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes Cultural Competency: No  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p>
<p><b>MID-CITY COMMUNITY CLINIC</b> Provider ID: 233532  4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690  Phone: 619-280-2058  After Hours Phone: 619-280-2058 License Number: A61238 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes Cultural Competency: No  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p>	<p>American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>	<p>American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>
<p><b>MID-CITY COMMUNITY CLINIC</b> Provider ID: 233532  4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690  Phone: 619-280-2058  After Hours Phone: 619-280-2058 License Number: NP95019446 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None</p>	<p><b>MID-CITY COMMUNITY CLINIC</b> Provider ID: 233532  4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690  Phone: 619-280-2058  After Hours Phone: 619-280-2058</p>	<p><b>MID-CITY COMMUNITY CLINIC</b> Provider ID: 233532  4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690  Phone: 619-280-2058  After Hours Phone: 619-280-2058</p>
<p>American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER</p>	<p><b>MID-CITY COMMUNITY CLINIC</b> Provider ID: 233532  4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690  Phone: 619-280-2058  After Hours Phone: 619-280-2058</p>	<p>License Number: NP95019446 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None</p>

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## B. 具備聯邦資質的健康診所

<p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p>	<p>FR 8:30AM-5:30PM SA 8:30AM-5:30PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p>	<p>SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>
<p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>	<p> Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p> <p><b>SAN DIEGO FAMILY CARE</b> Provider ID: 482070</p> <p> 7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307</p> <p> Phone: 858-810-8700</p> <p> After Hours Phone: 858-810-8700</p>	<p><b>SAN DIEGO FAMILY CARE</b> Provider ID: 482070</p> <p> 7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307</p> <p> Phone: 858-810-8700</p> <p> After Hours Phone: 858-810-8700</p> <p>License Number: A137415 NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p>
<p><b>SAN DIEGO FAMILY CARE</b> Provider ID: 482070</p> <p> 7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307</p> <p> Phone: 858-810-8700</p> <p> After Hours Phone: 858-810-8700</p> <p>License Number: 20A12402 NPI: 1598122871</p>	<p>License Number: A119010 NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: yes</p> <p> Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese</p> <p>Cultural Competency: No</p>	<p> Site English Spoken: yes</p> <p> Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese</p> <p>Cultural Competency: No</p> <p> Hours: SU 8:30AM-5:30PM MO 8:30AM-5:30PM TU 8:30AM-5:30PM WE 8:30AM-5:30PM TH 8:30AM-5:30PM FR 8:30AM-5:30PM SA 8:30AM-5:30PM</p>
<p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: yes</p> <p> Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese</p> <p>Cultural Competency: No</p> <p> Hours: SU 8:30AM-5:30PM MO 8:30AM-5:30PM TU 8:30AM-5:30PM WE 8:30AM-5:30PM TH 8:30AM-5:30PM</p>	<p> Hours: SU 8:30AM-5:30PM MO 8:30AM-5:30PM TU 8:30AM-5:30PM WE 8:30AM-5:30PM TH 8:30AM-5:30PM FR 8:30AM-5:30PM SA 8:30AM-5:30PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF</p>	<p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>
	<p>Medical Group/IPA: IHP OF</p>	<p><b>SAN DIEGO FAMILY CARE</b> Provider ID: 482070</p> <p> 7011 LINDA VISTA RD</p>


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## B. 具備聯邦資質的健康診所

**SAN DIEGO, CA 92111-6307**  
 Phone: 858-810-8700  
 After Hours Phone:  
 858-810-8700  
 License Number: A61238  
 NPI: 1598122871

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

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

Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 8:30AM-5:30PM  
 SA 8:30AM-5:30PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA

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

### **SAN DIEGO FAMILY CARE**

Provider ID: 482070


 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 Phone: 858-810-8700  
 After Hours Phone:  
 858-810-8700  
 License Number: A72833

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

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

Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 8:30AM-5:30PM  
 SA 8:30AM-5:30PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA

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

### **SAN DIEGO FAMILY CARE**

Provider ID: 482070

 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 Phone: 858-810-8700  
 After Hours Phone:  
 858-810-8700


License Number: A92173

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

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


Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 8:30AM-5:30PM  
 SA 8:30AM-5:30PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA

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

### **SAN DIEGO FAMILY CARE**

Provider ID: 482070

 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 Phone: 858-810-8700  
 After Hours Phone:  
 858-810-8700


License Number: A94449

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

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

Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 8:30AM-5:30PM  
 SA 8:30AM-5:30PM

American Sign Language (ASL):

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## B. 具備聯邦資質的健康診所

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i></p> <p> <i>Website: www.sdfamilycare.org</i></p>	<p><b>SAN DIEGO FAMILY CARE</b></p> <p><i>Provider ID: 482070</i></p> <p> 7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307</p> <p> <i>Phone: 858-810-8700</i></p> <p> <i>After Hours Phone: 858-810-8700</i></p>	<p><i>858-810-8700</i></p> <p><i>License Number: G70886</i></p> <p><i>NPI: 1598122871</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p> <i>Site English Spoken: yes</i></p> <p> <i>Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese</i></p> <p><i>Cultural Competency: No</i></p> <p> <i>Hours: SU 8:30AM-5:30PM</i></p>
<p><b>SAN DIEGO FAMILY CARE</b></p> <p><i>Provider ID: 482070</i></p> <p> 7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307</p> <p> <i>Phone: 858-810-8700</i></p> <p> <i>After Hours Phone: 858-810-8700</i></p> <p><i>License Number: C174985</i></p> <p><i>NPI: 1598122871</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p> <i>Site English Spoken: yes</i></p> <p> <i>Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese</i></p> <p><i>Cultural Competency: No</i></p> <p> <i>Hours: SU 8:30AM-5:30PM</i></p> <p><i>MO 8:30AM-5:30PM</i></p> <p><i>TU 8:30AM-5:30PM</i></p> <p><i>WE 8:30AM-5:30PM</i></p> <p><i>TH 8:30AM-5:30PM</i></p> <p><i>FR 8:30AM-5:30PM</i></p> <p><i>SA 8:30AM-5:30PM</i></p> <p><i>American Sign Language (ASL):</i></p>	<p><i>License Number: G41532</i></p> <p><i>NPI: 1598122871</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p> <i>Site English Spoken: yes</i></p> <p> <i>Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese</i></p> <p><i>Cultural Competency: No</i></p> <p> <i>Hours: SU 8:30AM-5:30PM</i></p> <p><i>MO 8:30AM-5:30PM</i></p> <p><i>TU 8:30AM-5:30PM</i></p> <p><i>WE 8:30AM-5:30PM</i></p> <p><i>TH 8:30AM-5:30PM</i></p> <p><i>FR 8:30AM-5:30PM</i></p> <p><i>SA 8:30AM-5:30PM</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i></p> <p> <i>Website: www.sdfamilycare.org</i></p>	<p><i>MO 8:30AM-5:30PM</i></p> <p><i>TU 8:30AM-5:30PM</i></p> <p><i>WE 8:30AM-5:30PM</i></p> <p><i>TH 8:30AM-5:30PM</i></p> <p><i>FR 8:30AM-5:30PM</i></p> <p><i>SA 8:30AM-5:30PM</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i></p> <p> <i>Website: www.sdfamilycare.org</i></p>
<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i></p> <p> <i>Website: www.sdfamilycare.org</i></p>	<p><b>SAN DIEGO FAMILY CARE</b></p> <p><i>Provider ID: 482070</i></p> <p> 7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307</p> <p> <i>Phone: 858-810-8700</i></p> <p> <i>After Hours Phone:</i></p>	<p><i>858-810-8700</i></p> <p><i>License Number: NP16433</i></p> <p><i>NPI: 1598122871</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p> <i>Site English Spoken: yes</i></p>

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

## B. 具備聯邦資質的健康診所

<p> <i>Site Languages(s) Spoken:</i> Lithuanian, Vietnamese, Spanish, Chinese</p>	<p><i>WE 8:30AM-5:30PM</i> <i>TH 8:30AM-5:30PM</i> <i>FR 8:30AM-5:30PM</i> <i>SA 8:30AM-5:30PM</i></p>	<p><i>PROVIDER</i> <i>Medical Group/IPA: IHP OF</i> <i>SOUTHERN CALIFORNIA</i>  <i>Website: www.ibclinic.org</i></p>
<p><i>Cultural Competency: No</i>  <i>Hours: SU 8:30AM-5:30PM</i> <i>MO 8:30AM-5:30PM</i> <i>TU 8:30AM-5:30PM</i> <i>WE 8:30AM-5:30PM</i> <i>TH 8:30AM-5:30PM</i> <i>FR 8:30AM-5:30PM</i> <i>SA 8:30AM-5:30PM</i></p>	<p><i>American Sign Language (ASL):</i> <i>N</i>  <i>Accessibility: CONTACT</i> <i>PROVIDER</i> <i>Medical Group/IPA: IHP OF</i> <i>SOUTHERN CALIFORNIA</i></p>	<p><b>NESTOR COMMUNITY HEALTH CENTER</b> <i>Provider ID: 214492</i>  <i>1016 OUTER RD</i> <i>SAN DIEGO, CA 92154-1351</i>  <i>Phone: 619-429-3733</i>  <i>After Hours Phone:</i> <i>619-429-3733</i></p>
<p><i>American Sign Language (ASL):</i> <i>N</i>  <i>Accessibility: CONTACT</i> <i>PROVIDER</i> <i>Medical Group/IPA: IHP OF</i> <i>SOUTHERN CALIFORNIA</i>  <i>Website: www.sdfamilycare.org</i></p>	<p> <i>Website: www.sdfamilycare.org</i></p>	<p><i>License Number: A165398</i> <i>NPI: 1598122871</i></p>
<p><b>SAN DIEGO FAMILY CARE</b></p>	<p><b>NESTOR COMMUNITY HEALTH CENTER</b></p>	<p><i>Accepting New Patients: Yes</i> <i>Min/Max Age: 0\None</i></p>
<p><i>Provider ID: 482070</i>  <i>7011 LINDA VISTA RD</i> <i>SAN DIEGO, CA 92111-6307</i>  <i>Phone: 858-810-8700</i>  <i>After Hours Phone:</i> <i>858-810-8700</i> <i>License Number: NP23847</i> <i>NPI: 1598122871</i></p>	<p><i>Provider ID: 214492</i>  <i>1016 OUTER RD</i> <i>SAN DIEGO, CA 92154-1351</i>  <i>Phone: 619-429-3733</i>  <i>After Hours Phone:</i> <i>619-429-3733</i> <i>License Number: A112781</i> <i>NPI: 1598122871</i></p>	<p> <i>Site English Spoken: Yes</i>  <i>Site Languages(s) Spoken:</i> <i>Spanish</i></p>
<p><i>Accepting New Patients: Yes</i> <i>Min/Max Age: 0\None</i>  <i>Site English Spoken: yes</i>  <i>Site Languages(s) Spoken:</i> <i>Lithuanian, Vietnamese,</i> <i>Spanish, Chinese</i></p>	<p><i>Accepting New Patients: Yes</i> <i>Min/Max Age: 0\None</i>  <i>Site English Spoken: Yes</i>  <i>Site Languages(s) Spoken:</i> <i>Spanish</i></p>	<p><i>Cultural Competency: No</i>  <i>Hours: SU 8:30AM-5:00PM</i> <i>MO 8:30AM-5:00PM</i> <i>TU 8:30AM-5:00PM</i> <i>WE 8:30AM-5:00PM</i> <i>TH 8:30AM-5:00PM</i> <i>FR 8:30AM-5:00PM</i> <i>SA 8:30AM-5:00PM</i></p>
<p><i>Cultural Competency: No</i>  <i>Hours: SU 8:30AM-5:30PM</i> <i>MO 8:30AM-5:30PM</i> <i>TU 8:30AM-5:30PM</i></p>	<p><i>Cultural Competency: No</i>  <i>Hours: SU 8:30AM-5:00PM</i> <i>MO 8:30AM-5:00PM</i> <i>TU 8:30AM-5:00PM</i> <i>WE 8:30AM-5:00PM</i> <i>TH 8:30AM-5:00PM</i> <i>FR 8:30AM-5:00PM</i> <i>SA 8:30AM-5:00PM</i></p>	<p><i>American Sign Language (ASL):</i> <i>N</i>  <i>Accessibility: CONTACT</i> <i>PROVIDER</i> <i>Medical Group/IPA: IHP OF</i> <i>SOUTHERN CALIFORNIA</i></p>
	<p><i>American Sign Language (ASL):</i> <i>N</i>  <i>Accessibility: CONTACT</i></p>	<p> <i>Website: www.ibclinic.org</i></p>

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



## B. 具備聯邦資質的健康診所

### NESTOR COMMUNITY HEALTH CENTER

Provider ID: 214492

1016 OUTER RD  
SAN DIEGO, CA 92154-1351

Phone: 619-429-3733

After Hours Phone:  
619-429-3733

License Number: NP22031

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### NESTOR COMMUNITY HEALTH CENTER

Provider ID: 214492

1016 OUTER RD  
SAN DIEGO, CA 92154-1351

Phone: 619-429-3733

Fax: 619-628-5550

After Hours Phone:  
619-429-3733

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### NESTOR COMMUNITY HEALTH CENTER

Provider ID: 214492

1016 OUTER RD  
SAN DIEGO, CA 92154-1351

Phone: 619-429-3733

Fax: 619-628-5550

After Hours Phone:  
619-429-3733

License Number: 550001474

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

Phone: 619-255-9154

After Hours Phone:  
619-255-9154

License Number: A123929

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No


Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

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


## B. 具備聯邦資質的健康診所

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA MAESTRA FAMILY CLINIC


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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9154

 After Hours Phone:  
619-255-9154

License Number: A163693

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LA MAESTRA FAMILY CLINIC


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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 After Hours Phone:  
619-255-9155

License Number: A111170

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LA MAESTRA FAMILY CLINIC

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 After Hours Phone:

619-255-9155


License Number: A75533

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LA MAESTRA FAMILY CLINIC


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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 After Hours Phone:  
619-255-9155


License Number: A82639

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

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

## B. 具備聯邦資質的健康診所

MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LA MAESTRA FAMILY CLINIC

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 After Hours Phone:  
 619-255-9155


License Number: C55979

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):


N

 Accessibility: CONTACT

### PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 After Hours Phone:  
 619-255-9155

License Number: DC28966

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC


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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155


 After Hours Phone:  
 619-255-9155

License Number: G45632

NPI: 1609849074

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

 Site English Spoken: Yes  
 Cultural Competency: No


 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC


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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 After Hours Phone:  
 619-255-9155

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

## B. 具備聯邦資質的健康診所

License Number: G87837  
 NPI: 1609849074  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
 Phone: 619-255-9155  
 After Hours Phone: 619-255-9155

License Number: NP95013257  
 NPI: 1609849074  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM

TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
 Phone: 619-255-9155  
 After Hours Phone: 619-255-9155

License Number: PA13694  
 NPI: 1609849074

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

Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
 Phone: 619-255-9155  
 After Hours Phone: 619-255-9155

License Number: PA21625  
 NPI: 1609849074

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

Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER



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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

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

## B. 具備聯邦資質的健康診所

<p> 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105-1608</p> <p> Phone: 619-255-9155 Fax: 619-284-4731</p> <p> After Hours Phone: 619-255-9155</p> <p>License Number: 20A6433 NPI: 1609849074</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: LA MAESTRA FAMILY CLINIC</p> <p> Website: <a href="http://www.lamaestra.org">www.lamaestra.org</a></p>	<p>NPI: 1609849074</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: LA MAESTRA FAMILY CLINIC</p> <p> Website: <a href="http://www.lamaestra.org">www.lamaestra.org</a></p> <p><b>LA MAESTRA FAMILY CLINIC INC</b> Provider ID: 185268</p> <p> 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105-1608</p> <p> Phone: 619-280-7072</p> <p> After Hours Phone: 619-280-7072</p> <p>License Number: 20A14222 NPI: 1609849074</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM</p>	<p>WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: LA MAESTRA FAMILY CLINIC</p> <p> Website: <a href="http://www.lamaestra.org">www.lamaestra.org</a></p> <p><b>LA MAESTRA FAMILY CLINIC INC</b> Provider ID: 185268</p> <p> 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105-1608</p> <p> Phone: 619-564-8765</p> <p> After Hours Phone: 619-564-8765</p> <p>License Number: NP95009891 NPI: 1609849074</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: LA</p>
<p><b>LA MAESTRA FAMILY CLINIC INC</b> Provider ID: 185268</p> <p> 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105-1608</p> <p> Phone: 619-255-9155 Fax: 619-749-5480</p> <p> After Hours Phone: 619-255-9155</p> <p>License Number: A81682</p>	<p><b>LA MAESTRA FAMILY CLINIC INC</b> Provider ID: 185268</p> <p> 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105-1608</p> <p> Phone: 619-280-7072</p> <p> After Hours Phone: 619-280-7072</p> <p>License Number: 20A14222 NPI: 1609849074</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM</p>	<p>WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: LA</p>

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

## B. 具備聯邦資質的健康診所


### MAESTRA FAMILY CLINIC

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-798-3947

 After Hours Phone:  
619-798-3947

License Number: DC32800


NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

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


### OPERATION SAMAHAN - MIRA MESA


Provider ID: 417101

 10737 CAMINO RUIZ STE

235

SAN DIEGO, CA 92126-2375

 Phone: 844-200-2426

 After Hours Phone:  
844-200-2426

License Number: A161105

NPI: 1801907449


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

 Hours: SU 8:00AM-4:30PM

MO 8:00AM-4:30PM

TU 8:00AM-4:30PM

WE 8:00AM-4:30PM

TH 8:00AM-4:30PM

FR 8:00AM-4:30PM

SA 8:00AM-4:30PM


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN


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


### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126-2375

 Phone: 844-200-2426

 After Hours Phone:  
844-200-2426

License Number: C54941

NPI: 1801907449


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

 Hours: SU 8:00AM-4:30PM

MO 8:00AM-4:30PM

TU 8:00AM-4:30PM

WE 8:00AM-4:30PM

TH 8:00AM-4:30PM

FR 8:00AM-4:30PM

SA 8:00AM-4:30PM


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN


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


### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126-2375

 Phone: 844-200-2426

 After Hours Phone:  
844-200-2426

License Number: DC15775

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:

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

## B. 具備聯邦資質的健康診所

*Spanish, Tagalog*  
Cultural Competency: No  
🕒 Hours: SU 8:00AM-4:30PM  
MO 8:00AM-4:30PM  
TU 8:00AM-4:30PM  
WE 8:00AM-4:30PM  
TH 8:00AM-4:30PM  
FR 8:00AM-4:30PM  
SA 8:00AM-4:30PM

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

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

### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

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

☎ Phone: 844-200-2426

🕒 After Hours Phone:  
844-200-2426

License Number: NP95003211

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

🕒 Hours: SU 8:00AM-4:30PM  
MO 8:00AM-4:30PM  
TU 8:00AM-4:30PM  
WE 8:00AM-4:30PM

TH 8:00AM-4:30PM

FR 8:00AM-4:30PM

SA 8:00AM-4:30PM

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

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

### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

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

☎ Phone: 844-200-2426

Fax: 858-578-4417

🕒 After Hours Phone:  
844-200-2426

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

🕒 Hours: SU 8:00AM-4:30PM  
MO 8:00AM-4:30PM  
TU 8:00AM-4:30PM  
WE 8:00AM-4:30PM  
TH 8:00AM-4:30PM  
FR 8:00AM-4:30PM  
SA 8:00AM-4:30PM

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT

PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

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

### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

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

☎ Phone: 844-200-2426

Fax: 858-578-4417

🕒 After Hours Phone:  
844-200-2426

License Number: 80000146

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

🕒 Hours: SU 8:00AM-4:30PM  
MO 8:00AM-4:30PM  
TU 8:00AM-4:30PM  
WE 8:00AM-4:30PM  
TH 8:00AM-4:30PM  
FR 8:00AM-4:30PM  
SA 8:00AM-4:30PM

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

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

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

## B. 具備聯邦資質的健康診所

<p><i>mahan.org</i></p> <p><b>OPERATION SAMAHAN - MIRA MESA</b></p> <p>Provider ID: 432308</p> <p>9855 ERMA RD STE 105 SAN DIEGO, CA 92131-1007</p> <p>Phone: 844-200-2426</p> <p>After Hours Phone: 844-200-2426</p> <p>License Number: NP95010585</p> <p>NPI: 1801907449</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p> <p>Site English Spoken: yes</p> <p>Site Languages(s) Spoken: Spanish, Tagalog</p> <p>Cultural Competency: No</p> <p>Hours: SU 8:00AM-4:30PM MO 8:00AM-4:30PM TU 8:00AM-4:30PM WE 8:00AM-4:30PM TH 8:00AM-4:30PM FR 8:00AM-4:30PM SA 8:00AM-4:30PM</p> <p>American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: OPERATION SAMAHAN</p> <p>Website: <a href="http://www.operationsamahan.org">www.operationsamahan.org</a></p> <p><b>OPERATION SAMAHAN - MIRA MESA</b></p> <p>Provider ID: 432308</p> <p>9855 ERMA RD STE 105 SAN DIEGO, CA 92131-1007</p> <p>Phone: 844-200-2426</p> <p>After Hours Phone: 844-200-2426</p> <p>License Number: NP22974</p> <p>NPI: 1801907449</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p>	<p>SAN DIEGO, CA 92131-1007</p> <p>Phone: 844-200-2426</p> <p>After Hours Phone: 844-200-2426</p> <p>License Number: A71544</p> <p>NPI: 1801907449</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p> <p>Site English Spoken: yes</p> <p>Cultural Competency: No</p> <p>Hours: SU 9:00AM-5:00PM MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: OPERATION SAMAHAN</p> <p>Website: <a href="http://www.operationsamahan.org">www.operationsamahan.org</a></p> <p><b>OPERATION SAMAHAN - MIRA MESA</b></p> <p>Provider ID: 432308</p> <p>9855 ERMA RD STE 105 SAN DIEGO, CA 92131-1007</p> <p>Phone: 844-200-2426</p> <p>After Hours Phone: 844-200-2426</p> <p>License Number: NP22974</p> <p>NPI: 1801907449</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p>	<p>Site English Spoken: yes</p> <p>Cultural Competency: No</p> <p>Hours: SU 9:00AM-5:00PM MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: OPERATION SAMAHAN</p> <p>Website: <a href="http://www.operationsamahan.org">www.operationsamahan.org</a></p> <p><b>OPERATION SAMAHAN - MIRA MESA</b></p> <p>Provider ID: 432308</p> <p>9855 ERMA RD STE 105 SAN DIEGO, CA 92131-1007</p> <p>Phone: 844-200-2426</p> <p>Fax: 858-536-8034</p> <p>After Hours Phone: 844-200-2426</p> <p>NPI: 1801907449</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p> <p>Site English Spoken: yes</p> <p>Cultural Competency: No</p> <p>Hours: SU 9:00AM-5:00PM MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM</p>
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請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所


American Sign Language (ASL): *mahan.org*

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA:


OPERATION SAMAHAN

 Website: *www.operationsamahan.org*


### OPERATION SAMAHAN - MIRA MESA

Provider ID: 432308

 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131-1007

 Phone: 844-200-2426

Fax: 858-536-8034

 After Hours Phone:  
844-200-2426

License Number: 80000146

NPI: 1801907449


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  Website: *www.fhcsd.org*

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN


 Website: *www.operationsamahan.org*


### FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

 2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422

 After Hours Phone:  
619-515-2422

License Number: A121451

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: *www.fhcsd.org*


### FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

 2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422

 After Hours Phone:  
619-515-2422

License Number: A122238


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: *www.fhcsd.org*


### FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

 2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422

 After Hours Phone:  
619-515-2422

License Number: NP95011254

NPI: 1134155377

Accepting New Patients: Yes

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

## B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM N

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL): Website: [www.fhcsd.org](http://www.fhcsd.org)

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

### **FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL**

Provider ID: 419529

2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113-1195

Phone: 619-515-2422

After Hours Phone: 619-515-2422

License Number: PA20888

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM N

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL): Website: [www.fhcsd.org](http://www.fhcsd.org)

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

### **FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL**

Provider ID: 419529

2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113-1195

Phone: 619-515-2422

After Hours Phone: 619-515-2422

License Number: PA53788

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM N

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL): Website: [www.fhcsd.org](http://www.fhcsd.org)

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN DIEGO

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

### **FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL**

Provider ID: 419529

2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113-1195

Phone: 619-515-2422

Fax: 619-269-0053

After Hours Phone: 619-515-2422

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM N

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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


### **FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL**

Provider ID: 419529


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

## B. 具備聯邦資質的健康診所

 2325 COMMERCIAL ST STE 1400  
SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422

Fax: 619-269-0053

 After Hours Phone:  
619-515-2422

License Number: 550003113

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


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

### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300

License Number: A162946

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


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

### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444


License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


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

### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: 20A13060

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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

## B. 具備聯邦資質的健康診所

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
619-515-2444

License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
619-515-2444

License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
619-515-2444

License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
619-515-2444

License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No


Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM

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## B. 具備聯邦資質的健康診所

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

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: A148014

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: A154399

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: www.fhcsd.org

### **FAMILY HLTH CTR SAN**

#### **DIEGO-BEACH AREA**

Provider ID: 402851

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
619-515-2444

License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: www.fhcsd.org

### **FAMILY HLTH CTR SAN**

#### **DIEGO-BEACH AREA**

Provider ID: 402851

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
619-515-2444

License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: www.fhcsd.org

### **FAMILY HLTH CTR SAN**

#### **DIEGO-BEACH AREA**

Provider ID: 402851

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
619-515-2444

License Number: A76785

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: www.fhcsd.org


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## B. 具備聯邦資質的健康診所

### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444


License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444


License Number: C53623

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444


 After Hours Phone:  
619-515-2444


License Number: DC20729

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444


 After Hours Phone:  
619-515-2444


License Number: DPM4819

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):


N

 Accessibility: CONTACT






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## B. 具備聯邦資質的健康診所

**PROVIDER**  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851  
 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
 Phone: 619-515-2444  
 After Hours Phone:  
619-515-2444  
License Number: G78814  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER



Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
DIEGO-BEACH AREA**  
Provider ID: 402851  
 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
 Phone: 619-515-2444  
 After Hours Phone:  
619-515-2444  
License Number: NM1662  
NPI: 1134155377






Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
DIEGO-BEACH AREA**  
Provider ID: 402851  
 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
 Phone: 619-515-2444  
 After Hours Phone:  
619-515-2444

License Number: NP95013978  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM



American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
DIEGO-BEACH AREA**  
Provider ID: 402851  
 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
 Phone: 619-515-2444  
Fax: 858-488-1394  
 After Hours Phone:  
619-515-2444  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medical)。此提供  
者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所



TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)


### FAMILY HLTH CTR SAN DIEGO-BEACH AREA



Provider ID: 402851  
 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
 Phone: 619-515-2444  
Fax: 858-488-1394  
 After Hours Phone:  
619-515-2444  
License Number: 80000115  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**  
Provider ID: 206363  
 4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
 After Hours Phone:  
619-515-2560  
License Number: A148014  
NPI: 1134155377



Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363  
 4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
 After Hours Phone:  
619-515-2560  
License Number: A161373  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363  
 4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
 After Hours Phone:  
619-515-2560

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: A164879

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: C174538

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560


 After Hours Phone:  
619-515-2560


License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560


 After Hours Phone:  
619-515-2560


License Number: DC33150

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):


N

 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所


**PROVIDER**  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: G61394

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: G78814

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560


License Number: MT2061555

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560


 After Hours Phone:  
619-515-2560


License Number: NP10146

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
 619-515-2560

License Number: NP17362

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT


PROVIDER  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
 619-515-2560

License Number: NP19911

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560


 After Hours Phone:  
 619-515-2560

License Number: NP95000205

NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
 619-515-2560

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

License Number: NP95001492

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: NP95005321

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: NP95007000

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: NP95009292

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: NP95021154

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: PA20378

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560


 After Hours Phone:  
619-515-2560


License Number: PA58081

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560


License Number: PA58505

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT


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## B. 具備聯邦資質的健康診所

### PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: PA60864

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: RN810863

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

Fax: 619-263-2499

 After Hours Phone:


619-515-2560

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

Fax: 619-263-2499

 After Hours Phone:  
619-515-2560


License Number: A100391

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368

 Phone: 619-515-2430

 After Hours Phone:  
619-515-2430


License Number: 20A7147

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368

 Phone: 619-515-2430

 After Hours Phone:  
619-515-2430


License Number: PA58826

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)


### DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368

 Phone: 619-515-2430

Fax: 619-578-2410


 After Hours Phone:  
619-515-2430

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368

 Phone: 619-515-2430

Fax: 619-578-2410

 After Hours Phone:

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

619-515-2430  
License Number: 550002251  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No  
🕒 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org

### **FAMILY HEALTH CTR IBARRA**

Provider ID: 417987  
 4874 POLK AVE  
SAN DIEGO, CA  
92105-2026  
 Phone: 619-515-2426  
 After Hours Phone:  
619-515-2426  
License Number: 20A17577  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No  
🕒 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org

### **FAMILY HEALTH CTR IBARRA**

Provider ID: 417987  
 4874 POLK AVE  
SAN DIEGO, CA  
92105-2026  
 Phone: 619-515-2426  
 After Hours Phone:  
619-515-2426  
License Number: 20A19345  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No  
🕒 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org

### **FAMILY HEALTH CTR IBARRA**

Provider ID: 417987  
 4874 POLK AVE  
SAN DIEGO, CA  
92105-2026  
 Phone: 619-515-2426  
 After Hours Phone:  
619-515-2426  
License Number: A145023  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No  
🕒 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org

### **FAMILY HEALTH CTR IBARRA**

Provider ID: 417987

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。




## B. 具備聯邦資質的健康診所

 4874 POLK AVE  
SAN DIEGO, CA  
92105-2026  
 Phone: 619-515-2426  
 After Hours Phone:  
619-515-2426  
License Number: A173486  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: www.fhcsd.org




### **FAMILY HEALTH CTR IBARRA**


Provider ID: 417987  
 4874 POLK AVE  
SAN DIEGO, CA  
92105-2026  
 Phone: 619-515-2426  
 After Hours Phone:  
619-515-2426  
License Number: G149974  
NPI: 1134155377  
Accepting New Patients: Yes

Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: www.fhcsd.org




### **FAMILY HEALTH CTR IBARRA**


Provider ID: 417987  
 4874 POLK AVE  
SAN DIEGO, CA  
92105-2026  
 Phone: 619-515-2426  
 After Hours Phone:  
619-515-2426  
License Number: NP17838  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None


Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM

SA 8:30AM-5:30PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: www.fhcsd.org

### **FAMILY HEALTH CTR IBARRA**


Provider ID: 417987  
 4874 POLK AVE  
SAN DIEGO, CA  
92105-2026  
 Phone: 619-515-2426  
 After Hours Phone:  
619-515-2426  
License Number: NP95004443  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


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## B. 具備聯邦資質的健康診所


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HEALTH CTR IBARRA**

Provider ID: 417987

 4874 POLK AVE  
SAN DIEGO, CA  
92105-2026

 Phone: 619-515-2426

 After Hours Phone:  
619-515-2426

License Number: PA21385

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HEALTH CTR IBARRA**

Provider ID: 417987

 4874 POLK AVE  
SAN DIEGO, CA  
92105-2026

 Phone: 619-515-2426

 After Hours Phone:

619-515-2426

License Number: PA58098

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HEALTH CTR IBARRA**

Provider ID: 417987

 4874 POLK AVE  
SAN DIEGO, CA  
92105-2026

 Phone: 619-515-2426

 After Hours Phone:  
619-515-2426


License Number: PA58905

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HEALTH CTR IBARRA**

Provider ID: 417987

 4874 POLK AVE  
SAN DIEGO, CA  
92105-2026

 Phone: 619-515-2426


 After Hours Phone:  
619-515-2426

License Number: PA59481

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM


American Sign Language (ASL):

N

 Accessibility: CONTACT






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所




**PROVIDER**  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HEALTH CTR OF  
SDELM ST**  
Provider ID: 419167  
 140 ELM ST  
SAN DIEGO, CA 92101-2602  
 Phone: 619-515-2520  
Fax: 619-231-0431  
 After Hours Phone:  
619-515-2520  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HEALTH CTR OF  
SDELM ST**  
Provider ID: 419167  
 140 ELM ST  
SAN DIEGO, CA 92101-2602  
 Phone: 619-515-2520  
Fax: 619-231-0431  
 After Hours Phone:  
619-515-2520  
License Number: 550002061  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HEALTH CTR SAN  
DIEGO-OAK PARK**  
Provider ID: 418142  
 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429  
 Phone: 619-515-2454  
 After Hours Phone:

619-515-2454  
License Number: 20A12796  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



**FAMILY HEALTH CTR SAN  
DIEGO-OAK PARK**  
Provider ID: 418142  
 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429  
 Phone: 619-515-2454  
 After Hours Phone:  
619-515-2454  
License Number: 20A14772  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所




MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK**

Provider ID: 418142



 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429  
 Phone: 619-515-2454  
 After Hours Phone: 619-515-2454

License Number: C174538  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None




 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK**

Provider ID: 418142



 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429  
 Phone: 619-515-2454  
 After Hours Phone: 619-515-2454

License Number: PA58505  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None



 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM


American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK**

Provider ID: 418142

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429  
 Phone: 619-515-2454  
Fax: 619-794-2696


 After Hours Phone: 619-515-2454

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM



American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK**

Provider ID: 418142

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429  
 Phone: 619-515-2454  
Fax: 619-794-2696

 After Hours Phone:

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

619-515-2454  
License Number: 550003556  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

Provider ID: 417429

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:  
619-515-2525

License Number: A128091

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

Provider ID: 417429

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:  
619-515-2525

License Number: A163977

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

Provider ID: 417429

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:  
619-515-2525

License Number: A76785

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

Provider ID: 417429

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:  
619-515-2525

License Number: DPM4819

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

Provider ID: 417429

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:  
619-515-2525

License Number: NP95010814

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

Provider ID: 417429

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:  
619-515-2525

License Number: PA22762

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

Provider ID: 417429

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

Fax: 619-501-5814

After Hours Phone:  
619-515-2525

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N


Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


### PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)


### FAMILY HLTH CTR SAN DIEGO CITY COLLEGE

Provider ID: 417429

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 Phone: 619-515-2525

Fax: 619-501-5814

 After Hours Phone:  
619-515-2525

License Number: 550002865


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  Website: [www.fhcsd.org](http://www.fhcsd.org)

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2400

 After Hours Phone:  
619-515-2400

License Number: 20A17836

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545


License Number: 20A11612

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545


License Number: 20A12504

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545


License Number: 20A14794

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT


PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545


License Number: 20A15413

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545


 After Hours Phone:  
619-515-2545

License Number: 20A15459

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

License Number: 20A17657  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):



N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545



License Number: 20A17702  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM

TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545

License Number: 20A17926  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO



 Website: www.fhcsd.org

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545



License Number: 20A19399  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545


License Number: A100333

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: A109633

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545


 After Hours Phone:  
619-515-2545


License Number: A119631

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM

TU 8:00AM-9:00PM

WE 8:00AM-9:00PM

TH 8:00AM-9:00PM

FR 8:00AM-9:00PM

SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545


 After Hours Phone:  
619-515-2545

License Number: A136616

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM


American Sign Language (ASL):

N






 Accessibility: CONTACT


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## B. 具備聯邦資質的健康診所

**PROVIDER**  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
619-515-2545  
License Number: A140324  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM




American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)






**FAMILY HLTH CTR SD  
HILLCREST**  
Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
619-515-2545  
License Number: A154708  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SD  
HILLCREST**  
Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
619-515-2545

License Number: A169207  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SD  
HILLCREST**  
Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
619-515-2545  
License Number: A171135  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM

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## B. 具備聯邦資質的健康診所

TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545


License Number: A177462

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT


PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: A180044

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: A70175

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

License Number: A80153  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):



N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545



License Number: A80461  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM

TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545

License Number: C52451  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT



PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: www.fhcsd.org

### **FAMILY HLTH CTR SD HILLCREST**



Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545

License Number: DC31024  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。





## B. 具備聯邦資質的健康診所

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: DC33150

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: DC33688

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545


 After Hours Phone:  
619-515-2545


License Number: G16236

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM

TU 8:00AM-9:00PM

WE 8:00AM-9:00PM

TH 8:00AM-9:00PM

FR 8:00AM-9:00PM

SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545


 After Hours Phone:  
619-515-2545

License Number: G80316

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM


American Sign Language (ASL):

N





 Accessibility: CONTACT


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## B. 具備聯邦資質的健康診所

**PROVIDER**  
 Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD HILLCREST


Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545  
 License Number: NP18098  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
 MO 8:00AM-9:00PM  
 TU 8:00AM-9:00PM  
 WE 8:00AM-9:00PM  
 TH 8:00AM-9:00PM  
 FR 8:00AM-9:00PM  
 SA 8:00AM-9:00PM


American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545  
 License Number: NP7374  
 NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
 MO 8:00AM-9:00PM  
 TU 8:00AM-9:00PM  
 WE 8:00AM-9:00PM  
 TH 8:00AM-9:00PM  
 FR 8:00AM-9:00PM  
 SA 8:00AM-9:00PM


American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545




License Number: NP95001899  
 NPI: 1134155377


Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
 MO 8:00AM-9:00PM  
 TU 8:00AM-9:00PM  
 WE 8:00AM-9:00PM  
 TH 8:00AM-9:00PM  
 FR 8:00AM-9:00PM  
 SA 8:00AM-9:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545  
 License Number: NP95005103  
 NPI: 1134155377


Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
 MO 8:00AM-9:00PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medical)。此提供  
 者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545


License Number: NP95005293

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM


American Sign Language (ASL):

N

 Accessibility: CONTACT

### PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: PA21385

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545


 After Hours Phone:  
619-515-2545

License Number: PA23231

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

License Number: PT12930

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-9:00PM

MO 8:00AM-9:00PM

TU 8:00AM-9:00PM

WE 8:00AM-9:00PM

TH 8:00AM-9:00PM

FR 8:00AM-9:00PM

SA 8:00AM-9:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: www.fhcsd.org

### **FAMILY HLTH CTR SD**

#### **HILLCREST**

Provider ID: 417937

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:

619-515-2545

License Number: PT25155

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-9:00PM

MO 8:00AM-9:00PM

TU 8:00AM-9:00PM

WE 8:00AM-9:00PM

TH 8:00AM-9:00PM

FR 8:00AM-9:00PM

SA 8:00AM-9:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: www.fhcsd.org

### **FAMILY HLTH CTR SD**

#### **HILLCREST**

Provider ID: 417937

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:

619-515-2545

License Number: PT28061

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-9:00PM

MO 8:00AM-9:00PM

TU 8:00AM-9:00PM

WE 8:00AM-9:00PM

TH 8:00AM-9:00PM

FR 8:00AM-9:00PM

SA 8:00AM-9:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: www.fhcsd.org

### **FAMILY HLTH CTR SD**

#### **HILLCREST**

Provider ID: 417937

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:

619-515-2545

License Number: PT292351

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-9:00PM

MO 8:00AM-9:00PM

TU 8:00AM-9:00PM

WE 8:00AM-9:00PM

TH 8:00AM-9:00PM

FR 8:00AM-9:00PM

SA 8:00AM-9:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: www.fhcsd.org


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545


License Number: PT292613

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: PT293536

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545


 After Hours Phone:  
619-515-2545


License Number: PT295173

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM

TU 8:00AM-9:00PM

WE 8:00AM-9:00PM

TH 8:00AM-9:00PM

FR 8:00AM-9:00PM

SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545


 After Hours Phone:  
619-515-2545


License Number: PT296559

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)


### FAMILY HLTH CTR SD

#### HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: PT40975


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD


#### HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

Fax: 619-501-9645

 After Hours Phone:  
619-515-2545

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No


 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD

#### HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

Fax: 619-501-9645

 After Hours Phone:

619-515-2545

License Number: 550003099


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### FAMILY HLTH CTR SD


#### HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

Fax: 619-501-9645

 After Hours Phone:  
619-515-2545

License Number: A95356

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300


License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300

License Number: 20A12653

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: 20A12732

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 20A15743

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 20A17072

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 20A17478

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A103099

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM


American Sign Language (ASL):

N






Accessibility: CONTACT


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

**PROVIDER**  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)




### LOGAN HEIGHTS FAMILY HEALTH CENTER



Provider ID: 206360  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone:  
619-515-2300  
License Number: A116680  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM


American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER




Provider ID: 206360  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone:  
619-515-2300  
License Number: A118095  
NPI: 1134155377



Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM


American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER




Provider ID: 206360  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone:  
619-515-2300



License Number: A120043  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone:  
619-515-2300  
License Number: A121451  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM


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## B. 具備聯邦資質的健康診所

TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: A122238

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

### PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: A136616

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300

License Number: A142703

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

License Number: A146111  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N




 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)



### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone: 619-515-2300

License Number: A146838  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N




 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)


### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone: 619-515-2300

License Number: A147939  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT




PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone: 619-515-2300

License Number: A148014  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A151631

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A160489

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A163183

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


### PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A163978

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A164859


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A164889


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

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## B. 具備聯邦資質的健康診所

TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: A169752

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM


American Sign Language (ASL):

N

 Accessibility: CONTACT

### PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A177373

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300

License Number: A177462

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300


License Number: A181809

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A46161

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT


PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: A61687

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A68124

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A71671

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N


Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


### PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A76785

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A77126

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: A80504

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300


License Number: A93385

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: A95577

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

### PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: A97036

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

License Number: DPM4819  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone: 619-515-2300

License Number: DPM5661  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone: 619-515-2300

License Number: G78814  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone: 619-515-2300

License Number: G81658  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

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## B. 具備聯邦資質的健康診所

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: NM792

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: NP10906

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: NP11778

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: NP17852

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


### PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: NP2286

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: NP95000205

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: NP95000602

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: NP95001705

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: NP95003689

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM


American Sign Language (ASL):

N

 Accessibility: CONTACT

### PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: NP95007253

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300

License Number: NP95011254

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

License Number: NP95011313

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: NP95015780

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: NP95022452

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: PA13752

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: PA15227

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: PA16245

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: PA17864

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: PA20396

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM


American Sign Language (ASL):

N






Accessibility: CONTACT


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

**PROVIDER**  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)




### LOGAN HEIGHTS FAMILY HEALTH CENTER



Provider ID: 206360  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone:  
619-515-2300  
License Number: PA21591  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM


American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER




Provider ID: 206360  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone:  
619-515-2300  
License Number: PA23258  
NPI: 1134155377



Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM


American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER




Provider ID: 206360  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone:  
619-515-2300



License Number: PA53788  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone:  
619-515-2300  
License Number: PA54661


NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: PA61677

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

### PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: PT295463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: PT30272

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

License Number: PT33914

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: RN486421

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: RN810863

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: SP27677

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

Fax: 619-515-2510

After Hours Phone:  
619-515-2300

License Number: A178494

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:

619-515-2424

License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A103099

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No



Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):




N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*  
 *Website: www.fhcsd.org*



### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 416831*  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*  
*License Number: A108228*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*  
 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**


*Provider ID: 416831*  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*


*License Number: A113001*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*



 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**


*Provider ID: 416831*  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*

*License Number: A114181*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*



 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*



 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 416831*  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*

*License Number: A116680*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

### PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: A126181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424


 After Hours Phone:  
619-515-2424

License Number: A132576

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

License Number: A148014

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A51318

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medical。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


**PROVIDER**  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: A95577

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424


License Number: G78814

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424


 After Hours Phone:  
619-515-2424


License Number: NP95013978

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: PA21042

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT


PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

Fax: 619-683-7586

 After Hours Phone:  
619-515-2424

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

Fax: 619-683-7586


 After Hours Phone:  
619-515-2424

License Number: 90000469

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所




619-515-2424  
License Number: 20A11535  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362  
 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone: 619-515-2424  
License Number: 20A14794  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org



### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362  
 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone: 619-515-2424

License Number: 20A14919  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None



 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362  
 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone: 619-515-2424

License Number: 20A15068  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424


License Number: 20A15413

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424


License Number: 20A20252

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424


 After Hours Phone:  
619-515-2424


License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424


 After Hours Phone:  
619-515-2424


License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):


N

 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


**PROVIDER**  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424


License Number: A140646

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424


 After Hours Phone:  
619-515-2424


License Number: A147758

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

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## B. 具備聯邦資質的健康診所

TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: A148014

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM


American Sign Language (ASL):

N

 Accessibility: CONTACT

### PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424


 After Hours Phone:  
619-515-2424

License Number: A173486

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

License Number: A180044  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None


 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**



Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone: 619-515-2424

License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM


TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**



Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone: 619-515-2424

License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone: 619-515-2424

License Number: G78814

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: NP95002226

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: NP95006792

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: PA17220

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: www.fhcsd.org

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: PA18746

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM


American Sign Language (ASL):

N






Accessibility: CONTACT


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## B. 具備聯邦資質的健康診所

**PROVIDER**  
 Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



### **NORTH PARK FAMILY HEALTH CENTERS**


Provider ID: 206362  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 Fax: 619-501-0627  
 After Hours Phone:  
 619-515-2424  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM


American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



**SHERMAN HEIGHTS FAMILY  
 HLTH CTRS INC**  
 Provider ID: 356145  
 2391 ISLAND AVE  
 SAN DIEGO, CA 92102-2941  
 Phone: 619-515-2435  
 After Hours Phone:  
 619-515-2435  
 License Number: A80504  
 NPI: 1134155377


Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM


American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO  
 Website: N/A



**SHERMAN HEIGHTS FAMILY  
 HLTH CTRS INC**  
 Provider ID: 356145  
 2391 ISLAND AVE  
 SAN DIEGO, CA 92102-2941  
 Phone: 619-515-2435  
 After Hours Phone:  
 619-515-2435

License Number: A97036  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO  
 Website: N/A

**SHERMAN HEIGHTS FAMILY  
 HLTH CTRS INC**  
 Provider ID: 356145  
 2391 ISLAND AVE  
 SAN DIEGO, CA 92102-2941  
 Phone: 619-515-2435  
 After Hours Phone:  
 619-515-2435  
 License Number: NP95011254  
 NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: N/A

### SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145

 2391 ISLAND AVE  
 SAN DIEGO, CA 92102-2941

 Phone: 619-515-2435

 After Hours Phone: 619-515-2435


License Number: PA16245

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes  
 Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT


PROVIDER  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: N/A

### SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145

 2391 ISLAND AVE  
 SAN DIEGO, CA 92102-2941

 Phone: 619-515-2435

 After Hours Phone: 619-515-2435

License Number: PA53788

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes  
 Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: N/A


### SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145

 2391 ISLAND AVE  
 SAN DIEGO, CA 92102-2941

 Phone: 619-515-2435


Fax: 619-515-2435

 After Hours Phone: 619-515-2435

NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: yes  
 Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: N/A

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone: 619-515-2560

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

License Number: A137260

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: A140912

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: A141057

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: A142743

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560


 After Hours Phone:  
619-515-2560


License Number: A119689

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560


 After Hours Phone:  
619-515-2560


License Number: A126187

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):


N

 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所


**PROVIDER**  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2420

 After Hours Phone:  
619-515-2420

License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2420

 After Hours Phone:  
619-515-2420

License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2420

 After Hours Phone:  
619-515-2420


License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2420


 After Hours Phone:  
619-515-2420


License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: 20A13745

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM


American Sign Language (ASL):

N

 Accessibility: CONTACT

### PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: 20A14772

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560


 After Hours Phone:  
619-515-2560

License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

License Number: 20A15471

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560


License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: A113448

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560


License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: A115598

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-263-2499

After Hours Phone:  
619-263-2499

License Number: 20A7241

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA  
92129-2889

Phone: 844-200-2426

After Hours Phone:  
844-200-2426

License Number: DC15775

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:

Spanish

Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:  
OPERATION SAMAHAN

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA  
92129-2889

Phone: 844-200-2426

After Hours Phone:  
844-200-2426

License Number: DC29074

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No





Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM

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## B. 具備聯邦資質的健康診所






WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 8:30AM-5:30PM  
 SA 8:30AM-5:30PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA:  
 OPERATION SAMAHAN  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)


### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535  
 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129-2889  
 Phone: 844-200-2426  
 After Hours Phone: 844-200-2426  
 License Number: NP22974  
 NPI: 1801907449  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 8:30AM-5:30PM  
 SA 8:30AM-5:30PM  
 American Sign Language (ASL):







N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA:  
 OPERATION SAMAHAN  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535  
 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129-2889  
 Phone: 844-200-2426  
 After Hours Phone: 844-200-2426  
 License Number: NP95003211  
 NPI: 1801907449  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 8:30AM-5:30PM  
 SA 8:30AM-5:30PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA:  
 OPERATION SAMAHAN

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535  
 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129-2889  
 Phone: 844-200-2426  
 After Hours Phone: 844-200-2426  
 License Number: PA19664  
 NPI: 1801907449  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 8:30AM-5:30PM  
 SA 8:30AM-5:30PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA:  
 OPERATION SAMAHAN  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA  
92129-2889

Phone: 844-200-2426

Fax: 858-695-9074

After Hours Phone:  
844-200-2426

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

9995 CARMEL MOUNTAIN

RD STE B10 AND B11  
SAN DIEGO, CA  
92129-2889

Phone: 844-200-2426

Fax: 858-695-9074

After Hours Phone:  
844-200-2426

License Number: 550002478

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA  
92129-2889

Phone: 844-200-2426

Fax: 858-695-9074

After Hours Phone:  
844-200-2426

License Number: 550003857

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

## SAN MARCOS

### TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: 20A15159

NPI: 1598122871

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

🕒 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

📍 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

☎ Phone: 760-736-6767

📞 After Hours Phone:  
760-736-6767

License Number: 20A17306

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

🕒 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

📍 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

☎ Phone: 760-736-6767

📞 After Hours Phone:  
760-736-6767

License Number: A116562

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

🕒 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT

PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

📍 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

☎ Phone: 760-736-6767

📞 After Hours Phone:  
760-736-6767

License Number: A48980

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

🕒 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


### TRUECARE

Provider ID: 625875

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: A60958

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: A63903

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: A71311

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: A93248

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N




 Accessibility: CONTACT


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所


**PROVIDER**  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
 760-736-6767  
 License Number: C54157  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
 760-736-6767

License Number: DC29074  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE


Provider ID: 625875

 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
 760-736-6767

License Number: G71182  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE


Provider ID: 625875

 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
 760-736-6767

License Number: NM235844  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medical)。此提供  
 者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973

 Phone: 760-736-6767

 After Hours Phone: 760-736-6767

License Number: NM235997

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

### PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973

 Phone: 760-736-6767

 After Hours Phone: 760-736-6767

License Number: NP18874

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973

 Phone: 760-736-6767

 After Hours Phone: 760-736-6767

License Number: NP20893

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973

 Phone: 760-736-6767

 After Hours Phone: 760-736-6767

License Number: NP21368

NPI: 1598122871

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## B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: NP95001653

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: NP95002545

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: NP95003903

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE


Provider ID: 625875

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## B. 具備聯邦資質的健康診所

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: PA17101

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: PA19825

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: PA21723

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: PA22667

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N




 Accessibility: CONTACT


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## B. 具備聯邦資質的健康診所

**PROVIDER**  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
760-736-6767  
License Number: PA51867  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767  
Fax: 760-736-8740


 After Hours Phone:  
760-736-6767

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767  
Fax: 760-736-8740

 After Hours Phone:  
760-736-6767


License Number: 80000167

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767


 After Hours Phone:  
760-736-6767

License Number: G74757

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No





 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92078-2450  
 Phone: 760-520-8200  
Fax: 360-462-2749  
 After Hours Phone:  
760-520-8200  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92078-2450  
 Phone: 760-520-8200  
Fax: 360-462-2749  
 After Hours Phone:  
760-520-8200  
License Number: 80000167  
NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM



American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE


Provider ID: 625875  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92078-2450  
 Phone: 760-736-6767  
Fax: 760-736-6744

 After Hours Phone:  
760-736-6767

License Number: 1598122871  
NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92078-2450  
 Phone: 760-736-6767  
Fax: 760-736-6744

 After Hours Phone:  
760-736-6767

License Number: NP18788  
NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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## B. 具備聯邦資質的健康診所

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92078-2450

 Phone: 760-736-6767


Fax: 760-736-6744


 After Hours Phone:  
760-736-6767

License Number: PA17718

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 614511

 1595 GRAND AVE STE 106  
SAN MARCOS, CA  
92078-2450

 Phone: 760-736-6767


Fax: 760-736-6744

 After Hours Phone:  
760-736-6767

License Number: 80000167

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


### TRUECARE

Provider ID: 614511

 1595 GRAND AVE STE 106  
SAN MARCOS, CA  
92078-2450

 Phone: 760-736-6767


Fax: 760-736-6744


 After Hours Phone:  
760-736-6767

License Number: C54157

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


### SAN YSIDRO

#### SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-600-4867

 After Hours Phone:  
619-600-4867

License Number: PA22855

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## B. 具備聯邦資質的健康診所

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

Phone: 619-600-4870

After Hours Phone:  
619-600-4870

License Number: NP95018617

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A113624

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A120584

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

Phone: 619-662-4100

After Hours Phone:

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

619-662-4100  
License Number: A145480  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No  
🕒 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469  
📍 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
☎ Phone: 619-662-4100  
📞 After Hours Phone:  
619-662-4100  
License Number: A153975  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
🕒 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM

TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
🌐 Website: www.ihpsocal.org

### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469  
📍 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
☎ Phone: 619-662-4100  
📞 After Hours Phone:  
619-662-4100  
License Number: A164201  
NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
🕒 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA  
🌐 Website: www.ihpsocal.org

### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469  
📍 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
☎ Phone: 619-662-4100  
📞 After Hours Phone:  
619-662-4100  
License Number: A167529  
NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
🕒 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM


American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
🌐 Website: www.ihpsocal.org

### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469  
📍 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
☎ Phone: 619-662-4100


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

-  *After Hours Phone:* 619-662-4100  
*License Number:* A32571  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None
- Site English Spoken:* Yes  
*Cultural Competency:* No
-  *Hours:* SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM
- American Sign Language (ASL):* N
-  *Accessibility:* CONTACT PROVIDER
- Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA
-  *Website:* [www.ihpsocal.org](http://www.ihpsocal.org)
- SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**  
*Provider ID:* 227469
-  3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322
-  *Phone:* 619-662-4100
-  *After Hours Phone:* 619-662-4100
- License Number:* A40473  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None
- Site English Spoken:* Yes  
*Cultural Competency:* No
-  *Hours:* SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM
- American Sign Language (ASL):* N
-  *Accessibility:* CONTACT PROVIDER
- Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA
-  *Website:* [www.ihpsocal.org](http://www.ihpsocal.org)
- SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**  
*Provider ID:* 227469
-  3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322
-  *Phone:* 619-662-4100
-  *After Hours Phone:* 619-662-4100
- License Number:* C42207  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None
- Site English Spoken:* Yes  
*Cultural Competency:* No
-  *Hours:* SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM
- American Sign Language (ASL):* N
-  *Accessibility:* CONTACT PROVIDER
- Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA
-  *Website:* [www.ihpsocal.org](http://www.ihpsocal.org)
- SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**  
*Provider ID:* 227469
-  3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: DPM2930


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HLTH SAN DIEGO**

#### **PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: G66745


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


### **SAN YSIDRO HLTH SAN DIEGO**

#### **PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP12112


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


### **SAN YSIDRO HLTH SAN DIEGO**

#### **PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP95001960


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HLTH SAN DIEGO**

#### **PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

<p>SAN YSIDRO, CA 92173-1322   Phone: 619-662-4100   After Hours Phone:            619-662-4100            License Number: NP95003671            NPI: 1598122871</p>	<p><i>Cultural Competency: No</i>   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM</p>	<p> Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA   Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>
<p>Accepting New Patients: Yes            Min/Max Age: 0\None  <input type="checkbox"/> Site English Spoken: Yes  <i>Cultural Competency: No</i>   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM</p>	<p>American Sign Language (ASL):            N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA   Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>	<p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b>            Provider ID: 227469   3364 BEYER BLVD            SAN YSIDRO, CA 92173-1322   Phone: 619-662-4100   After Hours Phone:            619-662-4100            License Number: NP95017732            NPI: 1598122871</p>
<p>American Sign Language (ASL):            N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA   Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>	<p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b>            Provider ID: 227469   3364 BEYER BLVD            SAN YSIDRO, CA 92173-1322   Phone: 619-662-4100   After Hours Phone:            619-662-4100            License Number: NP95004315            NPI: 1598122871</p>	<p>Accepting New Patients: Yes            Min/Max Age: 0\None  <input type="checkbox"/> Site English Spoken: Yes  <i>Cultural Competency: No</i>   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM</p>
<p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b>            Provider ID: 227469   3364 BEYER BLVD            SAN YSIDRO, CA 92173-1322   Phone: 619-662-4100   After Hours Phone:            619-662-4100            License Number: NP95003721            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None  <input type="checkbox"/> Site English Spoken: Yes</p>	<p>Accepting New Patients: Yes            Min/Max Age: 0\None  <input type="checkbox"/> Site English Spoken: Yes  <i>Cultural Competency: No</i>   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM            American Sign Language (ASL):            N</p>	<p>American Sign Language (ASL):            N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA   Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p> <p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b>            Provider ID: 227469</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100

License Number: NP95019995  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100

License Number: PA58672  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100

License Number: PT302385  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**


Provider ID: 227469

 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 Fax: 619-600-4870  
 After Hours Phone:  
 619-662-4100

NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

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## B. 具備聯邦資質的健康診所

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-205-6341

After Hours Phone:  
619-205-6341

License Number: A64487

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA

92173-2007

Phone: 619-428-4463

After Hours Phone:  
619-428-4463

License Number: 20A8245

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-428-4463

After Hours Phone:  
619-428-4463

License Number: A112627

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 20A10964

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: 20A11153*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM*

*FR 8:00AM-5:30PM*

*SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: 20A12653*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: 20A17643*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

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## B. 具備聯邦資質的健康診所

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 20A7502

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA

92173-2007  
Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 20A8081

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 20A9907

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A101017

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

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## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A101827*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM*

*FR 8:00AM-5:30PM*

*SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A104660*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A106103*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*


*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

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## B. 具備聯邦資質的健康診所

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A113482

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA

92173-2007  
Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A114008

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A114893

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A125329

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese


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## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A127188*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM*

*FR 8:00AM-5:30PM*

*SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A130348*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A131021*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*


*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

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## B. 具備聯邦資質的健康診所

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A131952

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA

92173-2007  
Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A132982

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A138568

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A145008

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A145480*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM*

*FR 8:00AM-5:30PM*

*SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A157505*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A158364*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

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## B. 具備聯邦資質的健康診所

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A159673

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA

92173-2007  
Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A169694

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A170738

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A173435

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

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## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A175006*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM*

*FR 8:00AM-5:30PM*

*SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A177337*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A180886*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

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## B. 具備聯邦資質的健康診所

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A40061

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA

92173-2007  
Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A40480

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A49267

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A49307

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

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## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A56153*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM*

*FR 8:00AM-5:30PM*

*SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A63844*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A66885*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*


*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

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## B. 具備聯邦資質的健康診所

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A71304

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA

92173-2007  
Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A72235

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A77936

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A80832

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A84160*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM*

*FR 8:00AM-5:30PM*

*SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A93785*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A99433*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

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## B. 具備聯邦資質的健康診所

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: C42207

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA

92173-2007  
Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: C51110

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: DC33693

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: G51462

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

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## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: G59670*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM*

*FR 8:00AM-5:30PM*

*SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: G80107*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
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 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: G81461*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

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## B. 具備聯邦資質的健康診所

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: NP12112

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA

92173-2007  
Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: NP95003355

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: PA17162

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: PA20490

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

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## B. 具備聯邦資質的健康診所

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100  
Fax: 619-205-6305*

 *After Hours Phone:  
619-662-4100*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM*

*FR 8:00AM-5:30PM*

*SA 8:00AM-5:30PM*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100  
Fax: 619-205-6341*

 *After Hours Phone:  
619-662-4100*

*License Number: DPM2930*

*NPI: 1598122871*

*Accepting New Patients: Yes*


*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF*


*SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100  
Fax: 619-205-6341*

 *After Hours Phone:  
619-662-4100*

*License Number: 20A7241*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

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## B. 具備聯邦資質的健康診所

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

Fax: 619-205-6341

After Hours Phone:  
619-662-4100

License Number: A164201

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD

SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

Fax: 619-205-6341

After Hours Phone:  
619-662-4100

License Number: A55469

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

Fax: 619-205-6341

After Hours Phone:

619-662-4100

License Number: A78373

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 20A12555

NPI: 1598122871

Accepting New Patients: Yes


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM

TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 20A14222


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM

TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 20A14949


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM

TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 20A8516


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM


TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA






 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A111118  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM






American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411  
 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A112627  
NPI: 1598122871






Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411  
 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A113914  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM

WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**








Provider ID: 227411  
 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A138938  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。








## B. 具備聯邦資質的健康診所

**PROVIDER**  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**







Provider ID: 227411  
 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A157505  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**




Provider ID: 227411  
 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A169577  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411  
 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A175006  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411  
 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A178949  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。




## B. 具備聯邦資質的健康診所

 *Site English Spoken: Yes*  
*Cultural Competency: No*

 *Hours: SU 8:30AM-5:00PM*  
*MO 8:30AM-5:00PM*  
*TU 8:30AM-5:00PM*  
*WE 8:30AM-5:00PM*  
*TH 8:30AM-5:00PM*  
*FR 8:30AM-5:00PM*  
*SA 8:30AM-5:00PM*

*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

*Provider ID: 227411*

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*


*License Number: A47906*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

 *Hours: SU 8:30AM-5:00PM*  
*MO 8:30AM-5:00PM*  
*TU 8:30AM-5:00PM*  
*WE 8:30AM-5:00PM*  
*TH 8:30AM-5:00PM*  
*FR 8:30AM-5:00PM*

*SA 8:30AM-5:00PM*

*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

*Provider ID: 227411*

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*


 *After Hours Phone: 619-662-4100*

*License Number: A74960*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

 *Hours: SU 8:30AM-5:00PM*  
*MO 8:30AM-5:00PM*  
*TU 8:30AM-5:00PM*  
*WE 8:30AM-5:00PM*  
*TH 8:30AM-5:00PM*  
*FR 8:30AM-5:00PM*  
*SA 8:30AM-5:00PM*

*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

*Provider ID: 227411*

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*


 *After Hours Phone: 619-662-4100*

*License Number: A94813*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

 *Hours: SU 8:30AM-5:00PM*  
*MO 8:30AM-5:00PM*  
*TU 8:30AM-5:00PM*  
*WE 8:30AM-5:00PM*  
*TH 8:30AM-5:00PM*  
*FR 8:30AM-5:00PM*  
*SA 8:30AM-5:00PM*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*





### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

*Provider ID: 227411*




 4050 BEYER BLVD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所





SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: C149818  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411  
 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: C158543  
NPI: 1598122871







Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411  
 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: C160626  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM

WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**








Provider ID: 227411  
 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: G52183  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。








## B. 具備聯邦資質的健康診所

**PROVIDER**  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR







Provider ID: 227411  
 4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 Fax: 619-205-1948  
 After Hours Phone:  
 619-662-4100  
 License Number: A49307  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:00PM  
 MO 8:30AM-5:00PM  
 TU 8:30AM-5:00PM  
 WE 8:30AM-5:00PM  
 TH 8:30AM-5:00PM  
 FR 8:30AM-5:00PM  
 SA 8:30AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR


Provider ID: 227411  
 4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 Fax: 619-205-1948  
 After Hours Phone:  
 619-662-4100  
 License Number: A63844  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:00PM  
 MO 8:30AM-5:00PM  
 TU 8:30AM-5:00PM  
 WE 8:30AM-5:00PM  
 TH 8:30AM-5:00PM  
 FR 8:30AM-5:00PM  
 SA 8:30AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411  
 4050 BEYER BLVD  
 SAN YSIDRO, CA

92173-2007  
 Phone: 619-662-4100  
 Fax: 619-205-1948  
 After Hours Phone:  
 619-662-4100  
 License Number: A72721  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:00PM  
 MO 8:30AM-5:00PM  
 TU 8:30AM-5:00PM  
 WE 8:30AM-5:00PM  
 TH 8:30AM-5:00PM  
 FR 8:30AM-5:00PM  
 SA 8:30AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411  
 4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 Fax: 619-205-1948  
 After Hours Phone:  
 619-662-4100  
 License Number: A82187

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## B. 具備聯邦資質的健康診所

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM

American Sign Language (ASL): Website: www.ihpsocal.org

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

Fax: 619-205-1948

After Hours Phone:  
619-662-4100

License Number: G20087

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM

TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

Fax: 619-205-1948

After Hours Phone:  
619-662-4100

License Number: G51462

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

Fax: 619-205-6305

After Hours Phone:  
619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### SPRING VALLE

#### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: 20A15459

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM


WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

SA 9:00AM-5:00PM  
American Sign Language (ASL):  Website: [www.fhcsd.org](http://www.fhcsd.org)  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

License Number: A113001


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  Website: [www.fhcsd.org](http://www.fhcsd.org)  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN


DIEGO

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  Website: [www.fhcsd.org](http://www.fhcsd.org)  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD

SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555


License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM


American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

License Number: A148014

NPI: 1134155377

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: A149063

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: A169342

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: A55932

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None


Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

American Sign Language (ASL):  Website: [www.fhcsd.org](http://www.fhcsd.org)

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

License Number: A68463


NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  Website: [www.fhcsd.org](http://www.fhcsd.org)


N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

License Number: A76059

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL): 

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA

91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

License Number: G78814


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL): 

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

License Number: NP10943

NPI: 1134155377

Accepting New Patients: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM N

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL): Website: www.fhcsd.org

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: NP95013978

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM N

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL): Website: www.fhcsd.org

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: PA54588

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM N

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL): Website: www.fhcsd.org

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

Fax: 619-462-5584

After Hours Phone:  
619-515-2555

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM N

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

### SPRING VALLEY

#### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### VISTA

#### VCC DURIAN

Provider ID: 411518

105 DURIAN ST STE A  
VISTA, CA 92083-6206

Phone: 844-308-5003

Fax: 760-414-3892

After Hours Phone:

844-308-5003

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM



WE 8:30AM-5:00PM

TH 8:30AM-5:00PM






FR 8:30AM-5:00PM


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## B. 具備聯邦資質的健康診所



SA 8:30AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A



### VCC DURIAN

Provider ID: 411518  
 105 DURIAN ST STE A VISTA, CA 92083-6206  
 Phone: 844-308-5003  
Fax: 760-414-3892  
 After Hours Phone: 844-308-5003  
License Number: 1851300123  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A



**VCC DURIAN**  
Provider ID: 411518  
 105 DURIAN ST STE A VISTA, CA 92083-6206  
 Phone: 844-308-5003  
Fax: 760-414-3892  
 After Hours Phone: 844-308-5003  
License Number: 80000328  
NPI: 1598122871


Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A






### VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339  
 134 GRAPEVINE RD VISTA, CA 92083-4004  
 Phone: 760-631-5000  
 After Hours Phone: 760-631-5000  
License Number: DC32054

NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A

### VISTA COMMUNITY CLINIC GRAPEVINE






Provider ID: 400339  
 134 GRAPEVINE RD VISTA, CA 92083-4004  
 Phone: 760-631-5000  
 After Hours Phone: 760-631-5000  
License Number: NP7791  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A



### VISTA COMMUNITY CLINIC GRAPEVINE



Provider ID: 400339  
 134 GRAPEVINE RD  
VISTA, CA 92083-4004  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000  
License Number: PA20775  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA



 Website: N/A  
**VISTA COMMUNITY CLINIC  
GRAPEVINE**




Provider ID: 400339  
 134 GRAPEVINE RD  
VISTA, CA 92083-4004  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000  
License Number: RN410247  
NPI: 1598122871


Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A


### VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339  
 134 GRAPEVINE RD  
VISTA, CA 92083-4004  
 Phone: 760-631-5000  
Fax: 760-414-3892

 After Hours Phone:  
760-631-5000  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A

### VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339  
 135 GRAPEVINE RD  
VISTA, CA 92083-4004  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000  
License Number: A60517  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM

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## B. 具備聯邦資質的健康診所

TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

### VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

 136 GRAPEVINE RD  
VISTA, CA 92083-4004

 Phone: 760-631-5000

Fax: 760-414-3892

 After Hours Phone:  
760-631-5000

License Number: 80000328

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: Yes

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT

### PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-414-3892



 After Hours Phone:  
760-414-3892

License Number: DC31392


NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-414-3892



 After Hours Phone:  
760-414-3892

License Number: NP23217

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-414-3892

 After Hours Phone:  
760-414-3892

License Number: NP95003087

NPI: 1598122871

Accepting New Patients: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: 760-414-3892

Fax: 760-414-3892

After Hours Phone:  
760-414-3892

License Number: 20A9149

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone:  
760-631-5000

License Number: 20A13745

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone:  
760-631-5000

License Number: 20A18374

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA




Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

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## B. 具備聯邦資質的健康診所

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000

License Number: 20A7241

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):

N




 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000

License Number: 20A8949

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):

N




 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000

License Number: A125026

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM


SA 8:00AM-8:00PM

American Sign Language (ASL):

N




 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000

License Number: A173511

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## B. 具備聯邦資質的健康診所

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone:  
760-631-5000

License Number: A56214

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone:  
760-631-5000

License Number: A62780

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone:  
760-631-5000

License Number: A80635

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone:  
760-631-5000

License Number: C143703

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

WE 8:00AM-8:00PM  
 TH 8:00AM-8:00PM  
 FR 8:00AM-8:00PM  
 SA 8:00AM-8:00PM  
 American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone: 760-631-5000

License Number: C162072

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone: 760-631-5000

License Number: C171929

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone: 760-631-5000

License Number: C52564

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone: 760-631-5000

License Number: DC32054


NPI: 1598122871


Accepting New Patients: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## B. 具備聯邦資質的健康診所

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000


License Number: DPM3999

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000


License Number: G51286

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000


License Number: G79676

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA




 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000

License Number: G86902

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):

N




 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000

License Number: NP10896

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):

N




 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000

License Number: NP95003571

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM


SA 8:00AM-8:00PM

American Sign Language (ASL):

N




 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000

License Number: NP95009149

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone:  
760-631-5000

License Number: NP95009284

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone:  
760-631-5000

License Number: NP95016368

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone:  
760-631-5000

License Number: PA19629

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: 844-308-5003

After Hours Phone:  
844-308-5003

License Number: NP11448

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## B. 具備聯邦資質的健康診所

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*WE 8:00AM-8:00PM*

*TH 8:00AM-8:00PM*

*FR 8:00AM-8:00PM*

*SA 8:00AM-8:00PM*

*Medical Group/IPA: IHP OF*

*SOUTHERN CALIFORNIA*

 *Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF*


*SOUTHERN CALIFORNIA*


 *Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)*

### **VISTA COMMUNITY CLINIC**

*Provider ID: 206338*

 *1000 VALE TERRACE DR  
VISTA, CA 92084-5218*

 *Phone: 844-308-5003*

 *After Hours Phone:  
844-308-5003*

*License Number: PA20775*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish*

*Cultural Competency: No*

 *Hours: SU 8:00AM-8:00PM*

*MO 8:00AM-8:00PM*

*TU 8:00AM-8:00PM*

*WE 8:00AM-8:00PM*

*TH 8:00AM-8:00PM*

*FR 8:00AM-8:00PM*

*SA 8:00AM-8:00PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<b>ALPINE</b>		<b>CHIROPRACTOR</b>	
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		<b><u>CERTIFIED NURSE PRACTITIONER</u></b>	
<b>KAHL, NICHOLAS</b>		<b>TODD, MIKAYLA</b>	
Provider ID: 517802 Provider Gender: Male License Number: NP95006360 NPI: 1821306598 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No <input type="checkbox"/> 1620 ALPINE BLVD STE 110 ALPINE, CA 91901 <input type="checkbox"/> Phone: (619) 662-4100 <input type="checkbox"/> After Hours Phone: (619) 662-4100 <input type="checkbox"/> Website: www.mtnhealth.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER		ALPINE, CA 91901 <input type="checkbox"/> Phone: (619) 662-4100 <input type="checkbox"/> After Hours Phone: (619) 662-4100 <input type="checkbox"/> Website: www.mtnhealth.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER	
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		<b><u>CERTIFIED NURSE PRACTITIONER</u></b>	
<b>SANDERS, JESSICA</b>		<b>KELCHNER, MATTHEW</b>	
Provider ID: 517802 Provider Gender: Female License Number: NP23004 NPI: 1760765333 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No <input type="checkbox"/> 1620 ALPINE BLVD STE 110		Provider ID: 517802 Provider Gender: Male License Number: DC22733 NPI: 1174656755 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No <input type="checkbox"/> 1620 ALPINE BLVD STE 110	

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄


ALPINE, CA 91901  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **BAUTISTA, LUIS**

Provider ID: 517802

Provider Gender: Male

License Number: A97270

NPI: 1295712206

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:


COMMUNITY REGIONAL

MEDICAL CENTER-FRESNO,  
ST AGNES MEDICAL CENTER

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **DUBE, BIANCA**

Provider ID: 517802

Provider Gender: Female


License Number: C172036


NPI: 1740535152

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619) 662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **KAUFHOLD, ANNE**


Provider ID: 517802

Provider Gender: Female

License Number: A88893

NPI: 1164508073

 Provider English Spoken: Y


 Provider Language(s) Spoken: Arabic, Spanish  
Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **VAN HOLLEBEKE, RACHEL**

Provider ID: 517802

Provider Gender: Female

License Number: A177337

NPI: 1497217756

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL





Board Certified Specialty: No

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901







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## C. 初級保健名錄




 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER





### FAMILY PRACTICE

**WYLIE, BLAKE**  
 Provider ID: 517802  
 Provider Gender: Male  
 License Number: 20A11088  
 NPI: 1922314145  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS  
 Board Certified Specialty: No  
 1620 ALPINE BLVD STE 110 ALPINE, CA 91901  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT




### PROVIDER






#### FQHC

**SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE,**  
 Provider ID: 517802  
 NPI: 1770124315  
 Provider English Spoken: Y  
 Cultural Competency: N  
 1620 ALPINE BLVD STE 110 ALPINE, CA 91901  
 Phone: (619) 662-4100  
 Fax: (619) 320-3347

 After Hours Phone: (619) 662-4100  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### PEDIATRICS

**STENSMAN, LARS**  
 Provider ID: 595793  
 Provider Gender: Male  
 NPI: 1659638062  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Danish, French, Norwegian, Swedish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1620 ALPINE BLVD STE 110 ALPINE, CA 91901

 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### PEDIATRICS

**STENSMAN, LARS**  
 Provider ID: 517802  
 Provider Gender: Male  
 License Number: A158569  
 NPI: 1659638062  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Danish, French, Norwegian, Swedish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1620 ALPINE BLVD STE 110 ALPINE, CA 91901  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

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## C. 初級保健名錄

### PHYSICIANS ASSISTANT

#### BAISLEY, SHAWN

Provider ID: 517802

Provider Gender: Male

License Number: PA52347

NPI: 1376936120

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### SHARPE, NORMA

Provider ID: 517802

Provider Gender: Female

License Number: PA20490

NPI: 1619100237

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)

662-4100

Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### BORREGO SPRINGS

#### DERMATOLOGY

#### GREENWAY, HUBERT

Provider ID: 185179

Provider Gender: Male

License Number: C39104

NPI: 1366419004

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL

Board Certified Specialty: No

4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

Phone: (760) 767-5051

After Hours Phone: (760)  
767-5051

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### DERMATOLOGY

#### ZELAC, DANIEL

Provider ID: 185179

Provider Gender: Male

License Number: G85319

NPI: 1891709903

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS GREEN

HOSPITAL

Board Certified Specialty: No

4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

Phone: (760) 767-5051

Fax: (760) 767-4552

After Hours Phone: (760)  
767-5051

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### GHAFFARI, DAUOD

Provider ID: 185179

Provider Gender: Male

License Number: A98486

NPI: 1053417691

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Spanish

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## C. 初級保健名錄

*Cultural Competency: N*

*Board Certified Specialty: No*

4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

Phone: (760) 767-5051

After Hours Phone: (760)  
767-5051

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### FQHC

**BORREGO MEDICAL CLINIC,**

*Provider ID: 185179*

*NPI: 1134144165*

Provider English Spoken: Y

*Cultural Competency: N*

4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

Phone: (760) 767-5051

Fax: (760) 767-4552

After Hours Phone: (760)  
767-5051

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### CAMPO

#### CERTIFIED NURSE PRACTITIONER

**LIEBER, CAROL**

*Provider ID: 519686*

*Provider Gender: Female*

*License Number: NP20849*

*NPI: 1487889846*

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

*Cultural Competency: N*

*Board Certified Specialty: No*

1388 BUCKMAN SPRINGS  
RD  
CAMPO, CA 91906

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### CERTIFIED NURSE PRACTITIONER

**LIEBER, CAROL**

*Provider ID: 631054*

*Provider Gender: Female*

*NPI: 1487889846*

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

*Cultural Competency: N*

*Board Certified Specialty: No*

1388 BUCKMAN SPRINGS  
RD  
CAMPO, CA 91906

Phone: (619) 662-4100

Fax: (619) 662-4196

After Hours Phone: (619)  
662-4100

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### FAMILY PRACTICE

**BAUM, PETER**

*Provider ID: 519686*

*Provider Gender: Male*

*License Number: 20A14949*

*NPI: 1174919971*

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

*Cultural Competency: N*

*Board Certified Specialty: No*

1388 BUCKMAN SPRINGS  
RD  
CAMPO, CA 91906

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

American Sign Language (ASL): NPI: 1710147566

N

 Accessibility: CONTACT PROVIDER


### **FAMILY PRACTICE**

#### **BAUM, PETER**

Provider ID: 549082

Provider Gender: Male

NPI: 1174919971

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 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): NPI: 1164508073

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 10AM-4PM  
M-F 8:30AM-5:30PM  
SA 8AM-2:30PM


### **FAMILY PRACTICE**

#### **CORONADO, MYRNA**

Provider ID: 519686

Provider Gender: Female

License Number: A112627

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **KAUFHOLD, ANNE**


Provider ID: 519686

Provider Gender: Female

License Number: A88893

NPI: 1164508073

 Provider English Spoken: Y

 Provider Language(s) Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

 1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

 Phone: (619) 445-6200

 After Hours Phone: (619) 445-6200

 Website: www.syhealth.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **MCINTYRE, RYAN**

Provider ID: 519686

Provider Gender: Male

License Number: A133029

NPI: 1164776555

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL,


GROSSMONT HOSPITAL

Board Certified Specialty: No

 1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

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## C. 初級保健名錄

<p><b>FAMILY PRACTICE</b></p> <p><b>ORTIZ, KENNETH</b>            Provider ID: 519686            Provider Gender: Male            License Number: A156607            NPI: 1356761571</p> <p><input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation:            GROSSMONT HOSPITAL,            SCRIPPS MEMORIAL            HOSPITAL</p> <p>Board Certified Specialty: No</p> <p><input type="checkbox"/> 1388 BUCKMAN SPRINGS RD            CAMPO, CA 91906</p> <p><input type="checkbox"/> Phone: (619) 662-4100  <input type="checkbox"/> After Hours Phone: (619) 662-4100</p> <p><input type="checkbox"/> Website: www.syhealth.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p>	<p>Cultural Competency: N            Board Certified Specialty: No</p> <p><input type="checkbox"/> 1388 BUCKMAN SPRINGS RD            CAMPO, CA 91906</p> <p><input type="checkbox"/> Phone: (619) 662-4100  <input type="checkbox"/> After Hours Phone: (619) 662-4100</p> <p><input type="checkbox"/> Website: www.syhealth.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p>	<p><input type="checkbox"/> Accessibility: CONTACT PROVIDER  <input type="checkbox"/> Hours: M-F 8AM-5PM</p>
<p><b>FAMILY PRACTICE</b></p> <p><b>ROGERS, MATTHEW</b>            Provider ID: 519686            Provider Gender: Male            License Number: 20A18400            NPI: 1639606130</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>ROGERS, MATTHEW</b>            Provider ID: 530207            Provider Gender: Male            NPI: 1639606130</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No</p> <p><input type="checkbox"/> 1388 BUCKMAN SPRINGS RD            CAMPO, CA 91906</p> <p><input type="checkbox"/> Phone: (619) 662-4100            Fax: (619) 824-9071</p> <p><input type="checkbox"/> After Hours Phone: (619) 662-4100</p> <p><input type="checkbox"/> Website: N/A            Medi-Cal Open Panel: Yes            Min/Max Age: 0\19            American Sign Language (ASL):            N</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>SAIDRO, LUZVIMINDA</b>            Provider ID: 519686            Provider Gender: Female            License Number: A93746            NPI: 1750364386</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: UC DAVIS MEDICAL CTR</p> <p>Board Certified Specialty: No</p> <p><input type="checkbox"/> 1388 BUCKMAN SPRINGS RD            CAMPO, CA 91906</p> <p><input type="checkbox"/> Phone: (619) 662-4100  <input type="checkbox"/> After Hours Phone: (619) 662-4100</p> <p><input type="checkbox"/> Website: www.syhealth.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER  <input type="checkbox"/> Hours: M-F 8AM-5PM</p>
		<p><b>FQHC</b></p> <p><b>SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE,</b>            Provider ID: 519686</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

NPI: 1174164719

 Provider English Spoken: Y  
Cultural Competency: N

 1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

 Phone: (619) 662-4100

Fax: (619) 478-9164

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### INTERNAL MEDICINE


#### **IBANEZ, SIR CEDRIC**


Provider ID: 519686

Provider Gender: Male

License Number: A112484

NPI: 1841496452

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Tagalog


Cultural Competency: N


Hospital Affiliation: NATIVIDAD MEDICAL CENTER

Board Certified Specialty: No

 1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT


#### **SHARPE, NORMA**

Provider ID: 519686

Provider Gender: Female

License Number: PA20490

NPI: 1619100237


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **CARLSBAD**

#### CERTIFIED NURSE

#### PRACTITIONER

#### **YOUNG, JENNIFER**

Provider ID: 480120

Provider Gender: Female

License Number: NP95003087


NPI: 1558701094


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1295 CARLSBAD VILLAGE DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767

 After Hours Phone: (760) 736-6767

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-2PM

### CERTIFIED NURSE

#### PRACTITIONER

#### **YOUNG, JENNIFER**

Provider ID: 480120

Provider Gender: Female

License Number: NP95003087

NPI: 1558701094


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 1295 CARLSBAD VILLAGE DR STE 100




CARLSBAD, CA 92008

 Phone: (760) 736-6767

 After Hours Phone: (760) 736-6767




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## C. 初級保健名錄


 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-2PM



### **FQHC**

#### **TRUECARE,**

Provider ID: 480120  
 NPI: 1245246917  
 Provider English Spoken: Y  
 Cultural Competency: N  
 1295 CARLSBAD VILLAGE  
 DR STE 100  
 CARLSBAD, CA 92008  
 Phone: (760) 736-6767  
 Fax: (760) 720-7204

 After Hours Phone: (760)  
 736-6767



 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-2PM



### **INTERNAL MEDICINE**


#### **PONIACHIK, SAMUEL**


Provider ID: 480120  
 Provider Gender: Male  
 License Number: G74757



NPI: 1467485078  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No

 1295 CARLSBAD VILLAGE  
 DR STE 100  
 CARLSBAD, CA 92008  
 Phone: (760) 736-6767

 After Hours Phone: (760)  
 736-6767



 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-2PM



### **INTERNAL MEDICINE**

#### **PONIACHIK, SAMUEL**

Provider ID: 480120  
 Provider Gender: Male  
 License Number: G74757  
 NPI: 1467485078


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No


 1295 CARLSBAD VILLAGE  
 DR STE 100  
 CARLSBAD, CA 92008  
 Phone: (760) 736-6767

 After Hours Phone: (760)

736-6767

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N



 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 SA 8AM-2PM

### **OBSTETRICS / GYNECOLOGY**




#### **POUNTNEY, MARLENE**


Provider ID: 480120  
 Provider Gender: Female  
 License Number: A93248  
 NPI: 1174703680

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: TRI CITY  
 MEDICAL CTR, PALOMAR  
 MEDICAL CENTER

Board Certified Specialty: No

 1295 CARLSBAD VILLAGE  
 DR STE 100  
 CARLSBAD, CA 92008  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

**PROVIDER**  
Hours: M-F 8AM-5PM  
SA 8AM-2PM

### **OBSTETRICS / GYNECOLOGY**

#### **POUNTNEY, MARLENE**

Provider ID: 480120

Provider Gender: Female

License Number: A93248

NPI: 1174703680

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

1295 CARLSBAD VILLAGE  
DR STE 100  
CARLSBAD, CA 92008

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-2PM

### **PEDIATRICS**

#### **BURGAMY, ELIZABETH**

Provider ID: 326275

Provider Gender: Female

NPI: 1164609558

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No

3257 CAMINO DE LOS  
COCHES STE 202  
CARLSBAD, CA 92009

Phone: (760) 633-3640

Fax: (760) 633-3644

After Hours Phone: (760)  
633-3640

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### **PEDIATRICS**

#### **IYENGAR, RADHA**

Provider ID: 480120

Provider Gender: Female

License Number: A49273

NPI: 1265448112

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Spanish,  
Tagalog, Tamil

Cultural Competency: N

Board Certified Specialty: No

1295 CARLSBAD VILLAGE  
DR STE 100  
CARLSBAD, CA 92008

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-2PM

### **PEDIATRICS**

#### **IYENGAR, RADHA**

Provider ID: 480120

Provider Gender: Female

License Number: A49273

NPI: 1265448112

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Spanish,  
Tagalog, Tamil

Cultural Competency: N

Board Certified Specialty: No

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## C. 初級保健名錄

American Sign Language (ASL): **O'CONNOR, ERICA**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-2PM

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### **PEDIATRICS**

---

**MUTH, NATALIE**

Provider ID: 328451

Provider Gender: Female

NPI: 1497982888

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL


ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL


Board Certified Specialty: No

 3257 CAMINO DE LOS  
COCHES STE 202

CARLSBAD, CA 92009

 Phone: (760) 633-3640

Fax: (760) 633-3644

 After Hours Phone: (760)  
633-3640


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

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### **PEDIATRICS**

---

Provider ID: 651599

Provider Gender: Female


NPI: 1134782725

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3257 CAMINO DE LOS  
COCHES STE 202

CARLSBAD, CA 92009

 Phone: (760) 633-3640

Fax: (760) 633-3644

 After Hours Phone: (760)  
633-3640

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

---

### **PEDIATRICS**

---

**TANAKA, MARY**

Provider ID: 465387

Provider Gender: Female

NPI: 1295962686

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Thai

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, RADY


CHILDRENS HOSPITAL SAN  
DIEGO

DIEGO


Board Certified Specialty: No

 3257 CAMINO DE LOS  
COCHES STE 202

CARLSBAD, CA 92009

 Phone: (760) 633-3640

Fax: (760) 633-3644

 After Hours Phone: (760)  
633-3640

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

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### **PHYSICIANS ASSISTANT**

---

**CHISWICK, GARY**

Provider ID: 480120

Provider Gender: Male

License Number: PA22667


NPI: 1174964001

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

 1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767

Fax: (760) 720-7204

 After Hours Phone: (760)  
736-6767

 Website: N/A




























Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM SA 8AM-2PM</p>	<p>Provider Gender: Female</p> <p>License Number: PA53036</p> <p>NPI: 1922471192</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p> 1295 CARLSBAD VILLAGE DR STE 100 CARLSBAD, CA 92008</p> <p> Phone: (760) 736-6767</p> <p> After Hours Phone: (760) 736-6767</p> <p> Website: N/A</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p>	<p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM SA 8AM-2PM</p>
<hr/> <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>CHISWICK, GARY</b></p> <p>Provider ID: 480120</p> <p>Provider Gender: Male</p> <p>License Number: PA22667</p> <p>NPI: 1174964001</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: GROSSMONT HOSPITAL</p> <p>Board Certified Specialty: No</p> <p> 1295 CARLSBAD VILLAGE DR STE 100 CARLSBAD, CA 92008</p> <p> Phone: (760) 736-6767</p> <p>Fax: (760) 720-7204</p> <p> After Hours Phone: (760) 736-6767</p> <p> Website: N/A</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p>	<p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM SA 8AM-2PM</p>	
<hr/> <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>RUSSO, KRISTA</b></p> <p>Provider ID: 480120</p> <p>Provider Gender: Female</p> <p>License Number: PA53036</p> <p>NPI: 1922471192</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p> 1295 CARLSBAD VILLAGE DR STE 100 CARLSBAD, CA 92008</p> <p> Phone: (760) 736-6767</p> <p> After Hours Phone: (760) 736-6767</p> <p> Website: N/A</p>		
<hr/> <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>RUSSO, KRISTA</b></p> <p>Provider ID: 480120</p>		
		<hr/> <p><b>CHULA VISTA</b></p> <hr/> <p><b>CERTIFIED NURSE PRACTITIONER</b></p> <hr/> <p><b>CHAPIN, DENISE</b></p> <p>Provider ID: 206355</p> <p>Provider Gender: Female</p> <p>License Number: NP23687</p> <p>NPI: 1952737033</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p> 251 LANDIS AVE CHULA VISTA, CA 91910</p> <p> Phone: (619) 515-2500</p> <p> After Hours Phone: (619) 515-2500</p> <p> Website: www.fhcsd.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p>
		<p> Accessibility: CONTACT PROVIDER</p>
		<hr/> <p><b>CERTIFIED NURSE PRACTITIONER</b></p> <hr/> <p><b>FERNANDEZ LEYVA, JUAN</b></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Provider ID: 206355  
 Provider Gender: Male  
 License Number: NP95001964  
 NPI: 1194115568

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
 515-2500

Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **IBARRA, MARTHA**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: NP12112  
 NPI: 1114957289

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA

Board Certified Specialty: No

678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100

Website: www.syhealth.org  
 /clinics/chula- vista- medic  
 al- plaza

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **LEONARD, BEVERLY**

Provider ID: 206355  
 Provider Gender: Female  
 License Number: NP10943  
 NPI: 1285772392

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
 515-2500

Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **OWEN, MICHAEL**

Provider ID: 206355  
 Provider Gender: Female  
 License Number: NP95001492  
 NPI: 1073869145

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
 515-2500

Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **QUILALANG, SUSAN**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: NP5579  
 NPI: 1841200482

Provider English Spoken: Y  
 Cultural Competency: N

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 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供  
 者目錄中的資訊可能會更改。

## C. 初級保健名錄

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **QUILALANG, SUSAN**

Provider ID: 427322

Provider Gender: Female

License Number: RN371480

NPI: 1841200482

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **ROSS, CRYSTAL**

Provider ID: 427322

Provider Gender: Female

License Number: NP95015413

NPI: 1548683378

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, GROSSMONT

HOSPITAL

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **SICKLES, MAGGIE**

Provider ID: 427322

Provider Gender: Female

License Number: NP22000

NPI: 1821346826

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **VEGA, TERESA**

Provider ID: 206355

Provider Gender: Female

License Number: NP95001705

NPI: 1912304569

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No


251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

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## C. 初級保健名錄

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

---

### **CERTIFIED NURSE PRACTITIONER**

---

#### **WILLIAMS, TAKISHA**

Provider ID: 206355

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**

---

#### **BOSTON, LAURA**

Provider ID: 206355

Provider Gender: Female

License Number: NM792

NPI: 1174553259


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**

---

#### **MARTINEZ, NANCY**

Provider ID: 427322

Provider Gender: Female

License Number: NM1539

NPI: 1578576070

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### **CHIROPRACTOR**

---

#### **HASHEM, SHIVA**

Provider ID: 206355

Provider Gender: Female

License Number: DC26269


NPI: 1952950776


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<b>CHIROPRACTOR</b>		<b>ENDOCRINOLOGY METABOLISM DIABETES</b>	
<b>KAZEM, HARON</b> Provider ID: 427322 Provider Gender: Male License Number: DC33295 NPI: 1306221262 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Farsi, Spanish Cultural Competency: N Board Certified Specialty: No <input type="checkbox"/> 678 3RD AVE CHULA VISTA, CA 91910 <input type="checkbox"/> Phone: (619) 662-4100 <input type="checkbox"/> After Hours Phone: (619) 662-4100 <input type="checkbox"/> Website: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> Hours: M-F 8AM-5PM	CHULA VISTA, CA 91910 <input type="checkbox"/> Phone: (619) 662-4100 <input type="checkbox"/> After Hours Phone: (619) 662-4100 <input type="checkbox"/> Website: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER	<b>CARRILLO, MARITZA</b> Provider ID: 427322 Provider Gender: Female License Number: A163183 NPI: 1649628587 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL Board Certified Specialty: No <input type="checkbox"/> 678 3RD AVE CHULA VISTA, CA 91910 <input type="checkbox"/> Phone: (619) 662-4100 <input type="checkbox"/> After Hours Phone: (619) 662-4100 <input type="checkbox"/> Website: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> Hours: M-F 8AM-5PM	<b>CHIROPRACTOR</b> <b>REYNOSO, ALFONSO</b> Provider ID: 427322 Provider Gender: Male License Number: DC20760 NPI: 1285921627 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No <input type="checkbox"/> 678 3RD AVE CHULA VISTA, CA 91910 <input type="checkbox"/> Phone: (619) 662-4100 <input type="checkbox"/> After Hours Phone: (619) 662-4100 <input type="checkbox"/> Website: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="checkbox"/> Hours: M-F 8AM-5PM
<b>CHIROPRACTOR</b>		<b>ENDOCRINOLOGY METABOLISM DIABETES</b>	
<b>PLANTE, CHARLES</b> Provider ID: 427322 Provider Gender: Male License Number: DC31963 NPI: 1760464960 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No <input type="checkbox"/> 678 3RD AVE	CHULA VISTA, CA 91910 <input type="checkbox"/> Phone: (619) 662-4100 <input type="checkbox"/> After Hours Phone: (619) 662-4100 <input type="checkbox"/> Website: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a> Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER	<b>CRUZ, MICHAEL</b> Provider ID: 427322 Provider Gender: Male License Number: A138772 NPI: 1265851133 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s)	

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 /clinics/chula- vista- medic  
 al- plaza  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### **ENDOCRINOLOGY**

#### **METABOLISM DIABETES**

**VINCENT, LAUREN**  
 Provider ID: 427322  
 Provider Gender: Female  
 License Number: A134303  
 NPI: 1053757997  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 /clinics/chula- vista- medic  
 al- plaza

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### **FAMILY PRACTICE**

**ALANIZ, MATEO**  
 Provider ID: 427322  
 Provider Gender: Male  
 License Number: A124388  
 NPI: 1700175577  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA

Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 /clinics/chula- vista- medic  
 al- plaza  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### **FAMILY PRACTICE**

**AMANAT, SOROOSH**  
 Provider ID: 427322  
 Provider Gender: Male  
 License Number: A153022  
 NPI: 1003279621  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 /clinics/chula- vista- medic  
 al- plaza  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-5:30PM  
 SA 8AM-2:30PM


### **FAMILY PRACTICE**


**ARCE GOMEZ, LAURA**  
 Provider ID: 427322  
 Provider Gender: Female  
 License Number: A123604

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供  
 者目錄中的資訊可能會更改。

## C. 初級保健名錄

NPI: 1053532986


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog


Cultural Competency: N


Hospital Affiliation: CHULA  
VISTA COMM HOSP


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

---

### **FAMILY PRACTICE**


#### **CAMPOS, MELISSA**

Provider ID: 427322

Provider Gender: Female

License Number: A138474


NPI: 1427475318

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

### **FAMILY PRACTICE**


#### **DY, DIANE**

Provider ID: 206355

Provider Gender: Female

License Number: A153344

NPI: 1467807560


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

### **FAMILY PRACTICE**


#### **ELSAYED, MOHAMMED**

Provider ID: 19561

Provider Gender: Male

NPI: 1821033424

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, German,  
Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL,


PARADISE VALLEY HOSPITAL,

SCRIPPS MERCY HOSPITAL


Board Certified Specialty: No

 330 OXFORD ST STE 106

CHULA VISTA, CA 91911

 Phone: (619) 409-1802

Fax: (619) 409-1831

 After Hours Phone: (619)  
409-1802


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 9AM-5PM  
F 8AM-4PM

---

### **FAMILY PRACTICE**

#### **ELSAYED, MOHAMMED**

Provider ID: 19561

Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

NPI: 1821033424

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, German,  
Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL,

PARADISE VALLEY HOSPITAL,

SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

330 OXFORD ST STE 106

CHULA VISTA, CA 91911

Phone: (619) 409-1802

Fax: (619) 409-1831

After Hours Phone: (619)  
409-1802

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 9AM-5PM  
F 8AM-4PM

### **FAMILY PRACTICE**

#### **GARCIA, KARLA**

Provider ID: 427322

Provider Gender: Female

License Number: A120672

NPI: 1154647410

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MEMORIAL

HOSPITAL

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **HUBLEY, PAUL**

Provider ID: 206355

Provider Gender: Male

License Number: A73172

NPI: 1568496974

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

251 LANDIS AVE

CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **JIMENEZ, KRISTAL**

Provider ID: 427322

Provider Gender: Female

License Number: A159831

NPI: 1922531250

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


### LACH, REBECCA

Provider ID: 427322

Provider Gender: Female

License Number: A177922


NPI: 1679137780

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

#### **FAMILY PRACTICE**


### LAW, KAREN

Provider ID: 427322

Provider Gender: Female

License Number: A138534

NPI: 1205253150

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: CHULA


VISTA COMM HOSP


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**


### MCKENNETT, MARIANNE

Provider ID: 427322

Provider Gender: Female

License Number: G57243

NPI: 1376639666

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY


HOSPITAL

Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

[/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**

### MENON, POOJA

Provider ID: 427322

Provider Gender: Female


License Number: A123263

NPI: 1053600064


 Provider English Spoken: Y


Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**

### MERRILL, SARAH

Provider ID: 427322

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

License Number: A123492

NPI: 1225399512

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **MOYA, MARY**

Provider ID: 427322

Provider Gender: Female

License Number: A80185

NPI: 1093844417

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **NGUYEN, CARIE**

Provider ID: 427322

Provider Gender: Female

License Number: A106103

NPI: 1174781132


Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)


/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **NGUYEN, LINH**

Provider ID: 417641

Provider Gender: Female

License Number: A144995

NPI: 1619357993

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL

Board Certified Specialty: No

 352 L ST

CHULA VISTA, CA 91911

 Phone: (619) 515-2325

 After Hours Phone: (619)  
515-2325

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **PALOMINO, MARY**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Provider ID: 427322  
 Provider Gender: Female  
 License Number: A115699  
 NPI: 1770718975  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

**PEDROTTY, JOHN**  
 Provider ID: 427322  
 Provider Gender: Male  
 License Number: G80234  
 NPI: 1992861629  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### **FAMILY PRACTICE**

**PEREZ, PERLITA**  
 Provider ID: 206355  
 Provider Gender: Female  
 License Number: A119689  
 NPI: 1174810972  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
 515-2500  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### **FAMILY PRACTICE**

**PIEROS, JANELLE**  
 Provider ID: 427322  
 Provider Gender: Female  
 License Number: 20A13225  
 NPI: 1386935914  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Faroese, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### **PINA, RAQUEL**

Provider ID: 206355

Provider Gender: Female

License Number: A177698

NPI: 1255893368


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

### **PISINGER, PATRICIA**

Provider ID: 427322

Provider Gender: Female

License Number: A69264

NPI: 1861428302

Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY


HOSPITAL


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

### **ROSENBLATT, EUGENE**

Provider ID: 427322

Provider Gender: Male

License Number: 20A9060


NPI: 1427123991


Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

### **SERPAS, SHAILA**

Provider ID: 427322

Provider Gender: Female

License Number: G74728

NPI: 1124039136

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY


HOSPITAL, SHARP CHULA


VISTA MED CTR, SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

### **SHAHTAJI, ALAN**

Provider ID: 427322


Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

License Number: 20A11087

NPI: 1972751089

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **SWARTZ, JOHN**

Provider ID: 427322

Provider Gender: Male

License Number: G72486

NPI: 1396754131

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY

HOSPITAL, LOS ANGELES


COUNTY HARBOR UCLA


MEDICAL CENTER


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100


 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**


#### **TALAVERA, GREGORY**

Provider ID: 427322

Provider Gender: Male

License Number: A40061


NPI: 1740337161

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **TEE, ALEXANDRA**

Provider ID: 427322

Provider Gender: Female

License Number: A164392

NPI: 1881198406

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL, UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<p><b>FAMILY PRACTICE</b></p> <p><b>TOLEDO-NADER, CAROLL</b>            Provider ID: 427322            Provider Gender: Male            License Number: A41486            NPI: 1427126648</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL            Board Certified Specialty: No</p> <p> 678 3RD AVE            CHULA VISTA, CA 91910   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA            Board Certified Specialty: No</p> <p> 678 3RD AVE            CHULA VISTA, CA 91910   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p>CHULA VISTA, CA 91910   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
<p><b>FAMILY PRACTICE</b></p> <p><b>TREJO, RAUL</b>            Provider ID: 427322            Provider Gender: Male            License Number: A77936            NPI: 1174534184</p> <p> Provider English Spoken: Y</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>VELASQUEZ, SHARON</b>            Provider ID: 427322            Provider Gender: Female            License Number: A71304            NPI: 1972732584</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA            Board Certified Specialty: No</p> <p> 678 3RD AVE</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>WHITLEY, NICHOLAS</b>            Provider ID: 427322            Provider Gender: Male            License Number: A118250            NPI: 1629394721</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA            Board Certified Specialty: No</p> <p> 678 3RD AVE            CHULA VISTA, CA 91910   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

American Sign Language (ASL): NPI: 1346480837

N

 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### YOON, RYAN

Provider ID: 427322

Provider Gender: Male

License Number: A114600



NPI: 1942435144


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


### FQHC

#### CHULA VISTA FAMILY HLTH CTR,


Provider ID: 206355

 Provider English Spoken: Y  
Cultural Competency: N

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500  
Fax: (619) 397-1161

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


### FQHC


#### CHULA VISTA PEDIATRICS,

Provider ID: 482034

NPI: 1326486861

 Provider English Spoken: Y  
Cultural Competency: N

 855 3RD AVE STE 2200  
CHULA VISTA, CA 91911

 Phone: (619) 662-4100  
Fax: (619) 662-4196

 After Hours Phone: (619)  
662-4100


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-4PM

### FQHC


#### FAMILY HLTH CTR SAN DIEGO-RICE FAM HC,

Provider ID: 417641


NPI: 1083959464

 Provider English Spoken: Y  
Cultural Competency: N

 352 L ST  
CHULA VISTA, CA 91911

 Phone: (619) 515-2325  
Fax: (619) 420-0660


 After Hours Phone: (619)  
515-2325

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### FQHC


#### SAN YSIDRO HEALTH CHULA VISTA,

Provider ID: 427322


NPI: 1326486861

 Provider English Spoken: Y  
Cultural Competency: N

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100  
Fax: (619) 425-6941

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

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## C. 初級保健名錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1295362242

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4PM

### **GENERAL DENTISTRY**

#### **PHAM, QUYNH**

Provider ID: 427322

Provider Gender: Female


License Number: DDS102880


NPI: 1366917353


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1932558301

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **GENERAL PRACTICE**


#### **SAMI, REMAN**

Provider ID: 427322

Provider Gender: Female

License Number: 20A19457

NPI: 1295362242


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### **HEMATOLOGY / ONCOLOGY**


#### **QUIROZ, ELISA**


Provider ID: 427322

Provider Gender: Female

License Number: A162816

NPI: 1932558301

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


GREEN HOSPITAL, SCRIPPS


MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **INTERNAL MEDICINE**

#### **CHEN, TSUH YIN**


Provider ID: 427322

Provider Gender: Female

License Number: C55563

NPI: 1093803520

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Portuguese,  
Spanish


Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No



 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER



### INTERNAL MEDICINE

#### DALHOUMI, SARAH

Provider ID: 427322  
Provider Gender: Female  
License Number: A121861  
NPI: 1033435383  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### HAMMETT, ERIN







Provider ID: 427322  
Provider Gender: Female  
License Number: 20A14025  
NPI: 1467884098  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SANTA BARBARA COTTAGE HOSP, GOLETA VALLEY COTTAGE HOSP  
Board Certified Specialty: No  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### INTERNAL MEDICINE

#### KAKAIYA, ROSHNI



Provider ID: 427322  
Provider Gender: Female  
License Number: 20A19485

NPI: 1073179529

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM


### INTERNAL MEDICINE



#### UWEDJOJEVWE, LETICIA

Provider ID: 380242  
Provider Gender: Female  
NPI: 1891882221  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
Board Certified Specialty: No  
 340 4TH AVE STE 10  
CHULA VISTA, CA 91910

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

 Phone: (619) 934-2215  
Fax: (619) 500-5955  
 After Hours Phone: (619)  
934-2215  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH 8AM-5PM  
F 8AM-4PM


### INTERNAL MEDICINE

#### **VELAZQUEZ CAMARENA, MARIA**

Provider ID: 427322  
Provider Gender: Female  
License Number: A56153  
NPI: 1518965714  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER



### INTERNAL MEDICINE

#### **WEN, AKI YEN CHANG**

Provider ID: 427322  
Provider Gender: Male  
License Number: 20A12555  
NPI: 1205126505  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

### OBSTETRICS / GYNECOLOGY

#### **ALIMONOS, LYSISTRATI**



Provider ID: 206355  
Provider Gender: Female  
License Number: 20A14919  
NPI: 1619397031

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No  
 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
515-2500  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:30AM-5:30PM

### OBSTETRICS / GYNECOLOGY

#### **BUECHNER, CHARLENE**

Provider ID: 206355  
Provider Gender: Female  
License Number: A68463  
NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS

Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**CARTER, KHALIL**

Provider ID: 206355

Provider Gender: Male

License Number: A113001

NPI: 1225231582

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI

CITY MEDICAL CTR

Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

**CERVANTES, SANDRA**

Provider ID: 206355

Provider Gender: Female

License Number: A118095

NPI: 1073701041

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

Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F  
8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

**CHAKRABARTI, PRIYA**

Provider ID: 206355

Provider Gender: Female

License Number: A163464

NPI: 1326531401

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**DE MIK, TRAVIS**

Provider ID: 206355







Provider Gender: Male

License Number: A108228

NPI: 1629277322


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**



#### **DORUELO, ASHLEY**

*Provider ID: 206355*  
*Provider Gender: Female*  
*License Number: A178499*  
*NPI: 1033613732*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital*  
*Board Certified Specialty: No*  
 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **FOLCH TORRES-AGUIAR, BEATRIZ**



*Provider ID: 206355*  
*Provider Gender: Female*  
*License Number: A148014*  
*NPI: 1457794752*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish, Yue Chinese*






*Cultural Competency: N*  
*Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital, SCRIPPS MERCY HOSPITAL CHULA VISTA*  
*Board Certified Specialty: No*  
 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F*

*8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**



#### **HANLEY, LAUREN**

*Provider ID: 206355*  
*Provider Gender: Female*  
*License Number: C174771*  
*NPI: 1053392035*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital*  
*Board Certified Specialty: No*

 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**



*Provider ID: 206355*  
*Provider Gender: Female*  
*License Number: A72005*  
*NPI: 1649208711*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄



*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*CORONADO HOSP AND*  
*HEALTHCARE CTR, SCRIPPS*  
*MERCY HOSPITAL,*  
*GROSSMONT HOSPITAL*  
*Board Certified Specialty: No*







 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**



*Provider ID: 206355*  
*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 Specialty: No*  
 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**






#### **MELLENDEZ BERRIOS, IARA DEL**

*Provider ID: 206355*  
*Provider Gender: Female*  
*License Number: A114181*  
*NPI: 1740514249*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MERCY HOSPITAL,*  
*GROSSMONT HOSPITAL*  
*Board Certified Specialty: No*  
 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*  
 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**

#### **MENDEZ, DIEGO**

*Provider ID: 427322*  
*Provider Gender: Male*  
*License Number: A47906*  
*NPI: 1437181922*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: MERCY*  
*GENERAL HOSPITAL, SCRIPPS*  
*MERCY HOSPITAL CHULA*  
*VISTA, BAKERSFIELD*  
*MEMORIAL HOSP, SHARP*  
*MEMORIAL HOSPITAL,*  
*Adventist Health Bakersfield,*  
*SCRIPPS MERCY HOSPITAL,*  
*SCRIPPS MEMORIAL*  
*HOSPITAL, SCRIPPS*  
*MEMORIAL HOSPITAL, KERN*  
*MEDICAL CENTER*  
*Board Certified Specialty: No*  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

662-4100  
Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY** **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206355

Provider Gender: Male

License Number: A154298

NPI: 1710316450

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  
Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

Provider ID: 206355

Provider Gender: Female

License Number: A164859

NPI: 1952751711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **SEFA-BOAKYE, KOFI**

Provider ID: 427322

Provider Gender: Male

License Number: G59670

NPI: 1902993660

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **SHORT, ABI ADE**

Provider ID: 427322

Provider Gender: Male

License Number: A114893

NPI: 1750559589

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: PARADISE



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

VALLEY HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100




 Website: [www.syhealth.org/clinics/chula-vista-medic-al-plaza](http://www.syhealth.org/clinics/chula-vista-medic-al-plaza)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM



### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 206355  
Provider Gender: Female  
License Number: 20A13958  
NPI: 1932269198  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital  
Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)



515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER


### **OBSTETRICS / GYNECOLOGY**

#### **TRUJILLO, JENNIFER**

Provider ID: 427322  
Provider Gender: Female  
License Number: 20A8204  
NPI: 1053407593

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR

Board Certified Specialty: No  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medic-al-plaza](http://www.syhealth.org/clinics/chula-vista-medic-al-plaza)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N



 Accessibility: CONTACT

PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **WINESBURG, JENNIFER**



Provider ID: 206355  
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 Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**








#### **ZIEG, ALAN**

Provider ID: 206355

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。





## C. 初級保健名錄

*Provider Gender: Male*  
*License Number: G78814*  
*NPI: 1699790634*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation:*  
*GROSSMONT HOSPITAL,*  
*SCRIPPS MERCY HOSPITAL,*  
*SHARP CORONADO HOSP*  
*AND HEALTHCARE CTR,*  
*SCRIPPS MERCY HOSPITAL*  
*CHULA VISTA*  
*Board Certified Specialty: No*  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619)*  
 515-2500  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER  
 *Hours: M-F 8AM-5PM*

### **OPHTHALMOLOGY**



#### **MANI, NASRIN**

*Provider ID: 427322*  
*Provider Gender: Female*  
*License Number: A40473*  
*NPI: 1023061314*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Arabic, Faroese,*  
*Farsi, Persian, Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MEMORIAL HOSPITAL, SHARP*  
*MEMORIAL HOSPITAL, UCSD*  
*MEDICAL CTR, SHARP CHULA*  
*VISTA MED CTR, GROSSMONT*  
*HOSPITAL*  
*Board Certified Specialty: No*  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
 662-4100  
 *Website: www.syhealth.org*  
*/clinics/chula- vista- medic*  
*al- plaza*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER

### **OPHTHALMOLOGY**



#### **PAPASTERGIU, GEORGIOS**

*Provider ID: 427322*  
*Provider Gender: Male*  
*License Number: A127706*  
*NPI: 1790054393*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Arabic, Farsi,*  
*French, Greek, Italian,*  
*Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: EL*  
*CENTRO REGIONAL MEDICAL*

*CENTER, SCRIPPS MEMORIAL*  
*HOSPITAL, SHARP MEMORIAL*  
*HOSPITAL*  
*Board Certified Specialty: No*  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
 662-4100  
 *Website: www.syhealth.org*  
*/clinics/chula- vista- medic*  
*al- plaza*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER  
 *Hours: M-F 8AM-5PM*

### **OPHTHALMOLOGY**

#### **PONS, MAURICIO**

*Provider ID: 427322*  
*Provider Gender: Male*  
*License Number: A87650*  
*NPI: 1376723759*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MEMORIAL HOSPITAL, EL*  
*CENTRO REGIONAL MEDICAL*  
*CENTER, SHARP MEMORIAL*  
*HOSPITAL, SCRIPPS MERCY*  
*HOSPITAL*  
*Board Certified Specialty: No*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### OPHTHALMOLOGY

#### **SKAF, AYHAM**

Provider ID: 427322

Provider Gender: Male

License Number: A120584

NPI: 1285888628

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: EL

CENTRO REGIONAL MEDICAL


CENTER, SHARP MEMORIAL


HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
 CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
 662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### **AKASHI, MARC**

Provider ID: 163322

Provider Gender: Male

NPI: 1205002417

Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY

HOSPITAL CHULA VISTA,

SHARP CHULA VISTA MED


CTR, SCRIPPS MERCY

HOSPITAL

Board Certified Specialty: No

 769 MEDICAL CENTER CT  
 STE 300

CHULA VISTA, CA 91911

 Phone: (619) 482-3090

Fax: (619) 482-7350

 After Hours Phone: (619)  
 482-3090

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### **ATIENZA, PAMELA**

Provider ID: 106987

Provider Gender: Female

NPI: 1417916107

Provider English Spoken: Y


Provider Language(s) Spoken: Tagalog

Cultural Competency: N


Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

 890 EASTLAKE PKWY STE  
 200

CHULA VISTA, CA 91914

 Phone: (619) 656-6817

Fax: (619) 656-6908

 After Hours Phone: (619)  
 506-1218

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:30AM-5:30PM

### PEDIATRICS

#### **BARBADILLO, FERDINAND**

Provider ID: 70456




Provider Gender: Male

NPI: 1982662193

Provider English Spoken: Y



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## C. 初級保健名錄

 *Provider Language(s)*  
*Spoken: Spanish, Tagalog*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
**CHULA VISTA MED CTR**  
*Board Certified Specialty: No*  
 890 EASTLAKE PKWY STE  
 200  
 CHULA VISTA, CA 91914  
 *Phone: (619) 656-6817*  
*Fax: (619) 656-6908*  
 *After Hours Phone: (619)*  
*656-6817*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
**PROVIDER**  
 *Hours: M-F 9AM-5PM*

### **PEDIATRICS**

#### **BROUDY, ABRAHAM**





*Provider ID: 109328*  
*Provider Gender: Male*  
*NPI: 1528039526*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
**MERCY HOSPITAL CHULA**  
**VISTA, RADY CHILDRENS**  
**HOSPITAL SAN DIEGO, SHARP**  
**CHULA VISTA MED CTR,**  
**SCRIPPS MERCY HOSPITAL**  
*Board Certified Specialty: No*  
 2440 FENTON ST STE 100

CHULA VISTA, CA 91914  
 *Phone: (619) 656-3040*  
*Fax: (619) 656-3045*  
 *After Hours Phone: (619)*  
*656-3040*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
**PROVIDER**  
 *Hours: M-F 8AM-5PM*

### **PEDIATRICS**





#### **CAPETANAKIS, ELENI**

*Provider ID: 89610*  
*Provider Gender: Female*  
*NPI: 1346211554*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Greek, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
**MEMORIAL HOSPITAL,**  
**SCRIPPS MERCY HOSPITAL**  
**CHULA VISTA, RADY**  
**CHILDRENS HOSPITAL SAN**  
**DIEGO, SHARP MEMORIAL**  
**HOSPITAL, SCRIPPS MERCY**  
**HOSPITAL, SHARP CHULA**  
**VISTA MED CTR**  
*Board Certified Specialty: No*  
 865 3RD AVE STE 101  
 CHULA VISTA, CA 91911  
 *Phone: (619) 426-7910*  
*Fax: (619) 426-2337*

 *After Hours Phone: (619)*  
*426-7910*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
**PROVIDER**  
 *Hours: M-F 8AM-5PM*

### **PEDIATRICS**

#### **CORDOBA, MIGUEL**

*Provider ID: 88187*  
*Provider Gender: Male*  
*NPI: 1053382176*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
**MARY BIRCH HOSP FOR**  
**WOMEN AND NEWBORNS,**  
**SHARP CHULA VISTA MED**  
**CTR, RADY CHILDRENS**  
**HOSPITAL SAN DIEGO,**  
**SCRIPPS MERCY HOSPITAL**  
**CHULA VISTA, SCRIPPS**  
**MERCY HOSPITAL**  
*Board Certified Specialty: No*  
 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*


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

---

### PEDIATRICS


#### DONG, TAMMY

Provider ID: 427322

Provider Gender: Female

License Number: A66903

NPI: 1386655413


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

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### PEDIATRICS

#### DORINGO, ELAINIE

Provider ID: 267100

Provider Gender: Female

NPI: 1013005636

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ALVARADO HOSPITAL LLC, RADY

CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT

HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA,

SHARP CHULA VISTA MED

CTR, UCSD LA JOLLA JOHN


SALLY THORNTON, SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL

Board Certified Specialty: No

 865 3RD AVE STE 101  
CHULA VISTA, CA 91911

 Phone: (619) 426-7910

Fax: (619) 426-2337

 After Hours Phone: (619) 426-7910


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

---

### PEDIATRICS

#### FLETCHER, EMILY

Provider ID: 232312

Provider Gender: Female

NPI: 1780935940

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

MERCY HOSPITAL

BAKERSFIELD, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY

HOSPITAL CHULA VISTA,


SCRIPPS MERCY HOSPITAL,

UCSF BENIOFF CHILDREN'S


HOSPITAL OAKLAND

Board Certified Specialty: No

 2440 FENTON ST STE 100  
CHULA VISTA, CA 91914

 Phone: (619) 656-3040

Fax: (619) 656-3045

 After Hours Phone: (619) 656-3040


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### PEDIATRICS

#### FLORES, ERNEST

Provider ID: 658652

Provider Gender: Male

NPI: 1043848807



 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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## C. 初級保健名錄





 865 3RD AVE STE 101  
 CHULA VISTA, CA 91911  
 Phone: (619) 426-7910  
 Fax: (619) 426-2337  
 After Hours Phone: (619)  
 426-7910  
 Website: N/A  
 Medi-Cal Open Panel: Yes



Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-0PM

### PEDIATRICS

#### FRESNO, BLANCA


Provider ID: 102434  
 Provider Gender: Female  
 NPI: 1346258787  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: PARADISE  
 VALLEY HOSPITAL, SHARP  
 CHULA VISTA MED CTR  
 Board Certified Specialty: No

 1741 EASTLAKE PKWY STE  
 107  
 CHULA VISTA, CA 91915  
 Phone: (619) 482-1700  
 Fax: (619) 475-4578  
 After Hours Phone: (619)  
 482-1700  
 Website: N/A  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM



### PEDIATRICS

#### GARCIA, CARLOS


Provider ID: 64734  
 Provider Gender: Male  
 NPI: 1417959370  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Board Certified Specialty: No


 1392 E PALOMAR ST STE  
 501  
 CHULA VISTA, CA 91913  
 Phone: (619) 271-4059  
 Fax: (619) 271-7451

 After Hours Phone: (619)  
 271-4059

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19



American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER



 Hours: M-TH  
 8:30AM-5:30PM  
 F 8:30AM-5PM

### PEDIATRICS


#### GARCIA, RAFAEL

Provider ID: 360408  
 Provider Gender: Male  
 NPI: 1053414086  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Board Certified Specialty: No

 752 MEDICAL CENTER CT  
 STE 210  
 CHULA VISTA, CA 91911  
 Phone: (619) 656-0206  
 Fax: (619) 656-8936

 After Hours Phone: (619)  
 656-0206

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### GHAHREMANI, SIMIN

Provider ID: 634787

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

*Provider Gender: Female*  
*NPI: 1508904657*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Farsi*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL*  
*Board Certified Specialty: No*  
 280 E ST  
 CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
*Fax: (619) 662-4196*  
 *After Hours Phone: (619) 662-4100*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

### **PEDIATRICS**

**GHAHREMANI, SIMIN**  
*Provider ID: 482034*  
*Provider Gender: Female*  
*License Number: C51110*  
*NPI: 1508904657*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Farsi*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL*  
*Board Certified Specialty: No*  
 855 3RD AVE STE 2200  
 CHULA VISTA, CA 91911  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

**HOLLICK, NATALIE**  
*Provider ID: 473802*  
*Provider Gender: Female*  
*NPI: 1558716845*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 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*

*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

### **PEDIATRICS**

**ISAIAS, AGNELA**  
*Provider ID: 482034*  
*Provider Gender: Female*  
*License Number: A82912*  
*NPI: 1790772572*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: GROSSMONT HOSPITAL, ALVARADO HOSPITAL LLC, SHARP CORONADO HOSP AND HEALTHCARE CTR*  
*Board Certified Specialty: No*  
 855 3RD AVE STE 2200  
 CHULA VISTA, CA 91911  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

**JACOBS-KLEISLI, MILAGROS**  
*Provider ID: 467596*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Provider Gender: Female  
NPI: 1811221641

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO, HUNTINGTON  
MEMORIAL HOSPITAL, USC  
Arcadia Hospital

Board Certified Specialty: No  
 769 MEDICAL CENTER CT  
STE 300

CHULA VISTA, CA 91911

Phone: (619) 482-3090

Fax: (619) 482-7350

After Hours Phone: (619)  
482-3090

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-0PM

### **PEDIATRICS**

#### **KORSAND, SID**

Provider ID: 482034

Provider Gender: Male

License Number: A49591

NPI: 1588634513

Provider English Spoken: Y

Provider Language(s)

Spoken: Farsi, Turkish  
Cultural Competency: N

Board Certified Specialty: No

855 3RD AVE STE 2200  
CHULA VISTA, CA 91911

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **KORSAND, SID**

Provider ID: 634788

Provider Gender: Male

NPI: 1588634513

Provider English Spoken: Y

Provider Language(s)

Spoken: Farsi, Turkish

Cultural Competency: N

Board Certified Specialty: No

280 E ST  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 662-4196

After Hours Phone: (619)  
662-4100

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

### **PEDIATRICS**

#### **MCPMAHON, SHARON**

Provider ID: 648721

Provider Gender: Female

NPI: 1487279246

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

865 THIRD AVES TE 101  
CHULA VISTA, CA 91911

Phone: (619) 426-7910

Fax: (619) 426-2337

After Hours Phone: (619)  
426-7910

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-0PM

### **PEDIATRICS**

#### **MISTRY, CHETAN**

Provider ID: 86439

Provider Gender: Male

NPI: 1467505834

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL

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## C. 初級保健名錄

CHULA VISTA, RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

2440 FENTON ST STE 100  
CHULA VISTA, CA 91914

Phone: (619) 656-3040

Fax: (619) 656-3045

After Hours Phone: (619)  
656-3040

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

**MOSQUERA, DIANA**

Provider ID: 371232

Provider Gender: Female

NPI: 1144238098

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

769 MEDICAL CENTER CT  
STE 300

CHULA VISTA, CA 91911

Phone: (619) 482-3090

Fax: (619) 482-7350

After Hours Phone: (619)

482-3090

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

**MOSQUERA, DIANA**

Provider ID: 463001

Provider Gender: Female

NPI: 1144238098

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

865 3RD AVE STE 101  
CHULA VISTA, CA 91911

Phone: (619) 426-7910

After Hours Phone: (619)  
426-7910

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

**NGUYEN, TRUC**

Provider ID: 78518

Provider Gender: Female

NPI: 1881884054

Provider English Spoken: Y  
Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA  
MED CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO,

WASHINGTON HOSPITAL,

SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

2440 FENTON ST STE 100  
CHULA VISTA, CA 91914

Phone: (619) 656-3040

Fax: (619) 656-3045

After Hours Phone: (619)  
656-3040

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

**PIANSAY, MARIA CORAZON**

Provider ID: 427322

Provider Gender: Female

License Number: A93785

NPI: 1669680351

Provider English Spoken: Y



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## C. 初級保健名錄

 *Provider Language(s)*  
*Spoken: Spanish, Tagalog*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*CHULA VISTA MED CTR,*  
*SCRIPPS MERCY HOSPITAL*  
*CHULA VISTA*  
*Board Certified Specialty: No*  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
*662-4100*  
 *Website: www.syhealth.org*  
*/clinics/chula- vista- medic*  
*al- plaza*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*





### **PEDIATRICS**

**SALAZAR, JUANITA**  
*Provider ID: 206355*  
*Provider Gender: Female*  
*License Number: A78355*  
*NPI: 1912938325*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish, Tagalog,*  
*Vietnamese*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MERCY HOSPITAL, SCRIPPS*  
*MERCY HOSPITAL CHULA*







*VISTA*  
*Board Certified Specialty: No*  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619)*  
*515-2500*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*

### **PEDIATRICS**

**SANTIAGO, ROXANE**  
*Provider ID: 269279*  
*Provider Gender: Female*  
*NPI: 1033461801*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*  
*CHILDRENS HOSPITAL SAN*  
*DIEGO, SHARP CHULA VISTA*  
*MED CTR, SCRIPPS MERCY*  
*HOSPITAL CHULA VISTA,*  
*SCRIPPS MEMORIAL*  
*HOSPITAL, UCSF BENIOFF*  
*CHILDREN'S HOSPITAL*  
*OAKLAND, SCRIPPS MERCY*  
*HOSPITAL*  
*Board Certified Specialty: No*  
 865 3RD AVE STE 101  
 CHULA VISTA, CA 91911  
 *Phone: (619) 426-7910*  
*Fax: (619) 426-2337*

 *After Hours Phone: (619)*  
*426-7910*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*


### **PEDIATRICS**

**SHETH, HASMUKH**  
*Provider ID: 427322*  
*Provider Gender: Male*  
*License Number: A45942*  
*NPI: 1396812236*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Gujarati, Hindi,*  
*Urdu*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MERCY HOSPITAL CHULA*  
*VISTA, SCRIPPS MERCY*  
*HOSPITAL*  
*Board Certified Specialty: No*  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
*662-4100*  
 *Website: www.syhealth.org*  
*/clinics/chula- vista- medic*  
*al- plaza*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

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## C. 初級保健名錄

N

 *Accessibility: CONTACT PROVIDER*


### **PEDIATRICS**


#### **VALENCIA, MARILES**

*Provider ID: 104059*

*Provider Gender: Female*

*NPI: 1275541625*

 *Provider English Spoken: Y*

 *Provider Language(s)*

*Spoken: Spanish, Tagalog*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL CHULA*

*VISTA, PARADISE VALLEY*

*HOSPITAL, SHARP CHULA*

*VISTA MED CTR, RADY*

*CHILDRENS HOSPITAL SAN*


*DIEGO, SCRIPPS MERCY*

*HOSPITAL*

*Board Certified Specialty: No*

 1741 EASTLAKE PKWY STE 107

CHULA VISTA, CA 91915

 *Phone: (619) 482-1700*

*Fax: (619) 475-4578*

 *After Hours Phone: (619) 482-1700*


 *Website: N/A*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*


### **PEDIATRICS**

#### **YAO, CATHERINE**

*Provider ID: 371204*

*Provider Gender: Female*

*NPI: 1801166442*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: RADY*


*CHILDRENS HOSPITAL SAN*

*DIEGO*

*Board Certified Specialty: No*

 769 MEDICAL CENTER CT STE 300

CHULA VISTA, CA 91911

 *Phone: (619) 482-3090*

*Fax: (619) 482-7350*

 *After Hours Phone: (619) 482-3090*

 *Website: N/A*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*


### **PEDIATRICS**

#### **ZARGAR, SHABNAM**

*Provider ID: 371075*

*Provider Gender: Female*

*NPI: 1417256074*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation:*

*UNIVERSITY OF CALIFORNIA*

*IRVINE MED CTR, DESERT*

*REGIONAL MED CTR, JOHN F*

*KENNEDY MEMORIAL HOSP,*


*RADY CHILDRENS HOSPITAL*

*SAN DIEGO*

*Board Certified Specialty: No*

 769 MEDICAL CENTER CT STE 300

CHULA VISTA, CA 91911

 *Phone: (619) 482-3090*

*Fax: (619) 482-7350*

 *After Hours Phone: (619) 482-3090*

 *Website: N/A*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

### **PHYSICIANS ASSISTANT**

#### **BALDONADO, ANALICIA**

*Provider ID: 417641*

*Provider Gender: Female*

*License Number: PA61683*

*NPI: 1215477765*


 *Provider English Spoken: Y*

 *Provider Language(s)*


*Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 352 L ST


CHULA VISTA, CA 91911

 *Phone: (619) 515-2325*



 *After Hours Phone: (619)*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

515-2325  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **PHYSICIANS ASSISTANT**

#### **INDA, PRISCILLA**



Provider ID: 427322  
 Provider Gender: Female  
 License Number: PA54404  
 NPI: 1679008379


Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Russian,  
 Spanish

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA

Board Certified Specialty: No

 678 3RD AVE  
 CHULA VISTA, CA 91910


 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM



### **PHYSICIANS ASSISTANT**


#### **MENDEZ, JESUS**

Provider ID: 427322  
 Provider Gender: Male  
 License Number: PA13796  
 NPI: 1023202108

Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 678 3RD AVE  
 CHULA VISTA, CA 91910

 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **QUICK, ELISABETH**



Provider ID: 206355  
 Provider Gender: Female  
 License Number: PA21591  
 NPI: 1790055010


Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
 CHULA VISTA, CA 91910

 Phone: (619) 515-2500  
 After Hours Phone: (619)  
 515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **REVELES, DIANA**



Provider ID: 417641  
 Provider Gender: Female  
 License Number: PA19306  
 NPI: 1548455405


Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 352 L ST  
 CHULA VISTA, CA 91911

 Phone: (619) 515-2325  
 After Hours Phone: (619)  
 515-2325

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

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## C. 初級保健名錄

<b>PODIATRIST</b>	<i>Board Certified Specialty: No</i>	<b>THERAPIST</b>
<b>MANCHEL, BRUCE</b> <i>Provider ID: 427322</i> <i>Provider Gender: Male</i> <i>License Number: DPM2930</i> <i>NPI: 1790890788</i> <input type="checkbox"/> <i>Provider English Spoken: Y</i> <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR</i> <i>Board Certified Specialty: No</i> <input type="checkbox"/> 678 3RD AVE CHULA VISTA, CA 91910 <input type="checkbox"/> <i>Phone: (619) 662-4100</i> <input type="checkbox"/> <i>After Hours Phone: (619) 662-4100</i> <input type="checkbox"/> <i>Website: www.syhealth.org /clinics/chula-vista-medic-al-plaza</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i> <input type="checkbox"/> <i>Accessibility: CONTACT PROVIDER</i>	<input type="checkbox"/> 251 LANDIS AVE CHULA VISTA, CA 91910 <input type="checkbox"/> <i>Phone: (619) 515-2500</i> <input type="checkbox"/> <i>After Hours Phone: (619) 515-2500</i> <input type="checkbox"/> <i>Website: www.fhcsd.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i> <input type="checkbox"/> <i>Accessibility: CONTACT PROVIDER</i>	<b>CUMMINGS, GEORGE</b> <i>Provider ID: 206355</i> <i>Provider Gender: Male</i> <i>License Number: PT295173</i> <i>NPI: 1497236384</i> <input type="checkbox"/> <i>Provider English Spoken: Y</i> <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <input type="checkbox"/> 251 LANDIS AVE CHULA VISTA, CA 91910 <input type="checkbox"/> <i>Phone: (619) 515-2500</i> <input type="checkbox"/> <i>After Hours Phone: (619) 515-2500</i> <input type="checkbox"/> <i>Website: www.fhcsd.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i> <input type="checkbox"/> <i>Accessibility: CONTACT PROVIDER</i>
	<b><u>REGISTERED PHYSICAL THERAPIST</u></b>	
	<b>AMAYA, RICARDO</b> <i>Provider ID: 206355</i> <i>Provider Gender: Male</i> <i>License Number: PT37189</i> <i>NPI: 1437445566</i> <input type="checkbox"/> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <input type="checkbox"/> 251 LANDIS AVE CHULA VISTA, CA 91910 <input type="checkbox"/> <i>Phone: (619) 515-2500</i> <input type="checkbox"/> <i>After Hours Phone: (619) 515-2500</i> <input type="checkbox"/> <i>Website: www.fhcsd.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i> <input type="checkbox"/> <i>Accessibility: CONTACT PROVIDER</i>	
	<b><u>REGISTERED PHYSICAL THERAPIST</u></b>	
<b>SCHNEIDER, SARAH</b> <i>Provider ID: 206355</i> <i>Provider Gender: Female</i> <i>License Number: DPM4819</i> <i>NPI: 1326282237</i> <input type="checkbox"/> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i>		<b>GEORGE, JENNIFER</b> <i>Provider ID: 206355</i> <i>Provider Gender: Female</i> <i>License Number: PT294245</i> <i>NPI: 1215402177</i> <input type="checkbox"/> <i>Provider English Spoken: Y</i> <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <input type="checkbox"/> 251 LANDIS AVE

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## C. 初級保健名錄

CHULA VISTA, CA 91910  
☎ Phone: (619) 515-2500  
🕒 After Hours Phone: (619) 515-2500  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F  
8:30AM-5:30PM

### REGISTERED PHYSICAL THERAPIST

**GONZALES, MICHELLE**  
Provider ID: 206355  
Provider Gender: Female  
License Number: PT291706  
NPI: 1548714652  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
📍 251 LANDIS AVE  
CHULA VISTA, CA 91910  
☎ Phone: (619) 515-2500  
🕒 After Hours Phone: (619) 515-2500  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### REGISTERED PHYSICAL THERAPIST

**MIGNEA, DAVID**  
Provider ID: 206355  
Provider Gender: Male  
License Number: PT293536  
NPI: 1043736879  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 251 LANDIS AVE  
CHULA VISTA, CA 91910  
☎ Phone: (619) 515-2500  
🕒 After Hours Phone: (619) 515-2500  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### REGISTERED PHYSICAL THERAPIST

**RODRIGUEZ, CASSANDRA**  
Provider ID: 206355  
Provider Gender: Female  
License Number: PT292823  
NPI: 1770025595  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
📍 251 LANDIS AVE

CHULA VISTA, CA 91910  
☎ Phone: (619) 515-2500  
🕒 After Hours Phone: (619) 515-2500  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### RHEUMATOLOGY

**REDDY, DANA**  
Provider ID: 427322  
Provider Gender: Female  
License Number: A115598  
NPI: 1144538778  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS  
Board Certified Specialty: No  
📍 678 3RD AVE  
CHULA VISTA, CA 91910  
☎ Phone: (619) 662-4100  
🕒 After Hours Phone: (619) 662-4100  
🌐 Website: [www.syhealth.org/clinics/chula-vista-medic-al-plaza](http://www.syhealth.org/clinics/chula-vista-medic-al-plaza)

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## C. 初級保健名錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1386120723

N

 Accessibility: CONTACT PROVIDER

### **SPEECH PATHOLOGIST**

#### **CABADING, DOREEN**

Provider ID: 427322

Provider Gender: Female


License Number: SP18192


NPI: 1043507585


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): License Number: NP95012943

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **EL CAJON**

#### **CERTIFIED NURSE PRACTITIONER**

#### **BELEN, NEZER**

Provider ID: 418340

Provider Gender: Male


License Number: NP95009292


NPI: 1386120723


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

#### **CERTIFIED NURSE PRACTITIONER**

#### **DRISCOLL, SUSAN**

Provider ID: 569910

Provider Gender: Female


License Number: NP95012943

NPI: 1477755684


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

#### **CERTIFIED NURSE PRACTITIONER**

#### **GARCIA, JOHNNY**

Provider ID: 418340

Provider Gender: Male

License Number: NP95007000

NPI: 1932622156


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

#### **CERTIFIED NURSE PRACTITIONER**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### HAMID, WAHIDA

Provider ID: 569910

Provider Gender: Female

License Number: NP95001707

NPI: 1164812293


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

---

#### **CERTIFIED NURSE** **PRACTITIONER**

---

### HARPEL, SHERYL

Provider ID: 569910

Provider Gender: Female

License Number: NP95009329


NPI: 1780177147

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)

662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

---

#### **CERTIFIED NURSE** **PRACTITIONER**

---

### HETTIG, JUDITH

Provider ID: 418340

Provider Gender: Female

License Number: NP3439

NPI: 1396815866


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

---

#### **CERTIFIED NURSE** **PRACTITIONER**

---

### JENSEN, ADRIENNE

Provider ID: 569910

Provider Gender: Female

License Number: NP95023148

NPI: 1184389934

Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

---

#### **CERTIFIED NURSE** **PRACTITIONER**

---

### KELLOGG, KRISTEN

Provider ID: 418340

Provider Gender: Female

License Number: NP95009180

NPI: 1649757741

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish





Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

---

**CERTIFIED NURSE**  
**PRACTITIONER**





---




**LU, TAMMY**  
 Provider ID: 206354  
 Provider Gender: Female  
 License Number: NP95007253  
 NPI: 1457879132  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1111 W CHASE AVE  
 EL CAJON, CA 92020  
 Phone: (619) 515-2499  
 After Hours Phone: (619) 515-2499  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---




**OCHOA, ERLINDA**  
 Provider ID: 185267  
 Provider Gender: Female  
 License Number: NP4430  
 NPI: 1346437464  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619) 312-0347





 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5:30PM  
 SA 8:30AM-2PM

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**OCHOA, ERLINDA**  
 Provider ID: 418501  
 Provider Gender: Female  
 License Number: NP4430  
 NPI: 1346437464  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1032 BROADWAY  
 EL CAJON, CA 92021  
 Phone: (619) 795-5991

 After Hours Phone: (619) 795-5991  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**ODA, THAGHAR**  
 Provider ID: 418340  
 Provider Gender: Female  
 License Number: NP95000205  
 NPI: 1063835692  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Amharic, Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

### CERTIFIED NURSE PRACTITIONER

#### **ODA, THAGHAR**

Provider ID: 418340

Provider Gender: Female

License Number: RN810863

NPI: 1063835692


Provider English Spoken: Y


Provider Language(s)  
Spoken: Amharic, Arabic

Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **OLVERA, LUISA**

Provider ID: 478971

Provider Gender: Female

License Number: NP95001710

NPI: 1598161309

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

 133 W MAIN ST STE 100  
EL CAJON, CA 92020

 Phone: (619) 401-0404

 After Hours Phone: (619)  
401-0404

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU-SA 8AM-8PM

### CERTIFIED NURSE PRACTITIONER

#### **REAL, MARIA**

Provider ID: 185267

Provider Gender: Female

License Number: NP17328

NPI: 1548450471

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

 165 S 1ST ST  
EL CAJON, CA 92019

 Phone: (619) 312-0347

 After Hours Phone: (619)  
312-0347


 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### CERTIFIED NURSE PRACTITIONER

#### **REGEV, SHANEE**

Provider ID: 569910


Provider Gender: Female


License Number: NP95022460


NPI: 1477218121

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **REID, EMILY**


Provider ID: 185267

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄


License Number: NP95002766  
NPI: 1083081467

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 165 S 1ST ST  
EL CAJON, CA 92019

 Phone: (619) 312-0347


 After Hours Phone: (619)  
312-0347


 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### CERTIFIED NURSE PRACTITIONER


#### **SMITH, SHARON**

Provider ID: 418340

Provider Gender: Female

License Number: RN428876

NPI: 1780603597


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER


#### **SMITH, SHARON**

Provider ID: 418340

Provider Gender: Female

License Number: NP15444

NPI: 1780603597


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER


#### **VERDUZCO GONZALEZ, AURORA**

Provider ID: 185267

Provider Gender: Female

License Number: NP95001961

NPI: 1932452323


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 165 S 1ST ST  
EL CAJON, CA 92019

 Phone: (619) 312-0347


 After Hours Phone: (619)  
312-0347


 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### CERTIFIED NURSE PRACTITIONER

#### **VILLANUEVA DE GUTIE, BERENICE**

Provider ID: 185267

Provider Gender: Female


License Number: NP95002188

NPI: 1952795536

 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 165 S 1ST ST

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

EL CAJON, CA 92019  
Phone: (619) 312-0347  
After Hours Phone: (619) 312-0347  
Website: [www.lamaestra.org](http://www.lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM

### **CERTIFIED NURSE PRACTITIONER**

**WILLIAMS, BREAUNA**  
Provider ID: 185267  
Provider Gender: Female  
License Number: NP95001840  
NPI: 1063884864  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
165 S 1ST ST  
EL CAJON, CA 92019  
Phone: (619) 312-0347  
After Hours Phone: (619) 312-0347  
Website: [www.lamaestra.org](http://www.lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT

PROVIDER  
Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **CERTIFIED NURSE PRACTITIONER**

**WILLIAMS, TAKISHA**  
Provider ID: 418340  
Provider Gender: Female  
License Number: NP95013978  
NPI: 1881727386  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
525 E MAIN ST  
EL CAJON, CA 92020  
Phone: (619) 515-2498  
After Hours Phone: (619) 515-2498  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **CERTIFIED REGISTERED NURSE MIDWIFE**

**CORRY, ANDREA**  
Provider ID: 418340  
Provider Gender: Female  
License Number: NM1721  
NPI: 1255489571  
Provider English Spoken: Y

Cultural Competency: N  
Board Certified Specialty: No  
525 E MAIN ST  
EL CAJON, CA 92020  
Phone: (619) 515-2498  
After Hours Phone: (619) 515-2498  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **CHIROPRACTOR**

**SOSA, DAVID**  
Provider ID: 206354  
Provider Gender: Male  
License Number: DC33150  
NPI: 1013308675  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
1111 W CHASE AVE  
EL CAJON, CA 92020  
Phone: (619) 515-2499  
After Hours Phone: (619) 515-2499  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **CHIROPRACTOR**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


### **SOSA, DAVID**

Provider ID: 418340

Provider Gender: Male

License Number: DC33150

NPI: 1013308675


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**


### **UY, ASHLEY**


Provider ID: 418340

Provider Gender: Female

License Number: DC33869

NPI: 1174059760

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Chinese


Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **ENDOCRINOLOGY**

### **METABOLISM DIABETES**


### **NAGELBERG, JODI**

Provider ID: 418340

Provider Gender: Female

License Number: A146838

NPI: 1720474141


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:30AM-5:30PM

### **FAMILY PRACTICE**

### **AL ANI, NAJWAN**

Provider ID: 418340

Provider Gender: Female

License Number: A144974

NPI: 1275948473

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic


Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:30AM-5:30PM

### **FAMILY PRACTICE**

### **ALGHAMDI, ASMA**

Provider ID: 569910

Provider Gender: Female

License Number: A167529

NPI: 1316310840


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 875 EL CAJON BLVD

EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **BRUHN, JOSHUA**

Provider ID: 418340

Provider Gender: Male


License Number: A186694


NPI: 1447888284

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498


 After Hours Phone: (619)  
515-2498


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **FAMILY PRACTICE**


#### **CORMAN, DANIEL**

Provider ID: 418340

Provider Gender: Male

License Number: 20A13060

NPI: 1629339593


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **DOMINGUEZ, DENNIS**

Provider ID: 569910

Provider Gender: Male

License Number: G43179

NPI: 1225063811

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **GHAFARI, DAUOD**

Provider ID: 478971

Provider Gender: Male

License Number: A98486

NPI: 1053417691


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Board Certified Specialty: No

 133 W MAIN ST STE 100  
EL CAJON, CA 92020

 Phone: (619) 401-0404

 After Hours Phone: (619)  
401-0404

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **GORDON, CHRISTOPHER**

Provider ID: 418340

Provider Gender: Male

License Number: A83390

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

NPI: 1477711521

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498


 After Hours Phone: (619)  
515-2498


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **HASTANAN, CAROL**

Provider ID: 206354

Provider Gender: Female


License Number: A110192


NPI: 1861648461

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1111 W CHASE AVE  
EL CAJON, CA 92020

 Phone: (619) 515-2499

 After Hours Phone: (619)  
515-2499

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **HODGKIN, EDWARD**

Provider ID: 418340

Provider Gender: Male


License Number: A177445


NPI: 1922619766

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **FAMILY PRACTICE**


#### **KASAWA, JOHN**


Provider ID: 569910

Provider Gender: Male

License Number: A79338


NPI: 1134230329


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **LIN, SHUANG**

Provider ID: 206354

Provider Gender: Female

License Number: A138887

NPI: 1689093684


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Board Certified Specialty: No

 1111 W CHASE AVE  
EL CAJON, CA 92020

 Phone: (619) 515-2499

 After Hours Phone: (619)  
515-2499

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **NASSIR, BASSAM**

Provider ID: 569910

Provider Gender: Male

License Number: A101888

NPI: 1386848166

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **PUTRUS, RAMIZ**

Provider ID: 185267

Provider Gender: Male

License Number: A68184

NPI: 1144300534

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

165 S 1ST ST

EL CAJON, CA 92019

Phone: (619) 312-0347

After Hours Phone: (619)  
312-0347

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **RONQUILLO, KAREN AN**

Provider ID: 658684

Provider Gender: Female

NPI: 1275160012

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

855 E MADISON AVE  
EL CAJON, CA 92020

Phone: (619) 440-2751

Fax: (858) 633-4692

After Hours Phone: (619)  
440-2751

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **SALEM, RAMSEY**

Provider ID: 569910

Provider Gender: Male

License Number: A158364

NPI: 1245401298

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **SCHUMAKER, EDWARD**

Provider ID: 418501

Provider Gender: Male

License Number: 20A6433

NPI: 1184616872

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1032 BROADWAY  
EL CAJON, CA 92021

Phone: (619) 795-5991

After Hours Phone: (619)  
795-5991

Website: www.lamaestra.org

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

---

### FAMILY PRACTICE


#### SCHUMAKER, EDWARD

Provider ID: 185267

Provider Gender: Male

License Number: 20A6433

NPI: 1184616872


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 165 S 1ST ST  
EL CAJON, CA 92019

 Phone: (619) 312-0347

 After Hours Phone: (619)  
312-0347

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


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### FQHC

#### CENTRO MEDICO EL CAJON,


Provider ID: 478971

NPI: 1154480069


 Provider English Spoken: Y

Cultural Competency: N

 133 W MAIN ST STE 100  
EL CAJON, CA 92020

 Phone: (619) 873-8940

Fax: (619) 401-0522

 After Hours Phone: (619)  
873-8940

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU-SA 8AM-8PM


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### FQHC


#### CHASE AVENUE FAMILY HEALTH CTRS INC,


Provider ID: 206354

NPI: 1104861681

 Provider English Spoken: Y

Cultural Competency: N

 1111 W CHASE AVE  
EL CAJON, CA 92020

 Phone: (619) 515-2499

Fax: (619) 593-7164

 After Hours Phone: (619)  
515-2499

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### FQHC


#### FAMILY HLTH CTR SAN DIEGO-EL CAJON,

Provider ID: 418340

NPI: 1932561198

 Provider English Spoken: Y  
Cultural Competency: N

 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](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-5:30PM

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### FQHC


#### LA MAESTRA CHC EL CAJON BROADWAY,

Provider ID: 418501

NPI: 1134590086

 Provider English Spoken: Y  
Cultural Competency: N

 1032 BROADWAY  
EL CAJON, CA 92021

 Phone: (619) 795-5991




Fax: (619) 795-5992

 After Hours Phone: (619)  
795-5991

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。










## C. 初級保健名錄

 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:30AM-5:30PM

### FQHC



#### **LA MAESTRA FAMILY CLINIC INC,**





Provider ID: 185267  
NPI: 1336353721  
 Provider English Spoken: Y  
Cultural Competency: N

 165 S 1ST ST  
EL CAJON, CA 92019  
 Phone: (619) 312-0347  
Fax: (619) 749-5480  
 After Hours Phone: (619)  
312-0347  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TU 8AM-5PM  
TH-F 8AM-5PM

### FQHC



#### **SAN YSIDRO HEALTH EL CAJON,**



Provider ID: 569910  
NPI: 1568845741  
 Provider English Spoken: Y  
Cultural Competency: N  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
Fax: (619) 785-3356





 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

### HEPATOLOGY

#### **GISH, ROBERT**

Provider ID: 185267  
Provider Gender: Male  
License Number: G45632  
NPI: 1548281322  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Dutch, French,  
Spanish, Vietnamese  
Cultural Competency: N  
Hospital Affiliation: LOMA  
LINDA UNIVERSITY COMM  
MED CTR  
Board Certified Specialty: No

 165 S 1ST ST  
EL CAJON, CA 92019  
 Phone: (619) 312-0347

 After Hours Phone: (619)  
312-0347  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### INTERNAL MEDICINE

#### **AL-TAMEEMI, AHMED**

Provider ID: 478971  
Provider Gender: Male  
License Number: A151547  
NPI: 1134513211  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 133 W MAIN ST STE 100  
EL CAJON, CA 92020  
 Phone: (619) 401-0404  
 After Hours Phone: (619)  
401-0404  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **AWDISHO, ALAN**





Provider ID: 569910


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Provider Gender: Male  
License Number: 20A18702  
NPI: 1164795498  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER



### INTERNAL MEDICINE

#### **CARPENTER, ROBERT**

Provider ID: 569910  
Provider Gender: Male  
License Number: 20A10964  
NPI: 1356343040  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: www.syhealth.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER




### INTERNAL MEDICINE

#### **DUONG, MAI**

Provider ID: 418340  
Provider Gender: Female  
License Number: A127798  
NPI: 1629339304  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498







 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:30AM-5:30PM

### INTERNAL MEDICINE

#### **GORGES, RANDA**

Provider ID: 418340

Provider Gender: Female  
License Number: A138815  
NPI: 1285079509  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N  
Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:30AM-5:30PM

### INTERNAL MEDICINE

#### **JABRI, ZAIN**

Provider ID: 418501  
Provider Gender: Male  
License Number: A160760  
NPI: 1891159620  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N

Hospital Affiliation: ST AGNES  
MEDICAL CENTER, CITY OF  
HOPE NATIONAL MED CTR,  
JOHN F KENNEDY MEMORIAL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

HOSP, SUTTER MEDICAL  
CENTER SACRAMENTO,  
PIONEERS MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

1032 BROADWAY  
EL CAJON, CA 92021

Phone: (619) 795-5991

After Hours Phone: (619)  
795-5991

Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

### INTERNAL MEDICINE

#### MANSY, TAMARA

Provider ID: 569910

Provider Gender: Female

License Number: A164238

NPI: 1396277737

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### MAY, LOUIS

Provider ID: 569910

Provider Gender: Male

License Number: A138568

NPI: 1720497514

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### MICHAEL, RAMI

Provider ID: 569910

Provider Gender: Male

License Number: A144513

NPI: 1467871673

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### INTERNAL MEDICINE

#### NADI, FAHIMA

Provider ID: 418340

Provider Gender: Female

License Number: A175325

NPI: 1770072290

Provider English Spoken: Y

Provider Language(s)  
Spoken: Pushto


Cultural Competency: N

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### INTERNAL MEDICINE


#### **NARAYAN, ARCHANA**


Provider ID: 569910

Provider Gender: Female

License Number: A101773

NPI: 1003053950

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Hindi, Kannada


Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### INTERNAL MEDICINE


#### **PARIKH, MILIND**


Provider ID: 418340

Provider Gender: Male

License Number: 20A13745

NPI: 1194161406

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Gujarati, Hindi,  
Spanish

Cultural Competency: N


Hospital Affiliation: SHARP


CHULA VISTA MED CTR, Sharp


Grossmont Hospital, Adventist  
Health and Rideout

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **PETITT, JOHN**

Provider ID: 478971

Provider Gender: Male

License Number: G52812

NPI: 1497992432


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 133 W MAIN ST STE 100  
EL CAJON, CA 92020

 Phone: (619) 401-0404


 After Hours Phone: (619)  
401-0404

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **REDDY, ARJUN**

Provider ID: 428134

Provider Gender: Male

NPI: 1730132457

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

 5442 SYCUAN RD  
EL CAJON, CA 92019


 Phone: (619) 445-0707

Fax: (619) 445-0988

 After Hours Phone: (619)  
445-0707


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4PM


### **INTERNAL MEDICINE**


#### **ROUEL, LINDA**

Provider ID: 308485

Provider Gender: Female

NPI: 1326128950

 Provider English Spoken: Y


 Provider Language(s)  
 Spoken: Arabic, Mandarin,  
 Syriac

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL, SHARP  
 MEMORIAL HOSPITAL,  
 GROSSMONT HOSPITAL

Board Certified Specialty: No

 860 JAMACHA RD STE 107  
 EL CAJON, CA 92019

 Phone: (619) 456-9920

Fax: (619) 456-9340

 After Hours Phone: (619)  
 456-9920

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-7PM

### **INTERNAL MEDICINE**


#### **ROUEL, WADI**


Provider ID: 185267

Provider Gender: Male

License Number: C55979

NPI: 1740254713

 Provider English Spoken: Y


 Provider Language(s)  
 Spoken: Arabic, Spanish,  
 Syriac


Cultural Competency: N

Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL, GROSSMONT  
 HOSPITAL

Board Certified Specialty: No

 165 S 1ST ST  
 EL CAJON, CA 92019

 Phone: (619) 269-1262

 After Hours Phone: (619)  
 269-1262


 Website: www.lamaestra.or  
 g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU 8AM-5PM  
 TH-F 8AM-5PM

### **INTERNAL MEDICINE**

#### **ROUEL, WADI**


Provider ID: 418501

Provider Gender: Male

License Number: C55979

NPI: 1740254713

 Provider English Spoken: Y


 Provider Language(s)  
 Spoken: Arabic, Spanish,  
 Syriac


Cultural Competency: N

Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL, GROSSMONT  
 HOSPITAL

Board Certified Specialty: No

 1032 BROADWAY  
 EL CAJON, CA 92021

 Phone: (619) 795-5983

 After Hours Phone: (619)  
 795-5983


 Website: www.lamaestra.or  
 g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:30AM-5:30PM

### **INTERNAL MEDICINE**

#### **SHEIKH-MOHAMED, HALA**

Provider ID: 569910

Provider Gender: Female

License Number: A159247

NPI: 1972946770




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## C. 初級保健名錄

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Arabic, Hindi, Urdu*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL*  
*Board Certified Specialty: No*  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)  
662-4100*  
 *Website: www.syhealth.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*

### INTERNAL MEDICINE


#### **TCHAKMAKJIAN, LEVON**

*Provider ID: 569910*  
*Provider Gender: Male*  
*License Number: C144411*  
*NPI: 1790744795*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Armenian, Hebrew*  
*Cultural Competency: N*  
*Hospital Affiliation: NORTH  
BAY VACAVALLEY HOSPITAL*  
*Board Certified Specialty: No*  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)  
662-4100*

 *Website: www.syhealth.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*

### INTERNAL MEDICINE


#### **ZAYED, AHMAD**

*Provider ID: 478971*  
*Provider Gender: Male*  
*License Number: A169713*  
*NPI: 1720500929*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Arabic, Chinese,  
Mandarin, Persian, Tagalog*  
*Cultural Competency: N*  
*Hospital Affiliation: RIVERSIDE  
COMMUNITY HOSP*  
*Board Certified Specialty: No*  
 133 W MAIN ST STE 100  
EL CAJON, CA 92020  
 *Phone: (619) 401-0404*  
 *After Hours Phone: (619)  
401-0404*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: SU-SA 8AM-8PM*

### INTERVENTIONAL

### CARDIOLOGY

#### **KAFRI, HASSAN**

*Provider ID: 569910*  
*Provider Gender: Male*  
*License Number: A96002*  
*NPI: 1730258401*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Arabic, German,  
Russian, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SHARP CHULA  
VISTA MED CTR*  
*Board Certified Specialty: No*  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)  
662-4100*  
 *Website: www.syhealth.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*

### INTERVENTIONAL

### CARDIOLOGY

#### **MOUSSAVIAN, MEHRAN**

*Provider ID: 418340*  
*Provider Gender: Male*

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## C. 初級保健名錄

License Number: 20A7241

NPI: 1689788234

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N


Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, TRI  
CITY MEDICAL CTR, SHARP  
MEMORIAL HOSPITAL,


ALVARADO HOSPITAL LLC,  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,

Adventist Health and Rideout

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**ALIMONOS, LYSISTRATI**

Provider ID: 418340

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

**BUECHNER, CHARLENE**

Provider ID: 418340

Provider Gender: Female

License Number: A68463

NPI: 1376663831

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**BULLOCH, EDGAR**

Provider ID: 478971

Provider Gender: Male

License Number: A113241

NPI: 1508046376


Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL,  
Sharp Grossmont Hospital  
Board Certified Specialty: No



 133 W MAIN ST STE 100  
EL CAJON, CA 92020

 Phone: (619) 873-8940







 After Hours Phone: (619)

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## C. 初級保健名錄







873-8940  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**CARTER, KHALIL**  
 Provider ID: 418340  
 Provider Gender: Male  
 License Number: A113001  
 NPI: 1225231582  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL,  
 GROSSMONT HOSPITAL, TRI  
 CITY MEDICAL CTR  
 Board Certified Specialty: No  
 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
 515-2498  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F

8:30AM-5:30PM  
 SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


**CERVANTES, SANDRA**  
 Provider ID: 418340  
 Provider Gender: Female  
 License Number: A118095  
 NPI: 1073701041  
 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  
 Board Certified Specialty: No  
 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
 515-2498  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-5:30PM  
 SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

**CHAKRABARTI, PRIYA**

Provider ID: 418340  
 Provider Gender: Female  
 License Number: A163464  
 NPI: 1326531401  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, Sharp  
 Grossmont Hospital  
 Board Certified Specialty: No  
 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
 515-2498  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

**DE MIK, TRAVIS**  
 Provider ID: 418340  
 Provider Gender: Male  
 License Number: A108228  
 NPI: 1629277322  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 525 E MAIN ST

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## C. 初級保健名錄

EL CAJON, CA 92020  
☎ Phone: (619) 515-2498  
📞 After Hours Phone: (619) 515-2498  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

Provider ID: 418340  
Provider Gender: Female  
License Number: A178499  
NPI: 1033613732  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
📍 525 E MAIN ST  
EL CAJON, CA 92020  
☎ Phone: (619) 515-2498  
📞 After Hours Phone: (619) 515-2498  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT

### PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 418340  
Provider Gender: Female  
License Number: C174771  
NPI: 1053392035  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No

📍 525 E MAIN ST  
EL CAJON, CA 92020  
☎ Phone: (619) 515-2498  
📞 After Hours Phone: (619) 515-2498  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F  
8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **HO, MYLIEN**

Provider ID: 478971  
Provider Gender: Female  
License Number: A48215  
NPI: 1851464606

☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
📍 133 W MAIN ST STE 100  
EL CAJON, CA 92020  
☎ Phone: (619) 873-8940  
📞 After Hours Phone: (619) 873-8940  
🌐 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **KHAN, ALIYA**

Provider ID: 418501  
Provider Gender: Female  
License Number: G50634  
NPI: 1285687350  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Hindi, Urdu  
Cultural Competency: N  
Board Certified Specialty: No  
📍 1032 BROADWAY  
EL CAJON, CA 92021  
☎ Phone: (619) 795-5991  
📞 After Hours Phone: (619) 795-5991  
🌐 Website: [www.lamaestra.org](http://www.lamaestra.org)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-6PM  
SA 8AM-2PM

### **OBSTETRICS / GYNECOLOGY**


#### **LIPSCHITZ, LISA**

Provider ID: 418340

Provider Gender: Female

License Number: A72005

NPI: 1649208711

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS


MERCY HOSPITAL,


GROSSMONT HOSPITAL

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498


 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **LOEFFLER, ALLISON**

Provider ID: 418340

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 Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **MELLENDEZ BERRIOS, IARA**


#### **DEL**

Provider ID: 418340

Provider Gender: Female

License Number: A114181

NPI: 1740514249

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL,


GROSSMONT HOSPITAL

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **MENDEZ, DIEGO**


Provider ID: 569910

Provider Gender: Male

License Number: A47906







NPI: 1437181922

 Provider English Spoken: Y

 Provider Language(s)


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: MERCY GENERAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, BAKERSFIELD MEMORIAL HOSP, SHARP MEMORIAL HOSPITAL, Adventist Health Bakersfield, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, KERN MEDICAL CENTER*  
*Board Certified Specialty: No*  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

### **OBSTETRICS / GYNECOLOGY**






#### **PAPA, RHETT**




*Provider ID: 478971*  
*Provider Gender: Male*  
*License Number: 20A11733*  
*NPI: 1063642312*  
 *Provider English Spoken: Y*

*Cultural Competency: N*  
*Hospital Affiliation: GROSSMONT HOSPITAL*  
*Board Certified Specialty: No*  
 133 W MAIN ST STE 100  
EL CAJON, CA 92020  
 *Phone: (619) 873-8940*  
 *After Hours Phone: (619) 873-8940*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**







#### **RODRIGUEZ JEREZ, ROBERTO**

*Provider ID: 418340*  
*Provider Gender: Male*  
*License Number: A154298*  
*NPI: 1710316450*  
 *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*  
*Board Certified Specialty: No*  
 525 E MAIN ST  
EL CAJON, CA 92020  
 *Phone: (619) 515-2498*  
 *After Hours Phone: (619)*

515-2498  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

*Provider ID: 418340*  
*Provider Gender: Female*  
*License Number: A164859*  
*NPI: 1952751711*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Hindi*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL*  
*Board Certified Specialty: No*  
 525 E MAIN ST  
EL CAJON, CA 92020  
 *Phone: (619) 515-2498*  
 *After Hours Phone: (619) 515-2498*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5:30PM*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 418340

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **WINESBURG, JENNIFER**

Provider ID: 418340

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 Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 418340

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,


SHARP CORONADO HOSP


AND HEALTHCARE CTR,

SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **OPHTHALMOLOGY**

#### **ALBORZIAN, SHERVIN**

Provider ID: 418340

Provider Gender: Male

License Number: A107093

NPI: 1588825129

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL): Provider Gender: Female

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-5:30PM

### OPHTHALMOLOGY

#### **JARDON, JAVIER**

Provider ID: 569910

Provider Gender: Male

License Number: A131365

NPI: 1609171982


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:

CALIFORNIA HOSP MED CTR  
LOS ANGELES, EL CENTRO  
REGIONAL MEDICAL CENTER

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### OPHTHALMOLOGY


#### **MANI, NASRIN**


Provider ID: 569910

Provider Gender: Female

License Number: A40473

NPI: 1023061314

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic, Faroese,  
Farsi, Persian, Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR, SHARP CHULA  
VISTA MED CTR, GROSSMONT  
HOSPITAL

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### OPHTHALMOLOGY


#### **PAPASTERGIU, GEORGIOS**


Provider ID: 569910

Provider Gender: Male

License Number: A127706

NPI: 1790054393

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic, Farsi,  
French, Greek, Italian,  
Spanish


Cultural Competency: N

Hospital Affiliation: EL  
CENTRO REGIONAL MEDICAL  
CENTER, SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### OPHTHALMOLOGY

#### **PONS, MAURICIO**

Provider ID: 569910

Provider Gender: Male

License Number: A87650

NPI: 1376723759

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, EL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### OPHTHALMOLOGY

**SKAF, AYHAM**

Provider ID: 569910

Provider Gender: Male

License Number: A120584

NPI: 1285888628

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: EL

CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### PEDIATRICS

**ADJAN, ROULA**

Provider ID: 185267

Provider Gender: Female

License Number: A81682

NPI: 1992847263

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic, Spanish

Cultural Competency: N

Board Certified Specialty: No

165 S 1ST ST  
EL CAJON, CA 92019

Phone: (619) 280-4213

After Hours Phone: (619) 280-4213

Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### PEDIATRICS

**CONE, STEPHANIE**

Provider ID: 185267

Provider Gender: Female

License Number: A123929

NPI: 1437444858

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, RADY CHILDRENS

HOSPITAL SAN DIEGO

Board Certified Specialty: No

165 S 1ST ST  
EL CAJON, CA 92019

Phone: (619) 312-0347

After Hours Phone: (619) 312-0347

Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### PEDIATRICS

**CONE, STEPHANIE**

Provider ID: 418501

Provider Gender: Female

License Number: A123929

NPI: 1437444858

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Board Certified Specialty: No

1032 BROADWAY  
EL CAJON, CA 92021

Phone: (619) 795-5991

After Hours Phone: (619)  
795-5991

Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

### PEDIATRICS

**FIGUEROA RODRIGUEZ,  
BRENDA**

Provider ID: 478971

Provider Gender: Female

License Number: A114674

NPI: 1134205214

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

133 W MAIN ST STE 100  
EL CAJON, CA 92020

Phone: (619) 873-8940

After Hours Phone: (619)  
873-8940

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

**FLEMING, TARA**

Provider ID: 418340

Provider Gender: Female

License Number: A152462

NPI: 1972965242

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

525 E MAIN ST  
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

### PEDIATRICS

**HOANG, VY**

Provider ID: 546310

Provider Gender: Female

NPI: 1649575135

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SHARP MARY BIRCH HOSP

FOR WOMEN AND

NEWBORNS, RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

844 JACKMAN ST  
EL CAJON, CA 92020

Phone: (619) 442-2560

Fax: (619) 442-7836

After Hours Phone: (619)  
442-2560

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

**JACKSON, DANA**

Provider ID: 418340

Provider Gender: Female

License Number: 20A14119

NPI: 1689060063

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Portuguese,  
Spanish

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Cultural Competency: N  
Hospital Affiliation:  
MARINHEALTH AND  
MARINHEALTH MEDICAL  
CENTER, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

525 E MAIN ST  
EL CAJON, CA 92020  
Phone: (619) 515-2498  
After Hours Phone: (619)  
515-2498  
Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **KODSI, ALICIA**

Provider ID: 418340  
Provider Gender: Female  
License Number: A147976  
NPI: 1932514353  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
525 E MAIN ST  
EL CAJON, CA 92020  
Phone: (619) 515-2498  
After Hours Phone: (619)  
515-2498  
Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:30AM-5:30PM

### **PEDIATRICS**

#### **NAGNUR, PRITI**

Provider ID: 206354  
Provider Gender: Female  
License Number: A170055  
NPI: 1316289929  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Hindi, Kannada  
Cultural Competency: N  
Board Certified Specialty: No  
1111 W CHASE AVE  
EL CAJON, CA 92020  
Phone: (619) 515-2499  
After Hours Phone: (619)  
515-2499  
Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **NAIK, SHILPA**

Provider ID: 546498  
Provider Gender: Female  
NPI: 1902156904  
Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, Sharp Grossmont  
Hospital

Board Certified Specialty: No

844 JACKMAN ST  
EL CAJON, CA 92020  
Phone: (619) 442-2560  
Fax: (619) 442-7836  
After Hours Phone: (619)  
442-2560  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM

### **PEDIATRICS**




#### **NGUYEN, VI**

Provider ID: 546509  
Provider Gender: Female  
NPI: 1053540534  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Board Certified Specialty: No  
844 JACKMAN ST



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供  
者目錄中的資訊可能會更改。



## C. 初級保健名錄


EL CAJON, CA 92020  
 Phone: (619) 442-2560  
 Fax: (619) 442-7836  
 After Hours Phone: (619) 442-2560  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):




N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **PEDIATRICS**

#### **PINTO, ANITA**

Provider ID: 546215  
 Provider Gender: Female  
 NPI: 1477663722  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Hindi  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL,  
 SHARP MARY BIRCH HOSP  
 FOR WOMEN AND  
 NEWBORNS, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No  
 844 JACKMAN ST  
 EL CAJON, CA 92020  
 Phone: (619) 442-2560  
 Fax: (619) 442-7836  
 After Hours Phone: (619) 442-2560

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **PEDIATRICS**

#### **RODRIGUEZ, ALDO**







Provider ID: 569910  
 Provider Gender: Male  
 License Number: A134995  
 NPI: 1508209651

Provider English Spoken: Y  
 Provider Language(s) Spoken: Portuguese, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
 Board Certified Specialty: No

 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: www.syhealth.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM




### **PHYSICIANS ASSISTANT**

#### **ALYAS, ALISIA**

Provider ID: 418501  
 Provider Gender: Female  
 License Number: PA58466  
 NPI: 1437768017  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1032 BROADWAY  
 EL CAJON, CA 92021  
 Phone: (619) 795-5991  
 After Hours Phone: (619) 795-5991  
 Website: www.lamaestra.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM



### **PHYSICIANS ASSISTANT**

#### **ALYAS, ALISIA**

Provider ID: 185267  
 Provider Gender: Female  
 License Number: PA58466  
 NPI: 1437768017  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619)






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

312-0347  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT





#### ARMENTA, JORGE

Provider ID: 185267  
 Provider Gender: Male  
 License Number: PA13694  
 NPI: 1346382611  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619) 312-0347  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5:30PM SA 8:30AM-2PM

### PHYSICIANS ASSISTANT





#### MERCER, KELLY





Provider ID: 185267

Provider Gender: Female  
 License Number: PA21625  
 NPI: 1154609790  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
 165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619) 312-0347  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5:30PM SA 8:30AM-2PM

### PHYSICIANS ASSISTANT








#### MERCER, KELLY

Provider ID: 418501  
 Provider Gender: Female  
 License Number: PA21625  
 NPI: 1154609790  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1032 BROADWAY  
 EL CAJON, CA 92021  
 Phone: (619) 795-5991

 After Hours Phone: (619) 795-5991  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

### PHYSICIANS ASSISTANT

#### ROSENBLATT, SHERI

Provider ID: 569910  
 Provider Gender: Female  
 License Number: PA22872  
 NPI: 1114041621  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### PHYSICIANS ASSISTANT

#### TURNER, SHEREENA

Provider ID: 418340

Provider Gender: Female

License Number: PA20396

NPI: 1992934988

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

525 E MAIN ST

EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:30AM-5:30PM

### PHYSICIANS ASSISTANT

#### ZAMBRANA, GEORGE

Provider ID: 478971

Provider Gender: Male

License Number: PA16673

NPI: 1104836659

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

133 W MAIN ST STE 100

EL CAJON, CA 92020

Phone: (619) 873-8940

After Hours Phone: (619)  
873-8940

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU-SA 8AM-8PM

### PODIATRIST

#### CHARP, KENNETH

Provider ID: 478971

Provider Gender: Male

License Number: DPM1536

NPI: 1841384203

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

133 W MAIN ST STE 100

EL CAJON, CA 92020

Phone: (619) 873-8940

After Hours Phone: (619)  
873-8940

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PODIATRIST

#### JUAREZ, LETICIA

Provider ID: 418340

Provider Gender: Female

License Number: DPM5661

NPI: 1508393778

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

525 E MAIN ST

EL CAJON, CA 92020

Phone: (619) 515-2400

After Hours Phone: (619)  
515-2400

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:30AM-5:30PM

### PODIATRIST

#### LE, DIANA

Provider ID: 418340

Provider Gender: Female

License Number: DPM5734

NPI: 1184112864

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: ANAHEIM


REGIONAL MEDICAL CTR

Board Certified Specialty: No


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-5:30PM


---

### REGISTERED PHYSICAL THERAPIST

#### **CUMMINGS, GEORGE**

Provider ID: 418340  
Provider Gender: Male  
License Number: PT295173  
NPI: 1497236384  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

---



### REGISTERED PHYSICAL THERAPIST


#### **DASCENZO, EMILY**



Provider ID: 569910  
Provider Gender: Female  
License Number: PT40025  
NPI: 1952982761

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

---


### REGISTERED PHYSICAL THERAPIST

#### **GUTIERREZ, JUSTINE**

Provider ID: 418340  
Provider Gender: Female  
License Number: PT292482  
NPI: 1851834873


 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F  
8:30AM-5:30PM

---



### REGISTERED PHYSICAL THERAPIST


#### **KUIOKA, TROY**

Provider ID: 569910  
Provider Gender: Male  
License Number: PT42665  
NPI: 1912640053

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

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## C. 初級保健名錄

### REGISTERED PHYSICAL THERAPIST

#### **MIGNEA, DAVID**

Provider ID: 418340

Provider Gender: Male

License Number: PT293536


NPI: 1043736879


Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **ENCINITAS**

### CERTIFIED NURSE PRACTITIONER

#### **MACIAS, ALISSA**

Provider ID: 480243


Provider Gender: Female

License Number: NP21368


NPI: 1952658445


Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 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: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **MACIAS, ALISSA**

Provider ID: 480243


Provider Gender: Female

License Number: NP21368


NPI: 1952658445


Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 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: CONTACT  
PROVIDER

### CHIROPRACTOR

### **LOVERN, JENNIFER**

Provider ID: 480243

Provider Gender: Female

License Number: DC29074


NPI: 1235469396

Provider English Spoken: Y


Provider Language(s)  
Spoken: Italian, Spanish


Cultural Competency: N

Board Certified Specialty: No

 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: CONTACT  
PROVIDER

 Hours: M-TH 8AM-5PM  
F 8:30AM-5:30PM

### CHIROPRACTOR

#### **LOVERN, JENNIFER**

Provider ID: 480243

Provider Gender: Female

License Number: DC29074


NPI: 1235469396

Provider English Spoken: Y

Provider Language(s)  
Spoken: Italian, Spanish

Cultural Competency: N

Board Certified Specialty: No

 1130 2ND ST

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

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: CONTACT PROVIDER  
🕒 Hours: M-TH 8AM-5PM  
F 8:30AM-5:30PM

### FAMILY PRACTICE

**NATH, DEVARSHI**  
Provider ID: 480243  
Provider Gender: Male  
License Number: C54157  
NPI: 1275630618  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Bengali  
Cultural Competency: N  
Board Certified Specialty: No  
📍 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: CONTACT PROVIDER

**FAMILY PRACTICE**  
**NATH, DEVARSHI**  
Provider ID: 480243  
Provider Gender: Male  
License Number: C54157  
NPI: 1275630618  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Bengali  
Cultural Competency: N  
Board Certified Specialty: No

📍 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: CONTACT PROVIDER

### FAMILY PRACTICE

**SAFI, ROOZCHEHR**  
Provider ID: 480243  
Provider Gender: Female  
License Number: A116562  
NPI: 1659563641  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi  
Cultural Competency: N  
Board Certified Specialty: No  
📍 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: CONTACT PROVIDER

### FAMILY PRACTICE

**SAFI, ROOZCHEHR**  
Provider ID: 480243  
Provider Gender: Female  
License Number: A116562  
NPI: 1659563641  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi  
Cultural Competency: N  
Board Certified Specialty: No  
📍 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: CONTACT PROVIDER

### FAMILY PRACTICE

**WILLIE, KADEN**  
Provider ID: 480243

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Provider Gender: Male  
 License Number: 20A17306  
 NPI: 1790133767  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Portuguese  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1130 2ND ST  
 ENCINITAS, CA 92024  
 Phone: (707) 736-6767  
 After Hours Phone: (707)  
 736-6767  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-5PM  
 F 8:30AM-5:30PM

### FAMILY PRACTICE

**WILLIE, KADEN**  
 Provider ID: 480243  
 Provider Gender: Male  
 License Number: 20A17306  
 NPI: 1790133767  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Portuguese  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1130 2ND ST  
 ENCINITAS, CA 92024  
 Phone: (707) 736-6767  
 After Hours Phone: (707)

736-6767  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-5PM  
 F 8:30AM-5:30PM

### FQHC

**TRUECARE,**  
 Provider ID: 480243  
 NPI: 1245246917  
 Provider English Spoken: Y  
 Cultural Competency: N  
 1130 2ND ST  
 ENCINITAS, CA 92024  
 Phone: (760) 753-7842  
 Fax: (760) 736-8740  
 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: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-5PM  
 F 8:30AM-5:30PM

### OBSTETRICS / GYNECOLOGY

**MOSTOFIAN, EIMANEH**  
 Provider ID: 480243  
 Provider Gender: Female  
 License Number: A97181

NPI: 1154477628  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, PALOMAR  
 MEDICAL CENTER  
 Board Certified Specialty: No  
 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: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-5PM  
 F 8:30AM-5:30PM

### OBSTETRICS / GYNECOLOGY

**MOSTOFIAN, EIMANEH**  
 Provider ID: 480243  
 Provider Gender: Female  
 License Number: A97181  
 NPI: 1154477628  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, PALOMAR  
 MEDICAL CENTER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Board Certified Specialty: No

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: CONTACT  
PROVIDER  
Hours: M-TH 8AM-5PM  
F 8:30AM-5:30PM

### PEDIATRICS

#### BRION, SONJA

Provider ID: 386639  
Provider Gender: Female  
NPI: 1306817317  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, RADY CHILDRENS  
HOSPITAL SAN DIEGO,  
SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No

499 N EL CAMINO REAL  
STE B100  
ENCINITAS, CA 92024  
Phone: (760) 436-4511  
Fax: (760) 436-5106  
After Hours Phone: (760)  
436-4511

Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM

### PEDIATRICS

#### CLEMENTINO, NANCY

Provider ID: 386643  
Provider Gender: Female  
NPI: 1619948619  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS  
Board Certified Specialty: No

499 N EL CAMINO REAL  
STE B100  
ENCINITAS, CA 92024  
Phone: (760) 436-4511  
Fax: (760) 436-5106  
After Hours Phone: (760)  
436-4511

Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### MENDENHALL, ANNA

Provider ID: 386635  
Provider Gender: Female  
NPI: 1639140650  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No

499 N EL CAMINO REAL  
STE B100  
ENCINITAS, CA 92024  
Phone: (760) 436-4511  
Fax: (760) 436-5106  
After Hours Phone: (760)  
436-4511

Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM

### PEDIATRICS

#### MURPHY, CARMEL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

Provider ID: 480243  
 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 Specialty: No  
 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: CONTACT  
 PROVIDER

### **PEDIATRICS**

**MURPHY, CARMEL**  
 Provider ID: 480243  
 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 Specialty: No  
 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: CONTACT  
 PROVIDER

### **PEDIATRICS**

**TERRY, AMANDA**  
 Provider ID: 386739  
 Provider Gender: Female  
 NPI: 1861770885  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, SCRIPPS  
 MEMORIAL HOSPITAL, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MEMORIAL  
 HOSPITAL ENCINITAS, UCSF  
 BENIOFF CHILDREN'S  
 HOSPITAL OAKLAND  
 Board Certified Specialty: No  
 499 N EL CAMINO REAL  
 STE B100  
 ENCINITAS, CA 92024  
 Phone: (760) 436-4511

Fax: (760) 436-5106  
 After Hours Phone: (760)  
 436-4511  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM


### **PEDIATRICS**


**TOLBA, KAMEI**  
 Provider ID: 386624  
 Provider Gender: Male  
 NPI: 1144221763  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, RADY CHILDRENS  
 HOSPITAL SAN DIEGO,  
 SCRIPPS MEMORIAL  
 HOSPITAL  
 Board Certified Specialty: No  
 499 N EL CAMINO REAL  
 STE B100  
 ENCINITAS, CA 92024  
 Phone: (760) 436-4511  
 Fax: (760) 436-5106  
 After Hours Phone: (760)  
 436-4511  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

---

### **PHYSICIANS ASSISTANT**

#### **CHISWICK, GARY**

*Provider ID: 480243*

*Provider Gender: Male*

*License Number: PA22667*


*NPI: 1174964001*

*Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation:*


*GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

 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: CONTACT PROVIDER*

---

### **PHYSICIANS ASSISTANT**

#### **CHISWICK, GARY**

*Provider ID: 480243*

*Provider Gender: Male*

*License Number: PA22667*


*NPI: 1174964001*

*Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation:*


*GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

 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: CONTACT PROVIDER*

---

### **PHYSICIANS ASSISTANT**

#### **FORSMAN, SHANA**

*Provider ID: 480243*

*Provider Gender: Female*


*License Number: PA19437*

*NPI: 1306026737*


*Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Board Certified Specialty: No*

 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: CONTACT PROVIDER*

---

### **PHYSICIANS ASSISTANT**

#### **FORSMAN, SHANA**

*Provider ID: 480243*

*Provider Gender: Female*

*License Number: PA19437*


*NPI: 1306026737*

*Provider English Spoken: Y*


*Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 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: CONTACT PROVIDER*

---

### **ESCONDIDO**

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### **CERTIFIED NURSE**

### **PRACTITIONER**

---

#### **CARNEY, AMY**

*Provider ID: 206271*

*Provider Gender: Female*

*License Number: NP8169*

*NPI: 1164445227*

*Provider English Spoken: Y*  
*Cultural Competency: N*

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## C. 初級保健名錄

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No

728 E VALLEY PKWY  
ESCONDIDO, CA 92025

Phone: (760) 737-6900

After Hours Phone: (760) 737-6900

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-TU 8AM-5PM  
W 9AM-5PM  
TH-F 8AM-5PM

### CERTIFIED NURSE PRACTITIONER

**HACINAS, REYNALDO**

Provider ID: 419344

Provider Gender: Male

License Number: NP95003024

NPI: 1215304860

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

Phone: (760) 767-5051

After Hours Phone: (760) 767-5051

Website: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

**KAHL, NICHOLAS**

Provider ID: 588941

Provider Gender: Male

License Number: NP95006360

NPI: 1821306598

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

704 E GRAND AVE  
ESCONDIDO, CA 92025

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

**MITCHELL, CATHY**

Provider ID: 424775

Provider Gender: Female

License Number: NP4799

NPI: 1356365365

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

426 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 690-5900

After Hours Phone: (760) 690-5900

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

### CERTIFIED NURSE PRACTITIONER

**TODD, MIKAYLA**

Provider ID: 588941

Provider Gender: Female

License Number: NP95005999

NPI: 1316478092

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

704 E GRAND AVE  
ESCONDIDO, CA 92025

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER





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## C. 初級保健名錄

CHIROPRACTOR		FAMILY PRACTICE	
<b>ROBINSON, DEAN</b> Provider ID: 206270 Provider Gender: Male License Number: DC12036 NPI: 1851320337 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No <input type="checkbox"/> 460 N ELM ST ESCONDIDO, CA 92025 <input type="phone"/> Phone: (760) 520-8100 <input type="clock"/> After Hours Phone: (760) 520-8100 <input type="website"/> Website: www.ihpsocal.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="wheelchair"/> Accessibility: CONTACT PROVIDER		<b>AVILA, MICHAEL</b> Provider ID: 206270 Provider Gender: Male License Number: A159727 NPI: 1962936450 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No <input type="checkbox"/> 460 N ELM ST ESCONDIDO, CA 92025 <input type="phone"/> Phone: (760) 520-8100 <input type="clock"/> After Hours Phone: (760) 520-8100 <input type="website"/> Website: www.ihpsocal.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="wheelchair"/> Accessibility: CONTACT PROVIDER <input type="clock"/> Hours: M-F 8AM-5PM SA 8AM-0PM	
CHIROPRACTOR		FAMILY PRACTICE	
<b>ZECHA, RONALD</b> Provider ID: 206270 Provider Gender: Male License Number: DC28605 NPI: 1427252121 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No <input type="checkbox"/> 460 N ELM ST ESCONDIDO, CA 92025 <input type="phone"/> Phone: (760) 520-8100		<b>ARRIETA, NOEMI</b> Provider ID: 588941 Provider Gender: Female License Number: 20A11153 NPI: 1912223496 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL Board Certified Specialty: No <input type="checkbox"/> 704 E GRAND AVE ESCONDIDO, CA 92025 <input type="phone"/> Phone: (619) 662-4100 <input type="clock"/> After Hours Phone: (619) 662-4100 <input type="website"/> Website: N/A Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="wheelchair"/> Accessibility: CONTACT PROVIDER	
		FAMILY PRACTICE	
		<b>CASTANER, ZALYA</b> Provider ID: 206270 Provider Gender: Female License Number: A139490 NPI: 1487072179 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: PALOMAR MEDICAL CENTER Board Certified Specialty: No <input type="checkbox"/> 460 N ELM ST ESCONDIDO, CA 92025	








請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 Phone: (760) 520-8100  
 After Hours Phone: (760) 520-8100  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER








### **FAMILY PRACTICE**

#### **CASTANER, ZALYA**

Provider ID: 206271  
Provider Gender: Female  
License Number: A139490  
NPI: 1487072179  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR MEDICAL CENTER  
Board Certified Specialty: No  
 728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
 After Hours Phone: (760) 737-6900  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-W 8AM-8PM  
TH-F 8AM-5PM





### **FAMILY PRACTICE**



#### **COBIAN, VANESSA**

Provider ID: 206271  
Provider Gender: Female  
License Number: A145349  
NPI: 1134513039  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
 After Hours Phone: (760) 737-6900  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-W 8AM-8PM  
TH-F 8AM-5PM

### **FAMILY PRACTICE**

#### **COX, VICTORIA**

Provider ID: 588941  
Provider Gender: Female  
License Number: C171064  
NPI: 1093087819  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 704 E GRAND AVE  
ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **FERRAILOLO, NATALIE**

Provider ID: 206270  
Provider Gender: Female  
License Number: A152372  
NPI: 1306290143  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 460 N ELM ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760) 520-8100  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
SA 8AM-0PM

### **FAMILY PRACTICE**


#### **HAMILTON, LISA MARIE**

Provider ID: 652372  
Provider Gender: Female  
License Number: 20A14772


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## C. 初級保健名錄

NPI: 1235576059

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 128 N BROADWAY  
ESCONDIDO, CA 92025

 Phone: (760) 546-2858

 After Hours Phone: (760)  
546-2858

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **KAUR, JATINDER**


Provider ID: 206270

Provider Gender: Female

License Number: A120771

NPI: 1912141391


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Hindi, Urdu

Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-0PM

### FAMILY PRACTICE


#### **LAI, AMARA**

Provider ID: 206271

Provider Gender: Female

License Number: A120348

NPI: 1790912855

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760)  
737-6900


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU 8AM-5PM  
W 9AM-5PM  
TH-F 8AM-5PM


### FAMILY PRACTICE

#### **MATSHE, ZENZIWE**


Provider ID: 665448


Provider Gender: Female


NPI: 1285256073


 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 Fax: (760) 466-1373

 After Hours Phone: (760)  
520-8100


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### FAMILY PRACTICE

#### **MCHENRY, KATHRYN**


Provider ID: 206270

Provider Gender: Female

License Number: 20A14292

NPI: 1326458373


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100



 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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## C. 初級保健名錄

American Sign Language (ASL):  Provider English Spoken: Y  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
SA 8AM-0PM


### **FAMILY PRACTICE**

#### **NAKAMURA, MELANIE**

Provider ID: 206270  
 Provider Gender: Female  
 License Number: A107557  
 NPI: 1104022672  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760) 520-8100  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-0PM




### **FAMILY PRACTICE**

#### **PATEL, JITENBHAI**

Provider ID: 206270  
 Provider Gender: Male  
 License Number: A94128  
 NPI: 1902921406

Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760) 520-8100  
 Website: www.ihpsocal.org




Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **PATEL, JITENBHAI**

Provider ID: 206271  
 Provider Gender: Male  
 License Number: A94128  
 NPI: 1902921406  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
 After Hours Phone: (760) 737-6900

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**




#### **RAO, USHA**


Provider ID: 588941  
 Provider Gender: Female  
 License Number: A148750  
 NPI: 1184019911

Provider English Spoken: Y  
 Provider Language(s) Spoken: Hindi, Spanish  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No

 704 E GRAND AVE  
 ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **RASHCOVSKY SCHIFF, KARIN**

Provider ID: 206270  
 Provider Gender: Female  
 License Number: A82173  
 NPI: 1699706333

Provider English Spoken: Y  
 Provider Language(s) Spoken: French  
 Cultural Competency: N

Hospital Affiliation: PALOMAR

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## C. 初級保健名錄

### MEDICAL CENTER

Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8100

After Hours Phone: (760)  
520-8100

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### RODARTE, GABRIEL

Provider ID: 206266

Provider Gender: Male

License Number: A87906

NPI: 1184649212

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8340

After Hours Phone: (760)  
520-8340

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### FAMILY PRACTICE

#### SANDHU, BASANT

Provider ID: 206271

Provider Gender: Male

License Number: A140398

NPI: 1265795744

Provider English Spoken: Y

Provider Language(s)  
Spoken: German, Hindi,  
Punjabi, Spanish

Cultural Competency: N

Board Certified Specialty: No

728 E VALLEY PKWY  
ESCONDIDO, CA 92025

Phone: (760) 737-6900

After Hours Phone: (760)  
737-6900

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-W 8AM-8PM  
TH-F 8AM-5PM

### FAMILY PRACTICE

#### SCHULTZ, JAMES

Provider ID: 206271

Provider Gender: Male

License Number: G61829

NPI: 1356376164

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Greek,

Spanish

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
PALOMAR MEDICAL CENTER

Board Certified Specialty: No

728 E VALLEY PKWY  
ESCONDIDO, CA 92025

Phone: (760) 737-6900

After Hours Phone: (760)  
737-6900

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### SCHULTZ, JAMES

Provider ID: 206270

Provider Gender: Male

License Number: G61829

NPI: 1356376164

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Greek,  
Spanish

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE

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## C. 初級保健名錄

RANCHO SPRINGS HOSPITAL,  
PALOMAR MEDICAL CENTER  
Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8100  
After Hours Phone: (760)  
520-8100  
Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

**TANTOD, KULIN**

Provider ID: 206270  
Provider Gender: Male  
License Number: A109655  
NPI: 1902058928  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8100  
After Hours Phone: (760)  
520-8100  
Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM

### FAMILY PRACTICE

**THOMPSON, CHERYL**

Provider ID: 206270  
Provider Gender: Female  
License Number: A102687  
NPI: 1548429863  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8100  
After Hours Phone: (760)  
520-8100  
Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
SA 8AM-0PM

### FQHC

**CENTRO MEDICO**

**ESCONDIDO,**  
Provider ID: 419344  
NPI: 1023349883  
Provider English Spoken: Y  
Cultural Competency: N  
1121 E WASHINGTON AVE

ESCONDIDO, CA 92025  
Phone: (760) 871-0606  
Fax: (858) 634-6918

After Hours Phone: (760)  
871-0606

Website: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: SU 8AM-0PM  
M-F 8AM-8PM  
SA 8AM-0PM

### FQHC

**ESCONDIDO FAMILY HEALTH  
CENTER,**

Provider ID: 652372  
NPI: 1417640491  
Provider English Spoken: Y  
Cultural Competency: N  
128 N BROADWAY  
ESCONDIDO, CA 92025  
Phone: (619) 515-2474  
After Hours Phone: (619)  
515-2474  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### FQHC

**NEIGHBORHOOD**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


### HEALTHCARE ESCONDIDO,

Provider ID: 206270

NPI: 1598703647

 Provider English Spoken: Y  
Cultural Competency: N

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

Fax: (360) 466-2745


 After Hours Phone: (760)  
520-8100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-0PM

#### FQHC

### NEIGHBORHOOD


#### HEALTHCARE PEDIATRICS AND PRENATAL,

Provider ID: 424775

NPI: 1437335353

 Provider English Spoken: Y  
Cultural Competency: N

 426 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 690-5900

Fax: (360) 462-2747

 After Hours Phone: (760)  
690-5900


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

#### FQHC

### NEIGHBORHOOD


#### HEALTHCARE PIDS AND PRENATAL,

Provider ID: 206266


NPI: 1265618185

 Provider English Spoken: Y  
Cultural Competency: N

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8340

Fax: (360) 462-2752


 After Hours Phone: (760)  
520-8340

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

#### FQHC

### NEIGHBORHOOD


#### HEALTHCARE VALLEY PARKWAY,

Provider ID: 206271

NPI: 1720264641

 Provider English Spoken: Y  
Cultural Competency: N

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

Fax: (360) 462-2748

 After Hours Phone: (760)  
737-6900


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU 8AM-5PM  
W 9AM-5PM  
TH-F 8AM-5PM

#### FQHC


### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE,

Provider ID: 588941

NPI: 1801438239

 Provider English Spoken: Y  
Cultural Competency: N

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

Fax: (619) 662-7952

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

<p><b>INTERNAL MEDICINE</b></p> <p><b>AGUERO, AMETHYST</b>            Provider ID: 652372            Provider Gender: Female            License Number: 20A19473            NPI: 1568021913</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No</p> <p><input type="checkbox"/> 128 N BROADWAY            ESCONDIDO, CA 92025  <input type="phone"/> Phone: (760) 546-2858  <input type="phone"/> After Hours Phone: (760) 546-2858  <input type="website"/> Website: N/A            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER</p>	<p>MEMORIAL HOSPITAL            ENCINITAS            Board Certified Specialty: No</p> <p><input type="checkbox"/> 704 E GRAND AVE            ESCONDIDO, CA 92025  <input type="phone"/> Phone: (619) 662-4100  <input type="phone"/> After Hours Phone: (619) 662-4100  <input type="website"/> Website: N/A            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER</p>	<p><input type="wheelchair"/> Accessibility: CONTACT PROVIDER  <input type="clock"/> Hours: M-F 8AM-5PM            SA 8AM-0PM</p>
<p><b>INTERNAL MEDICINE</b></p> <p><b>CARRERA, JORGE</b>            Provider ID: 588941            Provider Gender: Male            License Number: G58033            NPI: 1184728586</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: TRI CITY            MEDICAL CTR, SCRIPPS</p>	<p><b>INTERNAL MEDICINE</b></p> <p><b>CHEN, MARGARET</b>            Provider ID: 235296            Provider Gender: Female            NPI: 1659305084</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Greek, Spanish            Cultural Competency: N            Board Certified Specialty: No</p> <p><input type="checkbox"/> 460 N ELM ST            ESCONDIDO, CA 92025  <input type="phone"/> Phone: (760) 520-8100            Fax: (360) 462-2745  <input type="phone"/> After Hours Phone: (760) 520-8100  <input type="website"/> Website: N/A            Medi-Cal Open Panel: Yes            Min/Max Age: 18\None            American Sign Language (ASL): N</p>	<p><b>INTERNAL MEDICINE</b></p> <p><b>CHEN, MARGARET</b>            Provider ID: 206270            Provider Gender: Female            License Number: A61751            NPI: 1659305084</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Greek, Spanish            Cultural Competency: N            Board Certified Specialty: No</p> <p><input type="checkbox"/> 460 N ELM ST            ESCONDIDO, CA 92025  <input type="phone"/> Phone: (760) 520-8100  <input type="phone"/> After Hours Phone: (760) 520-8100  <input type="website"/> Website: www.ihpsocal.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER  <input type="clock"/> Hours: M-F 8AM-5PM            SA 8AM-0PM</p>
		<p><b>INTERNAL MEDICINE</b></p> <p><b>VETTICADEN, SANTOSH</b>            Provider ID: 206270            Provider Gender: Male            License Number: C53062            NPI: 1679102461</p> <p><input type="checkbox"/> Provider English Spoken: Y</p>


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## C. 初級保健名錄

*Cultural Competency: N*  
*Board Certified Specialty: No*

 460 N ELM ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
520-8100  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
N



 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM  
SA 8AM-0PM*

### **PEDIATRICS**

#### **AGUILAR, EDITA**

*Provider ID: 206266*  
*Provider Gender: Female*  
*License Number: A56054*  
*NPI: 1467407411*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*  
*Board Certified Specialty: No*

 425 N DATE ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8340  
 After Hours Phone: (760)  
520-8340  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\21*



*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT  
PROVIDER*




### **PEDIATRICS**


#### **AGUILAR, EDITA**

*Provider ID: 424775*  
*Provider Gender: Female*  
*License Number: A56054*  
*NPI: 1467407411*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*  
*Board Certified Specialty: No*

 426 N DATE ST  
ESCONDIDO, CA 92025  
 Phone: (760) 690-5900  
 After Hours Phone: (760)  
690-5900

 Website: N/A  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\21*



*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT  
PROVIDER*

### **PEDIATRICS**

#### **ALDANA, NANCY**




*Provider ID: 424775*  
*Provider Gender: Female*  
*License Number: A62467*  
*NPI: 1558371963*


 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: TRI CITY  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS*

*Board Certified Specialty: No*

 426 N DATE ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8340  
 After Hours Phone: (760)  
520-8340

 Website: N/A  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\21*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

### **PEDIATRICS**




#### **CHOW, BYRON**

*Provider ID: 206270*  
*Provider Gender: Male*  
*License Number: A78116*  
*NPI: 1619907607*

 *Provider English Spoken: Y*  
*Cultural Competency: N*



*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER*

*Board Certified Specialty: No*





 460 N ELM ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄







520-8100  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

**COHEN, CARA**  
 Provider ID: 661879  
 Provider Gender: Female  
 NPI: 1215021274  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: PALOMAR HEALTH, RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND  
 Board Certified Specialty: No  
 625 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92025  
 Phone: (760) 746-2641  
 Fax: (760) 740-2178  
 After Hours Phone: (760) 746-2641  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N






 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **PEDIATRICS**


**COULLAHAN, JESSICA**  
 Provider ID: 661887  
 Provider Gender: Female  
 NPI: 1750579108  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER  
 Board Certified Specialty: No  
 625 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92025  
 Phone: (760) 746-2641  
 Fax: (760) 740-2178  
 After Hours Phone: (760) 746-2641  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 8:30AM-0PM

### **PEDIATRICS**

**CURET, ZULMA**  
 Provider ID: 206270  
 Provider Gender: Female

License Number: A119661  
 NPI: 1841561107  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Board Certified Specialty: No  
 460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760) 520-8100  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

**DOSHI, NEELIMA**  
 Provider ID: 640252  
 Provider Gender: Female  
 NPI: 1417921578  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Hindi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Board Certified Specialty: No  
 426 N DATE ST

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

ESCONDIDO, CA 92025

☎ Phone: (833) 867-4642

Fax: (360) 462-2752

🕒 After Hours Phone: (833)  
867-4642

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **DOSHI, NEELIMA**

Provider ID: 424775

Provider Gender: Female

License Number: A67626

NPI: 1417921578

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

📍 426 N DATE ST  
ESCONDIDO, CA 92025

☎ Phone: (760) 690-5900

🕒 After Hours Phone: (760)  
690-5900

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **IBRAHIM, MAGED**

Provider ID: 419344

Provider Gender: Male

License Number: C141296

NPI: 1306852934

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: POMONA  
VALLEY HOSP MED CTR, SAN  
ANTONIO COMM HOSP

Board Certified Specialty: No

📍 1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

☎ Phone: (760) 871-0606

🕒 After Hours Phone: (760)  
871-0606

🌐 Website: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: SU 8AM-0PM  
M-F 8AM-8PM  
SA 8AM-0PM

### **PEDIATRICS**

#### **MALEKSHAMRAN, KEYVAN**

Provider ID: 419344

Provider Gender: Male

License Number: A94845

NPI: 1952466112

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Farsi, Persian,  
Spanish

Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL,

DESERT REGIONAL MED CTR

Board Certified Specialty: No

📍 1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

☎ Phone: (760) 871-0606

🕒 After Hours Phone: (760)  
871-0606

🌐 Website: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **SONG, JOYCE**

Provider ID: 661892

Provider Gender: Female

NPI: 1417510694

☑ Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

📍 625 CITRACADO PKWY STE  
100

ESCONDIDO, CA 92025

☎ Phone: (760) 746-2641

Fax: (760) 740-2178

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

☎ After Hours Phone: (760) 746-2641

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

### PEDIATRICS

#### **STRAZICICH, KARLA**

Provider ID: 206270

Provider Gender: Female

License Number: A45413

NPI: 1134154958

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No

📍 460 N ELM ST  
ESCONDIDO, CA 92025

☎ Phone: (760) 520-8100

☎ After Hours Phone: (760) 520-8100

🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### **TELLECHEA-SANCHEZ,**

#### **SELMIRA**

Provider ID: 424775

Provider Gender: Female

License Number: G83438

NPI: 1730288747

☐ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 426 N DATE ST  
ESCONDIDO, CA 92025

☎ Phone: (760) 690-5900

☎ After Hours Phone: (760) 690-5900

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### **THIRUNAGARI, HARRSHA**

Provider ID: 419344

Provider Gender: Female

License Number: A64928

NPI: 1447472212

☐ Provider English Spoken: Y  
☐ Provider Language(s)

Spoken: Hindi, Spanish, Telugu

Cultural Competency: N

Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, RIVERSIDE

COMMUNITY HOSP, Parkview Community Hospital Medical

Center

Board Certified Specialty: No

📍 1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

☎ Phone: (760) 871-0606

☎ After Hours Phone: (760) 871-0606

🌐 Website: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: SU 8AM-0PM

M-F 8AM-8PM

SA 8AM-0PM

### PEDIATRICS

#### **ZANDKARIMI, FARIBA**

Provider ID: 87737

Provider Gender: Female

NPI: 1356373674

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Farsi, Persian,  
Spanish

Cultural Competency: N

Hospital Affiliation: MERCY GENERAL HOSPITAL, RADY

CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY

HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA,






UCSD MEDICAL CTR

Board Certified Specialty: No

📍 240 W MISSION AVE STE A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

ESCONDIDO, CA 92025  
 Phone: (760) 747-5400  
 Fax: (760) 747-2286  
 After Hours Phone: (760) 747-5400  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### PHYSICIANS ASSISTANT



#### **BAISLEY, SHAWN**


Provider ID: 588941  
 Provider Gender: Male  
 License Number: PA52347  
 NPI: 1376936120


 Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

 704 E GRAND AVE  
 ESCONDIDO, CA 92025

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT



#### **SHARPE, NORMA**


Provider ID: 588941  
 Provider Gender: Female  
 License Number: PA20490  
 NPI: 1619100237

 Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

 704 E GRAND AVE  
 ESCONDIDO, CA 92025

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None



American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

### PODIATRIST

#### **NEGRON, RICARDO**



Provider ID: 206271  
 Provider Gender: Male  
 License Number: DPM5260  
 NPI: 1932548393



 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: Providence  
 St Joseph Hospital

Board Certified Specialty: No

 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025

 Phone: (760) 737-6900  
 After Hours Phone: (760)

737-6900  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **FALLBROOK**

### CERTIFIED NURSE

### PRACTITIONER

#### **KELLEHER, BRIDGET**

Provider ID: 624122  
 Provider Gender: Female  
 License Number: NP95003447  
 NPI: 1245695006



 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: TRI CITY  
 MEDICAL CTR

Board Certified Specialty: No

 321 E ALVARADO ST  
 FALLBROOK, CA 92028

 Phone: (760) 723-6200  
 After Hours Phone: (760) 723-6200

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None




























American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

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## C. 初級保健名錄

<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p>	<p> <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: TRI CITY MEDICAL CTR</i> <i>Board Certified Specialty: No</i>  321 E ALVARADO ST FALLBROOK, CA 92028  <i>Phone: (760) 723-6200</i>  <i>After Hours Phone: (760) 723-6200</i>  <i>Website: www.vistacommunityclinic.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p>	<p><i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M 8AM-4PM TU 8AM-0:30PM W-TH 8AM-5PM</i></p>
<p><b>KELLEHER, BRIDGET</b> <i>Provider ID: 624122</i> <i>Provider Gender: Female</i> <i>License Number: NP95003447</i> <i>NPI: 1245695006</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: TRI CITY MEDICAL CTR</i> <i>Board Certified Specialty: No</i>  321 E ALVARADO ST FALLBROOK, CA 92028  <i>Phone: (760) 723-6200</i>  <i>After Hours Phone: (760) 723-6200</i>  <i>Website: www.vistacommunityclinic.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p>	<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>RACKHAM, KELLY</b> <i>Provider ID: 624122</i> <i>Provider Gender: Male</i> <i>License Number: NP95015717</i> <i>NPI: 1801497284</i>  <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i>  321 E ALVARADO ST FALLBROOK, CA 92028  <i>Phone: (760) 723-6200</i>  <i>After Hours Phone: (760) 723-6200</i>  <i>Website: www.vistacommunityclinic.org</i> <i>Medi-Cal Open Panel: Yes</i></p>	<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>RACKHAM, KELLY</b> <i>Provider ID: 624122</i> <i>Provider Gender: Male</i> <i>License Number: NP95015717</i> <i>NPI: 1801497284</i>  <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i>  321 E ALVARADO ST FALLBROOK, CA 92028  <i>Phone: (760) 723-6200</i>  <i>After Hours Phone: (760) 723-6200</i>  <i>Website: www.vistacommunityclinic.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M 8AM-4PM TU 8AM-0:30PM W-TH 8AM-5PM</i></p>
<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>KELLEHER, BRIDGET</b> <i>Provider ID: 624122</i> <i>Provider Gender: Female</i> <i>License Number: NP95003447</i> <i>NPI: 1245695006</i>  <i>Provider English Spoken: Y</i></p>	<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p>	<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p>

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## C. 初級保健名錄

### **RACKHAM, KELLY**

Provider ID: 624122

Provider Gender: Male


License Number: NP95015717


NPI: 1801497284

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8AM-4PM  
TU 8AM-0:30PM  
W-TH 8AM-5PM

### **FAMILY PRACTICE**

### **ZAMPELLO, LISA**

Provider ID: 624122

Provider Gender: Female


License Number: A145924

NPI: 1477933026

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

### **ZAMPELLO, LISA**

Provider ID: 624122

Provider Gender: Female


License Number: A145924


NPI: 1477933026

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


### **ZAMPELLO, LISA**

Provider ID: 624122

Provider Gender: Female


License Number: A145924


NPI: 1477933026


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FQHC**


### **FALLBROOK FAMILY HLTH CTR,**

Provider ID: 183910

NPI: 1982756086

 Provider English Spoken: Y  
Cultural Competency: N

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4720

Fax: (760) 451-4700

 After Hours Phone: (760)  
451-4720

 Website: N/A



Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-5PM

### FQHC


#### VISTA COMMUNITY CLINIC,


Provider ID: 624122

NPI: 1316501562

 Provider English Spoken: Y  
 Cultural Competency: N

 321 E ALVARADO ST  
 FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
 723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-4PM  
 TU 8AM-0:30PM  
 W-TH 8AM-5PM

### FQHC


#### VISTA COMMUNITY CLINIC,

Provider ID: 624122

NPI: 1851300123

 Provider English Spoken: Y  
 Cultural Competency: N

 321 E ALVARADO ST  
 FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
 723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-4PM  
 TU 8AM-0:30PM  
 W-TH 8AM-5PM

### FQHC


#### VISTA COMMUNITY CLINIC,


Provider ID: 624122

NPI: 1649662719

 Provider English Spoken: Y  
 Cultural Competency: N

 321 E ALVARADO ST  
 FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
 723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-4PM  
 TU 8AM-0:30PM  
 W-TH 8AM-5PM

### PEDIATRICS

#### DEL RE, AMANDA

Provider ID: 238960

Provider Gender: Female


NPI: 1548499957

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Board Certified Specialty: No

 1107 S MISSION RD  
 FALLBROOK, CA 92028

 Phone: (760) 451-0070

Fax: (760) 451-1499

 After Hours Phone: (760)  
 451-0070


 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### PAIK, JULIANA

Provider ID: 504522

Provider Gender: Female

NPI: 1528167087

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SOUTHWEST

HEALTHCARE RANCHO

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### SPRINGS HOSPITAL

Board Certified Specialty: No

1107 S MISSION RD  
FALLBROOK, CA 92028

Phone: (760) 451-0070

Fax: (760) 451-1499

After Hours Phone: (760)  
451-0070

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### ROBINSON, DAISY

Provider ID: 230579

Provider Gender: Female

NPI: 1659389740

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

321 E ALVARADO ST  
FALLBROOK, CA 92028

Phone: (760) 723-6200

Fax: (760) 414-3892

After Hours Phone: (760)  
723-6200

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-4PM

### PEDIATRICS

#### VU, WENDY

Provider ID: 183910

Provider Gender: Female

License Number: A169529

NPI: 1508148370

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1328 S MISSION RD  
FALLBROOK, CA 92028

Phone: (760) 451-4770

After Hours Phone: (760)  
451-4770

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-7:30PM  
SA 8AM-5PM

### IMPERIAL BEACH

### FAMILY PRACTICE

#### JOHNSON, DANIEL

Provider ID: 179678

Provider Gender: Male

License Number: 20A9393

NPI: 1245311216

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

949 PALM AVE  
IMPERIAL BEACH, CA  
91932

Phone: (619) 429-3733

After Hours Phone: (619)  
429-3733

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:30AM-9PM  
F 8:30AM-5PM  
SA 8:30AM-2PM

### FQHC

#### IMPERIAL BEACH HEALTH CENTER,

Provider ID: 179678

NPI: 1790718351

Provider English Spoken: Y  
Cultural Competency: N

949 PALM AVE  
IMPERIAL BEACH, CA  
91932

Phone: (619) 429-3733

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## C. 初級保健名錄

Fax: (619) 628-5550

☎ After Hours Phone: (619) 429-3733

🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

### **INTERNAL MEDICINE**

#### **RYAN, DANA**

Provider ID: 179678

Provider Gender: Female

License Number: A66830

NPI: 1780609990

☑ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 949 PALM AVE  
IMPERIAL BEACH, CA  
91932

☎ Phone: (619) 429-3733

☎ After Hours Phone: (619) 429-3733

🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **DOKICH, SRETENKA**

Provider ID: 179678

Provider Gender: Female

License Number: A51447

NPI: 1154409035

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

📍 949 PALM AVE  
IMPERIAL BEACH, CA  
91932

☎ Phone: (619) 429-3733

☎ After Hours Phone: (619) 429-3733

🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

### **JULIAN**

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **LIEBER, CAROL**

Provider ID: 608817

Provider Gender: Female

NPI: 1487889846

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

📍 2721 WASHINGTON ST  
JULIAN, CA 92036

☎ Phone: (619) 662-4100  
Fax: (760) 765-1278

☎ After Hours Phone: (619) 662-4100

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

### **LA JOLLA**

#### **PEDIATRICS**

#### **GAINOR, GRETCHEN**

Provider ID: 537752

Provider Gender: Female

NPI: 1174504757

☑ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 7300 GIRARD AVE STE 106  
LA JOLLA, CA 92037

☎ Phone: (858) 459-4351

Fax: (858) 459-4399

☎ After Hours Phone: (858) 459-4351

🌐 Website: N/A

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

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## C. 初級保健名錄

 Hours: M-F 8AM-5PM  
SA 8AM-0PM

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### **PEDIATRICS**


---

#### **GANDHI, SHEETAL**

Provider ID: 282029

Provider Gender: Female

NPI: 1700858859

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL


Board Certified Specialty: No

 4150 REGENTS PARK ROW  
STE 355

LA JOLLA, CA 92037

 Phone: (858) 457-2043

Fax: (858) 457-2092

 After Hours Phone: (858)  
457-2043


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

---

### **PEDIATRICS**


---

#### **HUNTER, WENDY**

Provider ID: 377597

Provider Gender: Female

NPI: 1053515551


 Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 7300 GIRARD AVE STE 106  
LA JOLLA, CA 92037

 Phone: (858) 459-4351

Fax: (858) 459-4399

 After Hours Phone: (858)  
459-4351


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

---

### **PEDIATRICS**


---

#### **PARSONS, GENEVIEVE**

Provider ID: 24122

Provider Gender: Female

NPI: 1699700914

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL


HOSPITAL

Board Certified Specialty: No

 7300 GIRARD AVE STE 106  
LA JOLLA, CA 92037

 Phone: (858) 459-4351

Fax: (858) 459-4399


 After Hours Phone: (858)  
459-4351


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

---

### **PEDIATRICS**

---

#### **PASTORE, SIMONE**

Provider ID: 600881


Provider Gender: Female

NPI: 1528588134


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

### **PEDIATRICS**

#### **ROBERTS, KENDALL**

*Provider ID: 48933*

*Provider Gender: Male*

*NPI: 1265762033*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

 4150 REGENTS PARK ROW STE 355

LA JOLLA, CA 92037

 *Phone: (858) 457-2043*

*Fax: (858) 457-2092*

 *After Hours Phone: (858) 457-2043*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

### **PEDIATRICS**

#### **SHAH, MEERA**

*Provider ID: 145167*

*Provider Gender: Female*

*NPI: 1720300239*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR*

*Board Certified Specialty: No*

 4150 REGENTS PARK ROW STE 355

LA JOLLA, CA 92037

 *Phone: (858) 457-2043*

*Fax: (858) 457-2092*

 *After Hours Phone: (858) 457-2043*

 *Website: N/A*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

### **PEDIATRICS**

#### **TUNG, VIVIAN**

*Provider ID: 11291*

*Provider Gender: Female*


*NPI: 1285665133*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

 7300 GIRARD AVE STE 106 LA JOLLA, CA 92037

 *Phone: (858) 459-4351*

*Fax: (858) 459-4399*

 *After Hours Phone: (858) 459-4351*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

### **LA MESA**

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **WARD, KATHERINE**

*Provider ID: 480827*

*Provider Gender: Female*

*License Number: NP95017921*


*NPI: 1477223576*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 8881 FLETCHER PKWY STE 200

LA MESA, CA 91942

 *Phone: (616) 464-6434*

 *After Hours Phone: (616) 464-6434*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\21*

*American Sign Language (ASL):*

*N*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **PATEL, HEMANSHU**


*Provider ID: 664660*


*Provider Gender: Male*

*NPI: 1255777439*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: VICTOR VALLEY COMMUNITY HOSP, BARSTOW COMMUNITY HOSPITAL, DESERT VALLEY HOSPITAL, Providence St Mary Medical Center, VICTOR VALLEY GLOBAL MED CTR*  
*Board Certified Specialty: No*

 7339 EL CAJON BLVD STE 1  
LA MESA, CA 91942

 *Phone: (619) 698-0606*

*Fax: (619) 332-5149*


 *After Hours Phone: (619) 698-0606*


 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

### **FAMILY PRACTICE**

#### **SINGH, RAMENDEEP**

*Provider ID: 664666*

*Provider Gender: Female*


*NPI: 1255777421*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: DESERT VALLEY HOSPITAL*

*Board Certified Specialty: No*

 7339 EL CAJON BLVD STE 1  
LA MESA, CA 91942

 *Phone: (619) 698-0606*

*Fax: (619) 332-5149*

 *After Hours Phone: (619) 698-0606*


 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

### **FQHC**

#### **LA MESA PEDIATRICS,**

*Provider ID: 480827*

*NPI: 1033759311*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

 8881 FLETCHER PKWY STE 200  
LA MESA, CA 91942

 *Phone: (619) 464-6434*

*Fax: (619) 464-5109*

 *After Hours Phone: (619) 464-6434*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\21*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **BULLOCH, EDGAR**

*Provider ID: 480827*

*Provider Gender: Male*

*License Number: A113241*

*NPI: 1508046376*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: GROSSMONT HOSPITAL, Sharp Grossmont Hospital*

*Board Certified Specialty: No*

 8881 FLETCHER PKWY STE 200  
LA MESA, CA 91942

 *Phone: (619) 464-6434*

 *After Hours Phone: (619) 464-6434*


 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\21*

*American Sign Language (ASL): N*

*N*

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **PAPA, RHETT**

*Provider ID: 480827*

*Provider Gender: Male*

*License Number: 20A11733*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

NPI: 1063642312

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL

Board Certified Specialty: No

 8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

 Phone: (619) 464-6434

 After Hours Phone: (619)  
464-6434

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **ALSHEIKH, HUDA**


Provider ID: 480827

Provider Gender: Female

License Number: C133872

NPI: 1487746855

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic


Cultural Competency: N

Board Certified Specialty: No

 8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

 Phone: (619) 464-6434

 After Hours Phone: (619)  
464-6434

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### **PEDIATRICS**

#### **ALSHEIKH, HUDA**

Provider ID: 435468

Provider Gender: Female

NPI: 1487746855

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

 8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

 Phone: (619) 464-6434

Fax: (619) 464-5109

 After Hours Phone: (619)  
464-6434


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU 7:30AM-6PM  
W-F 7:30AM-6:30PM  
SA 8:30AM-5PM

### **PEDIATRICS**

#### **ALSHEIKH, HUDA**

Provider ID: 451191

Provider Gender: Female

NPI: 1487746855

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N


Board Certified Specialty: No

 8881 FLETCHER PKWY STE  
205

LA MESA, CA 91942

 Phone: (619) 464-6434

Fax: (619) 464-5109

 After Hours Phone: (619)  
464-6434


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU 7:30AM-6PM  
W-F 7:30AM-6:30PM  
SA 8:30AM-5PM

### **PEDIATRICS**

#### **CLAY, CORRIE**

Provider ID: 536652

Provider Gender: Female

NPI: 1437207750

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, GROSSMONT

HOSPITAL, SHARP MARY

BIRCH HOSP FOR WOMEN

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### AND NEWBORNS

Board Certified Specialty: No

8881 FLETCHER PKWY STE  
200  
LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-6PM  
SA 11:30AM-3:30PM

### PEDIATRICS

#### EMPIE, KRISTEN

Provider ID: 648986

Provider Gender: Female

NPI: 1093343105

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

8881 FLETCHER PKWY STE  
200  
LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-6PM  
SA 11:30AM-3:30PM

### PEDIATRICS

#### EMPIE, KRISTEN

Provider ID: 648987

Provider Gender: Female

NPI: 1093343105

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

8881 FLETCHER PKWY STE  
205  
LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-6PM  
SA 11:30AM-3:30PM

### PEDIATRICS

#### GIANFORTUNE, RACHEL

Provider ID: 433091

Provider Gender: Female

NPI: 1912193301

Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MEMORIAL  
HOSPITAL, GROSSMONT  
HOSPITAL

Board Certified Specialty: No

8881 FLETCHER PKWY STE  
200  
LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### GIANFORTUNE, RACHEL

Provider ID: 450501

Provider Gender: Female

NPI: 1912193301

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MEMORIAL  
HOSPITAL, GROSSMONT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### HOSPITAL

Board Certified Specialty: No

8881 FLETCHER PKWY STE 205

LA MESA, CA 91942

Phone: (619) 464-6434

After Hours Phone: (619) 464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### IMUS, PAUL

Provider ID: 239590

Provider Gender: Male

NPI: 1104116680

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, GROSSMONT HOSPITAL

Board Certified Specialty: No

8881 FLETCHER PKWY STE 200

LA MESA, CA 91942

Phone: (619) 401-0404

Fax: (619) 401-0522

After Hours Phone: (619)

401-0404

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 9AM-5PM

### PEDIATRICS

#### MOFFATT, KYRRA

Provider ID: 275099

Provider Gender: Female

NPI: 1194922419

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS

Board Certified Specialty: No

8881 FLETCHER PKWY STE 200

LA MESA, CA 91942

Phone: (619) 401-0404

Fax: (619) 401-0522

After Hours Phone: (619) 401-0404

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### MOLINOS, NICOLE

Provider ID: 538098

Provider Gender: Female

NPI: 1538685524

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

6942 UNIVERSITY AVE STE A

LA MESA, CA 91942

Phone: (619) 698-2184

Fax: (619) 698-2084

After Hours Phone: (619) 698-2184

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 9AM-5PM

### PEDIATRICS

#### RONQUILLO, RINA

Provider ID: 377359

Provider Gender: Female

NPI: 1407047749

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Tagalog



Cultural Competency: N






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄






*Hospital Affiliation:*  
 GROSSMONT HOSPITAL,  
 RADY CHILDRENS HOSPITAL  
 SAN DIEGO, SHARP MARY  
 BIRCH HOSP FOR WOMEN  
 AND NEWBORNS, SHARP  
 MEMORIAL HOSPITAL  
*Board Certified Specialty:* No  
 8881 FLETCHER PKWY STE  
 200  
 LA MESA, CA 91942  
 *Phone:* (619) 464-6434  
*Fax:* (619) 464-5109  
 *After Hours Phone:* (619)  
 464-6434  
 *Website:* N/A  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0\19  
*American Sign Language (ASL):*  
 N  
 *Accessibility:* CONTACT  
 PROVIDER  
 *Hours:* M-F 9AM-5PM



### **PEDIATRICS**

**SHORT, RICHARD**  
*Provider ID:* 60736  
*Provider Gender:* Male  
*NPI:* 1568552727  
 *Provider English Spoken:* Y  
 *Provider Language(s)*  
*Spoken:* Spanish  
*Cultural Competency:* N  
*Hospital Affiliation:*  
 GROSSMONT HOSPITAL,  
 RADY CHILDRENS HOSPITAL  
 SAN DIEGO, SHARP MARY








BIRCH HOSP FOR WOMEN  
 AND NEWBORNS  
*Board Certified Specialty:* Yes  
 8881 FLETCHER PKWY STE  
 200  
 LA MESA, CA 91942  
 *Phone:* (619) 464-6434  
*Fax:* (619) 464-5109  
 *After Hours Phone:* (619)  
 464-6434  
 *Website:* N/A  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0\19  
*American Sign Language (ASL):*  
 N  
 *Accessibility:* CONTACT  
 PROVIDER  
 *Hours:* M-F 8AM-6PM  
 SA 11:30AM-3:30PM

### **PEDIATRICS**

**WARD, KATHERINE**  
*Provider ID:* 613881  
*Provider Gender:* Female  
*NPI:* 1477223576  
 *Provider English Spoken:* Y  
*Cultural Competency:* N  
*Board Certified Specialty:* No  
 8881 FLETCHER PKWY STE  
 200  
 LA MESA, CA 91942  
 *Phone:* (619) 464-6434  
*Fax:* (619) 464-5109  
 *After Hours Phone:* (619)  
 464-6434  
 *Website:* N/A  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0\19

*American Sign Language (ASL):*  
 N  
 *Accessibility:* CONTACT  
 PROVIDER  
 *Hours:* M-F 8AM-6PM  
 SA 11:30AM-3:30PM

### **PEDIATRICS**

**WARD, KATHERINE**  
*Provider ID:* 613887  
*Provider Gender:* Female  
*NPI:* 1477223576  
 *Provider English Spoken:* Y  
*Cultural Competency:* N  
*Board Certified Specialty:* No  
 8881 FLETCHER PKWY STE  
 205  
 LA MESA, CA 91942  
 *Phone:* (619) 464-6434  
*Fax:* (619) 464-5109  
 *After Hours Phone:* (619)  
 464-6434  
 *Website:* N/A  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0\19  
*American Sign Language (ASL):*  
 N  
 *Accessibility:* CONTACT  
 PROVIDER  
 *Hours:* M-F 8AM-6PM  
 SA 11:30AM-3:30PM

### **LAKESIDE**

### **CHIROPRACTOR**

**PAGE, BIANCA**  
*Provider ID:* 353843  
*Provider Gender:* Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

License Number: DC33688

NPI: 1649787607

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

10039 VINE ST

LAKESIDE, CA 92040

Phone: (858) 218-3000

After Hours Phone: (858)  
218-3000

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### FAMILY PRACTICE

#### **FERRAILO, NATALIE**

Provider ID: 353843

Provider Gender: Female

License Number: A152372

NPI: 1306290143

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

10039 VINE ST

LAKESIDE, CA 92040

Phone: (858) 218-3000

After Hours Phone: (858)  
218-3000

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### FAMILY PRACTICE

#### **LIU BARBARO, DOROTHY**

Provider ID: 353843

Provider Gender: Female

License Number: A115342

NPI: 1851602270

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish

Cultural Competency: N

Board Certified Specialty: No

10039 VINE ST

LAKESIDE, CA 92040

Phone: (619) 440-2751

After Hours Phone: (619)  
440-2751

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### FQHC

#### **NEIGHBORHOOD**

#### **HEALTHCARE LAKESIDE,**

Provider ID: 353843

NPI: 1932384120

Provider English Spoken: Y  
Cultural Competency: N

10039 VINE ST

LAKESIDE, CA 92040

Phone: (858) 218-3000

Fax: (360) 462-2744

After Hours Phone: (858)  
218-3000

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### GENERAL PRACTICE

#### **MANNINO, ELIZABETH**

Provider ID: 353843

Provider Gender: Female

License Number: A43914

NPI: 1548290463

Provider English Spoken: Y

Provider Language(s)  
Spoken: Italian, Spanish

Cultural Competency: N

Board Certified Specialty: No

10039 VINE ST

LAKESIDE, CA 92040

Phone: (858) 218-3000

After Hours Phone: (858)  
218-3000

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 Hours: M-F 8AM-5PM

### **INTERNAL MEDICINE**

#### **MCFARLAND, NATHAN**

Provider ID: 353843

Provider Gender: Male

License Number: A75411


NPI: 1265462196

Provider English Spoken: Y


Provider Language(s)  
Spoken: Italian, Spanish


Cultural Competency: N

Board Certified Specialty: No

 10039 VINE ST

LAKESIDE, CA 92040

 Phone: (858) 218-3000

 After Hours Phone: (858)  
218-3000


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **LEMON GROVE**

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **ALLEN, KATHERINE**

Provider ID: 419139

Provider Gender: Female

License Number: NP95009933


NPI: 1831557024


Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **ARVIZU, PALOMA**

Provider ID: 419139

Provider Gender: Female

License Number: NP95008782

NPI: 1689139396


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 9AM-5PM

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **SMITH, SHARON**

Provider ID: 419139

Provider Gender: Female

License Number: RN428876

NPI: 1780603597


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **SMITH, SHARON**

Provider ID: 419139

Provider Gender: Female

License Number: NP15444

NPI: 1780603597

Provider English Spoken: Y

Provider Language(s)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619) 515-2550  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

**TOTH, JESSICA**  
 Provider ID: 419139  
 Provider Gender: Female  
 License Number: NP95001050  
 NPI: 1578993788  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619) 515-2550  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT

### PROVIDER

### CERTIFIED NURSE PRACTITIONER

**WILLIAMS, TAKISHA**  
 Provider ID: 419139  
 Provider Gender: Female  
 License Number: NP95013978  
 NPI: 1881727386  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619) 515-2550  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

**DORN, TIA**  
 Provider ID: 419139  
 Provider Gender: Female  
 License Number: C172318  
 NPI: 1285074740  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 7592 BROADWAY

LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619) 515-2550

Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM

### FAMILY PRACTICE

**KIM, YUHEE**  
 Provider ID: 419139  
 Provider Gender: Female  
 License Number: A107323  
 NPI: 1629289400  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Korean  
 Cultural Competency: N  
 Board Certified Specialty: No  
 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619) 515-2550  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### FQHC

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### LEMON GROVE FAMILY HEALTH CENTER,

Provider ID: 419139

NPI: 1427282466

Provider English Spoken: Y  
Cultural Competency: N

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

Fax: (619) 825-9577

After Hours Phone: (619)  
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

#### INTERNAL MEDICINE

### GALLARES, DANIEL

Provider ID: 419139

Provider Gender: Male

License Number: A165925

NPI: 1245689488

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### INTERNAL MEDICINE

### MAHDAI, SUZAN

Provider ID: 419139

Provider Gender: Female

License Number: A154838

NPI: 1598015679

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

#### OBSTETRICS / GYNECOLOGY

### ALIMONOS, LYSISTRATI

Provider ID: 419139

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

#### OBSTETRICS / GYNECOLOGY

### BUECHNER, CHARLENE

Provider ID: 419139

Provider Gender: Female

License Number: A68463

NPI: 1376663831

Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY

BIRCH HOSP FOR WOMEN

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

### AND NEWBORNS

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### CARTER, KHALIL

Provider ID: 419139

Provider Gender: Male

License Number: A113001

NPI: 1225231582

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI

CITY MEDICAL CTR

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### CERVANTES, SANDRA

Provider ID: 419139

Provider Gender: Female

License Number: A118095

NPI: 1073701041

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

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### CHAKRABARTI, PRIYA

Provider ID: 419139

Provider Gender: Female

License Number: A163464

NPI: 1326531401

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### DE MIK, TRAVIS

Provider ID: 419139

Provider Gender: Male

License Number: A108228

NPI: 1629277322

Provider English Spoken: Y


Cultural Competency: N


Board Certified Specialty: No

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## C. 初級保健名錄

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **DORUELO, ASHLEY**

Provider ID: 419139

Provider Gender: Female

License Number: A178499

NPI: 1033613732

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp


Grossmont Hospital

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **FOLCH TORRES-AGUIAR, BEATRIZ**


Provider ID: 419139

Provider Gender: Female

License Number: A148014

NPI: 1457794752

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Yue  
Chinese

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,


Sharp Grossmont Hospital,


SCRIPPS MERCY HOSPITAL


CHULA VISTA

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 419139

Provider Gender: Female

License Number: C174771

NPI: 1053392035

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 419139

Provider Gender: Female

License Number: A72005

NPI: 1649208711

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

CORONADO HOSP AND  
HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**

Provider ID: 419139

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 Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **MELLENDEZ BERRIOS, IARA DEL**

Provider ID: 419139

Provider Gender: Female

License Number: A114181

NPI: 1740514249

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,  
GROSSMONT HOSPITAL

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 419139

Provider Gender: Male

License Number: A154298

NPI: 1710316450

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

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

Provider ID: 419139


Provider Gender: Female


License Number: A164859

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

NPI: 1952751711

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Hindi


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

### **OBSTETRICS / GYNECOLOGY**


#### **STABEN, REBECCA**

Provider ID: 419139

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

 Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)

515-2550


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

### **OBSTETRICS / GYNECOLOGY**


#### **WINESBURG, JENNIFER**

Provider ID: 419139

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 Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 419139

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SHARP CORONADO HOSP


AND HEALTHCARE CTR,


SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **PEDIATRICS**

#### **JACKSON, DANA**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Provider ID: 419139  
Provider Gender: Female  
License Number: 20A14119  
NPI: 1689060063

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Portuguese,  
Spanish

Cultural Competency: N  
Hospital Affiliation:  
MARINHEALTH AND  
MARINHEALTH MEDICAL  
CENTER, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550  
 After Hours Phone: (619)  
515-2550

Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

**SLEIMAN, JOSEPH**  
Provider ID: 419139  
Provider Gender: Male  
License Number: A102060  
NPI: 1093976748

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, French,

Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550  
 After Hours Phone: (619)  
515-2550

Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

**FLEMING, DAVID**  
Provider ID: 419139  
Provider Gender: Male  
License Number: PA12416  
NPI: 1932329505

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550  
 After Hours Phone: (619)  
515-2550

Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

**GODDARD, SHANNON**  
Provider ID: 419139  
Provider Gender: Female  
License Number: PA56072  
NPI: 1780961417

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550  
 After Hours Phone: (619)  
515-2550

Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **NATIONAL CITY**

### CERTIFIED NURSE PRACTITIONER

**AQUINO, FELINO**  
Provider ID: 418302  
Provider Gender: Male  
License Number: NP22974  
NPI: 1356684781

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


Board Certified Specialty: No  
 2101 GRANGER AVE  
 NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
 After Hours Phone: (844)  
 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### CERTIFIED NURSE PRACTITIONER


#### **AQUINO, FELINO**


Provider ID: 417102

Provider Gender: Male

License Number: NP22974

NPI: 1356684781


 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No



 2743 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
 After Hours Phone: (844)  
 200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8AM-6PM  
 F 8AM-5PM

### CERTIFIED NURSE PRACTITIONER

#### **DHARKAR SURBER, SAPNA**

Provider ID: 185270

Provider Gender: Female

License Number: NP95013257


NPI: 1538707765

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MERCY  
 HOSPITAL

Board Certified Specialty: No

 217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 Phone: (619) 434-7308  
 Fax: (619) 434-7310

 After Hours Phone: (619)  
 434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER


#### **LIM, IMELDA**


Provider ID: 418302

Provider Gender: Female

License Number: NP95000203




NPI: 1093130395


 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No


 2101 GRANGER AVE  
 NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
 After Hours Phone: (844)  
 200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### CERTIFIED NURSE PRACTITIONER

#### **LIM, IMELDA**

Provider ID: 417102

Provider Gender: Female

License Number: NP95000203

NPI: 1093130395

 Provider English Spoken: Y





 Provider Language(s)  
 Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄


 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
 After Hours Phone: (844)  
200-2426  
 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-6PM  
F 8AM-5PM

---

### CERTIFIED NURSE PRACTITIONER

---


#### LUM, YUIN-WAH




Provider ID: 418930

Provider Gender: Female

License Number: NP95010663

NPI: 1942764477

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No


 1000 EUCLID AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 515-2399  
 After Hours Phone: (619)  
515-2399

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

### CERTIFIED NURSE PRACTITIONER

---


#### NEVAREZ, IRENE

Provider ID: 185270

Provider Gender: Female

License Number: NP95009891

NPI: 1003166646

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 564-8765  
 After Hours Phone: (619)  
564-8765

 Website: [www.lamaestra.or  
g](http://www.lamaestra.or<br/>g)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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### CERTIFIED NURSE PRACTITIONER

---

#### OCHOA, ERLINDA

Provider ID: 185270




Provider Gender: Female


License Number: NP4430

NPI: 1346437464

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 434-7308  
 After Hours Phone: (619)  
434-7308


 Website: [www.lamaestra.or  
g](http://www.lamaestra.or<br/>g)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5:30PM

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### CERTIFIED NURSE PRACTITIONER

---

#### REAL, MARIA

Provider ID: 185270

Provider Gender: Female




License Number: NP17328

NPI: 1548450471

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 434-7308  
 After Hours Phone: (619)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

434-7308  
Website: [www.lamaestra.org](http://www.lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5:30PM

---

### **CERTIFIED NURSE PRACTITIONER**

---

**REID, EMILY**  
Provider ID: 185270  
Provider Gender: Female  
License Number: NP95002766  
NPI: 1083081467  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Phone: (619) 434-7308  
After Hours Phone: (619) 434-7308  
Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5:30PM

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### **CERTIFIED NURSE PRACTITIONER**

---

**VERDUZCO GONZALEZ,  
AURORA**  
Provider ID: 185270  
Provider Gender: Female  
License Number: NP95001961  
NPI: 1932452323  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No  
217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Phone: (619) 434-7308  
After Hours Phone: (619) 434-7308

Website: [www.lamaestra.org](http://www.lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5:30PM

---

### **CERTIFIED NURSE PRACTITIONER**

---

**VILLANUEVA DE GUTIE,  
BERENICE**  
Provider ID: 185270  
Provider Gender: Female  
License Number: NP95002188  
NPI: 1952795536  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Phone: (619) 434-7308  
After Hours Phone: (619) 434-7308  
Website: [www.lamaestra.org](http://www.lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5:30PM

---

### **CERTIFIED NURSE PRACTITIONER**



---

**WILLIAMS, BREAHA**  
Provider ID: 185270  
Provider Gender: Female  
License Number: NP95001840  
NPI: 1063884864  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Phone: (619) 434-7308  
After Hours Phone: (619) 434-7308  
Website: [www.lamaestra.org](http://www.lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5:30PM*

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### **FAMILY PRACTICE**

---

#### **ALGHAMDI, ASMA**

*Provider ID: 227418*

*Provider Gender: Female*


*License Number: A167529*


*NPI: 1316310840*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 2400 E 8TH ST STE A  
 NATIONAL CITY, CA 91950

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: syhealth.org/clinics/paradise-hills-family-clinic*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

---

### **FAMILY PRACTICE**

---

#### **ANDAYA, MIKHAEL**


*Provider ID: 418930*

*Provider Gender: Male*

*License Number: A176878*

*NPI: 1780189209*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Tagalog*

*Cultural Competency: N*

*Board Certified Specialty: No*

 1000 EUCLID AVE  
 NATIONAL CITY, CA 91950

 *Phone: (619) 515-2399*

 *After Hours Phone: (619) 515-2399*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

---

### **FAMILY PRACTICE**

---


#### **BAEZ, BEATRICE**


*Provider ID: 417102*

*Provider Gender: Female*

*License Number: A74777*

*NPI: 1245372507*


 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 2743 HIGHLAND AVE  
 NATIONAL CITY, CA 91950

 *Phone: (844) 200-2426*

 *After Hours Phone: (844) 200-2426*

 *Website: www.operationsamahan.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT*

*PROVIDER*

 *Hours: M-TU 8:30AM-5:30PM*

*W 10AM-7PM*

*TH-F 8:30AM-5:30PM*

---

### **FAMILY PRACTICE**

---

#### **CAMPBELL, BRIANNA**

*Provider ID: 227418*

*Provider Gender: Female*

*License Number: A157488*

*NPI: 1316479892*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: CHULA*


*VISTA COMM HOSP*

*Board Certified Specialty: No*

 2400 E 8TH ST STE A  
 NATIONAL CITY, CA 91950

 *Phone: (619) 662-4100*


 *After Hours Phone: (619) 662-4100*

 *Website: syhealth.org/clinics/paradise-hills-family-clinic*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

---

### **FAMILY PRACTICE**

---

#### **CANLAS, AVELINO**

*Provider ID: 417102*


*Provider Gender: Male*


*License Number: A74854*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

NPI: 1275682528

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N


Hospital Affiliation: PARADISE  
VALLEY HOSPITAL

Board Certified Specialty: No

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426


 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-6PM  
F 8AM-5PM

### FAMILY PRACTICE


#### **CARRIEDO CENICEROS, MARIA**

Provider ID: 227412

Provider Gender: Female

License Number: A78373

NPI: 1295746618


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinic  
s/national- city- family- cli  
nic- 1](http://syhealth.org/clinic<br/>s/national- city- family- cli<br/>nic- 1)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE


#### **CEVALLOS, JAMES**

Provider ID: 227412

Provider Gender: Male

License Number: A55469

NPI: 1720181829

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 474-3722

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinic  
s/national- city- family- cli  
nic- 1](http://syhealth.org/clinic<br/>s/national- city- family- cli<br/>nic- 1)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **DILLON, MAYRA**

Provider ID: 227412

Provider Gender: Female

License Number: A112571

NPI: 1629232715

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 336-2323

 After Hours Phone: (619)  
662-4100


 Website: [syhealth.org/clinic  
s/national- city- family- cli  
nic- 1](http://syhealth.org/clinic<br/>s/national- city- family- cli<br/>nic- 1)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### FAMILY PRACTICE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### **HERNANDEZ, JOANNA**

Provider ID: 227412

Provider Gender: Female

License Number: A138919

NPI: 1154749315

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1136 D AVE  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

#### **FAMILY PRACTICE**

### **LANUZA, MARK**

Provider ID: 418930

Provider Gender: Male

License Number: 20A18460

NPI: 1992230593

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

1000 EUCLID AVE  
NATIONAL CITY, CA 91950

Phone: (619) 515-2399

After Hours Phone: (619)  
515-2399

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-3:30PM  
TU 10:30AM-5:30PM  
W 8:30AM-3:30PM  
TH 10:30AM-5:30PM  
F 8:30AM-3:30PM

#### **FAMILY PRACTICE**

### **LAW, KAREN**

Provider ID: 227418

Provider Gender: Female

License Number: A138534

NPI: 1205253150

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: CHULA  
VISTA COMM HOSP

Board Certified Specialty: No

2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**

### **LEUTE, ERIC**

Provider ID: 227418

Provider Gender: Male

License Number: A80832

NPI: 1720171507

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None



American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<p><b>FAMILY PRACTICE</b></p> <p><b>MEDINA, ALEXANDER</b>            Provider ID: 361428            Provider Gender: Male            License Number: A133539            NPI: 1467714436</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL            Board Certified Specialty: No</p> <p> 330 E 8TH ST            NATIONAL CITY, CA 91950   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: www.syhealth.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p> 2400 E 8TH ST STE A            NATIONAL CITY, CA 91950   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: syhealth.org/clinics/paradise-hills-family-clinic            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM</p>	<p> Website: syhealth.org/clinics/paradise-hills-family-clinic            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
<p><b>FAMILY PRACTICE</b></p> <p><b>MOHAMEDI, NADIA</b>            Provider ID: 227418            Provider Gender: Female            License Number: A146819            NPI: 1477947364</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>NAVARRO, VANESSA</b>            Provider ID: 227418            Provider Gender: Female            License Number: A113624            NPI: 1952563421</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Filipino, Spanish, Tagalog            Cultural Competency: N            Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR            Board Certified Specialty: No</p> <p> 2400 E 8TH ST STE A            NATIONAL CITY, CA 91950   Phone: (619) 662-4100            Fax: (619) 259-2807   After Hours Phone: (619) 662-4100</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>NIKZAD, JASON</b>            Provider ID: 361428            Provider Gender: Male            License Number: 20A12653            NPI: 1508121674</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Farsi, Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL            Board Certified Specialty: No</p> <p> 330 E 8TH ST            NATIONAL CITY, CA 91950   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: www.syhealth.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
		<p><b>FAMILY PRACTICE</b></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


### OCEGUEDA, JOSHUA

Provider ID: 227412

Provider Gender: Male

License Number: A165184

NPI: 1336643345


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

#### **FAMILY PRACTICE**

### RICHARDSON, DANIELLE

Provider ID: 227418

Provider Gender: Female

License Number: A127555

NPI: 1609142892

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL


ENCINITAS

Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**


### ROBERTS, POMAI

Provider ID: 227412

Provider Gender: Female

License Number: A103218

NPI: 1023278314

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

#### **FAMILY PRACTICE**

### SCHUMAKER, EDWARD


Provider ID: 185270

Provider Gender: Male

License Number: 20A6433

NPI: 1184616872


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)  
434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**

### SNOOK, BRIAN

Provider ID: 227418


Provider Gender: Male

License Number: 20A11518

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

NPI: 1295977353


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 259-2806

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **STONES, RACHEL**

Provider ID: 185270

Provider Gender: Female

License Number: A167184


NPI: 1720583040


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 280-4213

 After Hours Phone: (619)  
280-4213

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: TH 8AM-2PM

### FAMILY PRACTICE


#### **VELASQUEZ, SHARON**

Provider ID: 227418

Provider Gender: Female

License Number: A71304

NPI: 1972732584

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 259-2807

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FQHC


#### **FAMILY HEALTH CTR SD NATIONAL CITY,**

Provider ID: 418930

NPI: 1417409228

 Provider English Spoken: Y  
Cultural Competency: N

 1000 EUCLID AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 515-2399

Fax: (619) 269-0053

 After Hours Phone: (619)  
515-2399


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-3:30PM  
TU 10:30AM-5:30PM  
W 8:30AM-3:30PM  
TH 10:30AM-5:30PM  
F 8:30AM-3:30PM

### FQHC


#### **LA MAESTRA FAMILY CLINIC INC,**

Provider ID: 185270

NPI: 1336353721

 Provider English Spoken: Y  
Cultural Competency: N

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

Fax: (619) 434-7310

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。





## C. 初級保健名錄

 After Hours Phone: (619) 434-7308  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: TH 8AM-2PM

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### FQHC







#### OPERATION SAMAHAN - NATIONAL C,

Provider ID: 417102  
 NPI: 1801907449  
 Provider English Spoken: Y  
 Cultural Competency: N  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
 Fax: (619) 474-3919  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8AM-6PM  
 F 8AM-5PM

---

### FQHC






#### OPERATION SAMAHAN



**GRANGER SCHOOL BASED,**  
 Provider ID: 418302  
 NPI: 1205134517  
 Provider English Spoken: Y  
 Cultural Competency: N  
 2101 GRANGER AVE  
 NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
 Fax: (619) 434-8999  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

---

### FQHC

#### SAN YSIDRO HEALTH








**NATIONAL CITY,**  
 Provider ID: 227412  
 NPI: 1003869363  
 Provider English Spoken: Y  
 Cultural Competency: N  
 1136 D AVE  
 NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 Fax: (619) 474-3722  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

---

### FQHC


#### SAN YSIDRO HEALTH

**PARADISE HILLS,**  
 Provider ID: 227418  
 NPI: 1598907487  
 Provider English Spoken: Y  
 Cultural Competency: N  
 2400 E 8TH ST STE A  
 NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 Fax: (619) 259-2807  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

---

### FQHC

#### SAN YSIDRO HEALTH SOUTH BAY,


Provider ID: 361428  
 NPI: 1851757215  
 Provider English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

*Cultural Competency: N*

 330 E 8TH ST  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 434-3514

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

### **HEPATOLOGY**


#### **GISH, ROBERT**

*Provider ID: 185270*

*Provider Gender: Male*

*License Number: G45632*

*NPI: 1548281322*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Dutch, French,  
Spanish, Vietnamese*

*Cultural Competency: N*


*Hospital Affiliation: LOMA*


*LINDA UNIVERSITY COMM*

*MED CTR*

*Board Certified Specialty: No*

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)  
434-7308


 Website: [www.lamaestra.org](http://www.lamaestra.org)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5:30PM*


### **INTERNAL MEDICINE**

#### **BRAVERMAN, IRA**

*Provider ID: 10635*

*Provider Gender: Male*

*NPI: 1124039755*

 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Spanish, Tagalog*

*Cultural Competency: N*


*Hospital Affiliation: PARADISE  
VALLEY HOSPITAL*


*Board Certified Specialty: Yes*

 610 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950

 Phone: (619) 267-8181

Fax: (619) 479-6750

 After Hours Phone: (619)  
267-8181


 Website: N/A

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

### **INTERNAL MEDICINE**

#### **HEKMAT, RAZI**

*Provider ID: 78388*

*Provider Gender: Male*


*NPI: 1871501205*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: PARADISE  
VALLEY HOSPITAL*

*Board Certified Specialty: No*

 610 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950

 Phone: (619) 267-8181

Fax: (619) 479-6750


 After Hours Phone: (619)  
267-8181

 Website: N/A

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 9AM-5PM*

### **INTERNAL MEDICINE**

#### **LAMANTIA, MICHELE**

*Provider ID: 361428*

*Provider Gender: Female*

*License Number: G71855*

*NPI: 1124176102*


 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 330 E 8TH ST  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

☎ *After Hours Phone: (619) 662-4100*

🌐 *Website: www.syhealth.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

### INTERNAL MEDICINE

#### **LAMANTIA, MICHELE**

*Provider ID: 227412*

*Provider Gender: Female*

*License Number: G71855*

*NPI: 1124176102*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

📍 *1136 D AVE*  
*NATIONAL CITY, CA 91950*

☎ *Phone: (619) 662-4100*

☎ *After Hours Phone: (619) 662-4100*

🌐 *Website: syhealth.org/clinics/national-city-family-clinic-1*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

### INTERNAL MEDICINE

#### **ROUEL, WADI**

*Provider ID: 185270*

*Provider Gender: Male*

*License Number: C55979*

*NPI: 1740254713*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s) Spoken: Arabic, Spanish, Syriac*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

📍 *217 HIGHLAND AVE*  
*NATIONAL CITY, CA 91950*

☎ *Phone: (619) 434-7308*

☎ *After Hours Phone: (619) 434-7308*

🌐 *Website: www.lamaestra.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5:30PM*

### NEUROLOGY

#### **CANTU-REYNA, GUILLERMO**

*Provider ID: 185270*

*Provider Gender: Male*

*License Number: A41375*

*NPI: 1447389101*

☑ *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR*

*Board Certified Specialty: No*

📍 *217 HIGHLAND AVE*  
*NATIONAL CITY, CA 91950*

☎ *Phone: (619) 798-3977*

☎ *After Hours Phone: (619) 798-3977*

🌐 *Website: www.lamaestra.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

### OBSTETRICS / GYNECOLOGY

#### **ASLIAN, AZITA**

*Provider ID: 227418*

*Provider Gender: Female*

*License Number: A118227*

*NPI: 1851667661*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s) Spoken: Fataleka*

*Cultural Competency: N*

*Hospital Affiliation: Hemet*

*Global Medical Center, Menifee*

*Global Medical Center,*

*SCRIPPS MERCY HOSPITAL*

*CHULA VISTA, SCRIPPS*

*MERCY HOSPITAL*

*Board Certified Specialty: No*


📍 *2400 E 8TH ST STE A*

*NATIONAL CITY, CA 91950*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。






## C. 初級保健名錄



 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **BAILONY, MOHAMMED**

Provider ID: 30132  
 Provider Gender: Male  
 NPI: 1376625913  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: Yes  
 655 EUCLID AVE STE 205 NATIONAL CITY, CA 91950  
 Phone: (619) 470-1945  
 Fax: (619) 475-5048  
 After Hours Phone: (619) 470-1945  
 Website: N/A

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM

### **PEDIATRICS**






#### **BAILONY, AHMAD**

Provider ID: 146949  
 Provider Gender: Male  
 NPI: 1790914422  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, SHARP MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 655 EUCLID AVE STE 205 NATIONAL CITY, CA 91950  
 Phone: (619) 470-1945  
 Fax: (619) 475-5048  
 After Hours Phone: (619) 470-1945  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

PROVIDER  
 Hours: M-F 9AM-5PM


### **PEDIATRICS**

#### **BARBADILLO, TERESITA**

Provider ID: 84258  
 Provider Gender: Female  
 NPI: 1952416695  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: PARADISE VALLEY HOSPITAL  
 Board Certified Specialty: No  
 655 EUCLID AVE STE 201 NATIONAL CITY, CA 91950  
 Phone: (619) 267-8601  
 Fax: (619) 267-2242  
 After Hours Phone: (619) 267-8601  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM

### **PEDIATRICS**

#### **BONSU, BEMA**

Provider ID: 227412  
 Provider Gender: Male  
 License Number: C55180  
 NPI: 1932106986  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Board Certified Specialty: No

1136 D AVE  
NATIONAL CITY, CA 91950  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100  
Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

**CONE, STEPHANIE**

Provider ID: 185270

Provider Gender: Female

License Number: A123929

NPI: 1437444858

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, RADY CHILDRENS

HOSPITAL SAN DIEGO

Board Certified Specialty: No

217 HIGHLAND AVE

NATIONAL CITY, CA 91950

Phone: (619) 434-7308

After Hours Phone: (619)  
434-7308

Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

**DAY, CHRISTOPHER**

Provider ID: 418930

Provider Gender: Male

License Number: A163862

NPI: 1184121253

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1000 EUCLID AVE  
NATIONAL CITY, CA 91950

Phone: (619) 515-2399

After Hours Phone: (619)  
515-2399

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-3:30PM  
TU 10:30AM-5:30PM

W 8:30AM-3:30PM

TH 10:30AM-5:30PM

F 8:30AM-3:30PM

### PEDIATRICS

**FRESNO, BLANCA**

Provider ID: 102433

Provider Gender: Female

NPI: 1346258787

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL, SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

655 EUCLID AVE STE 207  
NATIONAL CITY, CA 91950

Phone: (619) 475-4575

Fax: (619) 475-4578

After Hours Phone: (619)  
475-4575

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU-SA 8AM-5PM

### PEDIATRICS

**GARCIA, RAFAEL**

Provider ID: 84954

Provider Gender: Male

NPI: 1053414086

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Board Certified Specialty: No  
 610 EUCLID AVE STE 302  
 NATIONAL CITY, CA 91950  
 Phone: (619) 527-7700  
 Fax: (619) 527-3226  
 After Hours Phone: (619)  
 527-7700  
 Website: N/A

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### RANA, DEBORAH

Provider ID: 227418

Provider Gender: Female

License Number: G88347

NPI: 1033191457

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL ENCINITAS, CHULA  
 VISTA COMM HOSP

Board Certified Specialty: No

2400 E 8TH ST STE A  
 NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)  
 662-4100

Website: syhealth.org/clinic  
 s/paradise-hills-family-clinic

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

### PEDIATRICS

#### UY, CARMELITA

Provider ID: 424443

Provider Gender: Female

NPI: 1154431484

Provider English Spoken: Y

Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N

Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA

Board Certified Specialty: No

2340 E 8TH ST STE E  
 NATIONAL CITY, CA 91950

Phone: (619) 216-8500

Fax: (619) 216-8511

After Hours Phone: (619)  
 216-8511

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### VALENCIA, MARILES

Provider ID: 104060

Provider Gender: Female

NPI: 1275541625

Provider English Spoken: Y

Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, PARADISE VALLEY  
 HOSPITAL, SHARP CHULA  
 VISTA MED CTR, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MERCY  
 HOSPITAL

Board Certified Specialty: No

655 EUCLID AVE STE 207  
 NATIONAL CITY, CA 91950

Phone: (619) 475-4575

Fax: (619) 475-4578

After Hours Phone: (619)  
 475-4575

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

Accessibility: CONTACT

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## C. 初級保健名錄

**PROVIDER**  
Hours: SU-SA 8AM-5PM

### **PHYSICIANS ASSISTANT**

#### **ARMENTA, JORGE**

Provider ID: 185270

Provider Gender: Male

License Number: PA13694

NPI: 1346382611

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Phone: (619) 434-7308

After Hours Phone: (619)  
434-7308

Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5:30PM

### **PHYSICIANS ASSISTANT**

#### **BANGS, SASHA**

Provider ID: 418930

Provider Gender: Female

License Number: PA55660

NPI: 1720524374

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1000 EUCLID AVE

NATIONAL CITY, CA 91950  
Phone: (619) 515-2399  
After Hours Phone: (619)  
515-2399

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **MARTINEZ MURGUIA, IRENE**

Provider ID: 185270

Provider Gender: Female

License Number: PA20296

NPI: 1447492889

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Phone: (619) 434-7308

After Hours Phone: (619)  
434-7308

Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **MERCER, KELLY**

Provider ID: 185270

Provider Gender: Female  
License Number: PA21625  
NPI: 1154609790

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Phone: (619) 434-7308

After Hours Phone: (619)  
434-7308

Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5:30PM

## **OCEANSIDE**

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **BAEK, KILHYO**

Provider ID: 206341

Provider Gender: Female

License Number: NP95003571

NPI: 1053776914

Provider English Spoken: Y  
Cultural Competency: N





Board Certified Specialty: No

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000








請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 9AM-4PM








### **CERTIFIED NURSE PRACTITIONER**

#### **BAEK, KILHYO**

Provider ID: 206341  
 Provider Gender: Female  
 License Number: NP95003571  
 NPI: 1053776914  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 9AM-4PM


### **CERTIFIED NURSE PRACTITIONER**







#### **BAEK, KILHYO**

Provider ID: 206341  
 Provider Gender: Female  
 License Number: NP95003571  
 NPI: 1053776914  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 9AM-4PM

### **CERTIFIED NURSE PRACTITIONER**






#### **BROMAN, GRETCHEN**

Provider ID: 402436  
 Provider Gender: Female  
 License Number: NP95007885  
 NPI: 1922421288  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 9AM-4PM


### **CERTIFIED NURSE PRACTITIONER**

#### **BROMAN, GRETCHEN**

Provider ID: 402436  
 Provider Gender: Female  
 License Number: NP95007885  
 NPI: 1922421288  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT

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## C. 初級保健名錄

**PROVIDER**  
 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

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**CERTIFIED NURSE**  
**PRACTITIONER**




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**HALGEDAHL, YI**

Provider ID: 402434  
 Provider Gender: Female  
 License Number: NP95006826  
 NPI: 1619246907

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Mandarin  
 Cultural Competency: N

Board Certified Specialty: No

 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

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**CERTIFIED NURSE**  
**PRACTITIONER**

---

**HALGEDAHL, YI**

Provider ID: 402434  
 Provider Gender: Female  
 License Number: NP95006826

NPI: 1619246907



Provider English Spoken: Y

Provider Language(s)  
 Spoken: Mandarin

Cultural Competency: N

Board Certified Specialty: No

 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

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**CERTIFIED NURSE**  
**PRACTITIONER**

---

**HALGEDAHL, YI**

Provider ID: 402436

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907



Provider English Spoken: Y


Provider Language(s)  
 Spoken: Mandarin

Cultural Competency: N

Board Certified Specialty: No

 517 N HORNE ST  
 OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**HALGEDAHL, YI**

Provider ID: 402436

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907



Provider English Spoken: Y

Provider Language(s)  
 Spoken: Mandarin

Cultural Competency: N

Board Certified Specialty: No

 517 N HORNE ST  
 OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<p align="center"><b>CERTIFIED NURSE PRACTITIONER</b></p>	<p> <i>Provider Language(s) Spoken: Mandarin</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i>  4700 N RIVER RD OCEANSIDE, CA 92057  <i>Phone: (844) 308-5003</i>  <i>After Hours Phone: (844) 308-5003</i>  <i>Website: www.vistacommun ityclinic.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM SA 9AM-4PM</i></p>	<p><i>nityclinic.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM SA 9AM-4PM</i></p>
<p><b>HALGEDAHL, YI</b> <i>Provider ID: 206341</i> <i>Provider Gender: Female</i> <i>License Number: NP95006826</i> <i>NPI: 1619246907</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Mandarin</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i>  4700 N RIVER RD OCEANSIDE, CA 92057  <i>Phone: (844) 308-5003</i>  <i>After Hours Phone: (844) 308-5003</i>  <i>Website: www.vistacommun ityclinic.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM SA 9AM-4PM</i></p>	<p align="center"><b>CERTIFIED NURSE PRACTITIONER</b></p> <p><b>HALGEDAHL, YI</b> <i>Provider ID: 206341</i> <i>Provider Gender: Female</i> <i>License Number: NP95006826</i> <i>NPI: 1619246907</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Mandarin</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i>  4700 N RIVER RD OCEANSIDE, CA 92057  <i>Phone: (844) 308-5003</i>  <i>After Hours Phone: (844) 308-5003</i>  <i>Website: www.vistacommun ityclinic.org</i></p>	<p align="center"><b>FAMILY PRACTICE</b></p> <p><b>DONNELL, MARTI</b> <i>Provider ID: 206341</i> <i>Provider Gender: Female</i> <i>License Number: C50708</i> <i>NPI: 1235151366</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS</i> <i>Board Certified Specialty: No</i>  4700 N RIVER RD OCEANSIDE, CA 92057  <i>Phone: (760) 631-5000</i>  <i>After Hours Phone: (760) 631-5000</i>  <i>Website: www.vistacommun ityclinic.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p>
<p align="center"><b>CERTIFIED NURSE PRACTITIONER</b></p> <p><b>HALGEDAHL, YI</b> <i>Provider ID: 206341</i> <i>Provider Gender: Female</i> <i>License Number: NP95006826</i> <i>NPI: 1619246907</i>  <i>Provider English Spoken: Y</i></p>	<p> <i>Provider Language(s) Spoken: Mandarin</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i>  4700 N RIVER RD OCEANSIDE, CA 92057  <i>Phone: (844) 308-5003</i>  <i>After Hours Phone: (844) 308-5003</i>  <i>Website: www.vistacommun ityclinic.org</i></p>	<p><i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p>

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## C. 初級保健名錄

🕒 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### **FAMILY PRACTICE**

#### **DONNELL, MARTI**

Provider ID: 206341

Provider Gender: Female

License Number: C50708

NPI: 1235151366

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

📍 4700 N RIVER RD  
OCEANSIDE, CA 92057

☎ Phone: (760) 631-5000

🕒 After Hours Phone: (760)  
631-5000

🌐 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### **FAMILY PRACTICE**

#### **DONNELL, MARTI**

Provider ID: 206341

Provider Gender: Female

License Number: C50708

NPI: 1235151366

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

📍 4700 N RIVER RD  
OCEANSIDE, CA 92057

☎ Phone: (760) 631-5000

🕒 After Hours Phone: (760)  
631-5000

🌐 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### **FAMILY PRACTICE**

#### **FATLAND, SARAH**

Provider ID: 206341

Provider Gender: Female

License Number: 20A18374

NPI: 1831354026

☐ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 4700 N RIVER RD  
OCEANSIDE, CA 92057

☎ Phone: (760) 631-5000

🕒 After Hours Phone: (760)  
631-5000

🌐 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### **FAMILY PRACTICE**

#### **FATLAND, SARAH**

Provider ID: 206341

Provider Gender: Female

License Number: 20A18374

NPI: 1831354026

☐ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 4700 N RIVER RD  
OCEANSIDE, CA 92057

☎ Phone: (760) 631-5000

🕒 After Hours Phone: (760)  
631-5000

🌐 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N





♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM  
SA 9AM-4PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄


 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000  
 Website: [www.vistacommu  
 nityclinic.org](http://www.vistacommu<br/>
    nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

### **FAMILY PRACTICE**

#### **PONSFORD, DIANA**

Provider ID: 402436

Provider Gender: Female




License Number: 20A17371

NPI: 1407204969

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: TRI CITY  
 MEDICAL CTR

Board Certified Specialty: No


 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000


 Website: [www.vistacommu  
 nityclinic.org](http://www.vistacommu<br/>
    nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

### **FAMILY PRACTICE**


#### **VIDAL, MONICA**

Provider ID: 206341

Provider Gender: Female

License Number: 20A8949




NPI: 1871791749

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000


 Website: [www.vistacommu  
 nityclinic.org](http://www.vistacommu<br/>
    nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

### **FAMILY PRACTICE**

#### **VIDAL, MONICA**

Provider ID: 206341

Provider Gender: Female

License Number: 20A8949

NPI: 1871791749


 Provider English Spoken: Y


 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4700 N RIVER RD  
 OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
 631-5000


 Website: [www.vistacommu  
 nityclinic.org](http://www.vistacommu<br/>
    nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

### **FAMILY PRACTICE**

#### **VIDAL, MONICA**


Provider ID: 206341

Provider Gender: Female

License Number: 20A8949

NPI: 1871791749


 Provider English Spoken: Y


 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4700 N RIVER RD  
 OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
 631-5000

 Website: [www.vistacommu  
 nityclinic.org](http://www.vistacommu<br/>
    nityclinic.org)

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## C. 初級保健名錄


nityclinic.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

---

### FQHC

---


#### TRUECARE,

Provider ID: 480247


NPI: 1245246917

 Provider English Spoken: Y  
Cultural Competency: N

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

 Phone: (760) 757-5841

Fax: (760) 736-8740

 After Hours Phone: (760)  
757-5841


 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4:30PM

---

### FQHC

---


#### VISTA COMMUNITY CLINIC,

Provider ID: 206341

NPI: 1649662719

 Provider English Spoken: Y  
Cultural Competency: N

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: www.vistacommunityclinic.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

---

### FQHC

---


#### VISTA COMMUNITY CLINIC,

Provider ID: 206341

NPI: 1851300123

 Provider English Spoken: Y  
Cultural Competency: N

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: www.vistacommunityclinic.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

SA 9AM-4PM

---

### FQHC

---


#### VISTA COMMUNITY CLINIC,

Provider ID: 206341

NPI: 1316501562

 Provider English Spoken: Y  
Cultural Competency: N

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: www.vistacommunityclinic.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

---

### FQHC

---

#### VISTA COMMUNITY CLINIC


##### HORNE STREET,

Provider ID: 402436

NPI: 1609094036

 Provider English Spoken: Y  
Cultural Competency: N

 517 N HORNE ST  
OCEANSIDE, CA 92054




 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

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## C. 初級保健名錄

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

### FQHC

**VISTA COMMUNITY CLINIC**  
**HORNE STREET,**  
 Provider ID: 402436  
 NPI: 1609094036



 Provider English Spoken: Y  
 Cultural Competency: N  
 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

### FQHC

**VISTA COMMUNITY CLINIC**  
**PIER VIEW WAY,**



Provider ID: 402434  
 NPI: 1629357355  
 Provider English Spoken: Y  
 Cultural Competency: N  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TU 8AM-5PM  
 W 8AM-7PM  
 TH-F 8AM-5PM  
 SA 9AM-4PM

### FQHC







**VISTA COMMUNITY CLINIC**  
**PIER VIEW WAY,**  
 Provider ID: 402434  
 NPI: 1629357355

 Provider English Spoken: Y  
 Cultural Competency: N  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TU 8AM-5PM  
 W 8AM-7PM  
 TH-F 8AM-5PM  
 SA 9AM-4PM


### GENERAL PRACTICE

**RONAN, KEVIN**

Provider ID: 206341  
 Provider Gender: Male  
 License Number: G77176  
 NPI: 1225017353  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS  
 Board Certified Specialty: No  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

---

### GENERAL PRACTICE

---

#### RONAN, KEVIN


*Provider ID: 206341*

*Provider Gender: Male*

*License Number: G77176*

*NPI: 1225017353*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish, Tagalog*

*Cultural Competency: N*

*Hospital Affiliation: TRI CITY*


*MEDICAL CTR, SCRIPPS*


*MEMORIAL HOSPITAL*

*ENCINITAS*

*Board Certified Specialty: No*

 *4700 N RIVER RD  
OCEANSIDE, CA 92057*

 *Phone: (760) 631-5000*

 *After Hours Phone: (760) 631-5000*

 *Website: www.vistacommunityclinic.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

---

### GENERAL PRACTICE

---


#### RONAN, KEVIN


*Provider ID: 206341*

*Provider Gender: Male*

*License Number: G77176*

*NPI: 1225017353*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish, Tagalog*

*Cultural Competency: N*

*Hospital Affiliation: TRI CITY*


*MEDICAL CTR, SCRIPPS*


*MEMORIAL HOSPITAL*

*ENCINITAS*

*Board Certified Specialty: No*

 *4700 N RIVER RD  
OCEANSIDE, CA 92057*

 *Phone: (760) 631-5000*

 *After Hours Phone: (760) 631-5000*

 *Website: www.vistacommunityclinic.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

---

### PEDIATRICS

---


#### CALHOUN, CHANELLE

*Provider ID: 480247*

*Provider Gender: Female*

*License Number: G75390*

*NPI: 1437166709*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: TRI CITY*


*MEDICAL CTR, SCRIPPS*


*MEMORIAL HOSPITAL*

*ENCINITAS*

*Board Certified Specialty: No*

 *2210 MESA DR STE 300  
OCEANSIDE, CA 92054*

 *Phone: (760) 891-4667*

 *After Hours Phone: (760) 891-4667*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

---

### PEDIATRICS

---

#### CALHOUN, CHANELLE

*Provider ID: 480247*

*Provider Gender: Female*

*License Number: G75390*

*NPI: 1437166709*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: TRI CITY*


*MEDICAL CTR, SCRIPPS*


*MEMORIAL HOSPITAL*

*ENCINITAS*

*Board Certified Specialty: No*

 *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*

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## C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL): Provider Gender: Female

N

 Accessibility: CONTACT PROVIDER

---

### PEDIATRICS


---

#### CALHOUN, CHANELLE

Provider ID: 344145

Provider Gender: Female

NPI: 1437166709

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### PEDIATRICS


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#### CHEN, MING

Provider ID: 614195

Provider Gender: Female

NPI: 1851525505

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin,  
Portuguese, Spanish,  
Taiwanese


Cultural Competency: N

Hospital Affiliation: Adventist

Health Delano

Board Certified Specialty: No

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4:30PM

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### PEDIATRICS

---


#### CURLEY, EDWARD

Provider ID: 480247

Provider Gender: Male

License Number: A73814

NPI: 1164434312

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4:30PM

---

### PEDIATRICS

---

#### CURLEY, EDWARD


Provider ID: 480247

Provider Gender: Male

License Number: A73814

NPI: 1164434312

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: TRI CITY

MEDICAL CTR

Board Certified Specialty: No

 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

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## C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL): Provider Gender: Female

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4:30PM


### PEDIATRICS

#### **CURLEY, EDWARD**

Provider ID: 240736

Provider Gender: Male

NPI: 1164434312

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4:30PM

### PEDIATRICS

#### **DANIELS, SARAH**

Provider ID: 433806

Provider Gender: Female


NPI: 1730446527


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No

 3605 VISTA WAY STE 130  
BLDG B  
OCEANSIDE, CA 92056

 Phone: (760) 547-1010

 After Hours Phone: (760)  
547-1010

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS


#### **GUNTA, SUJANA**


Provider ID: 402434

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, TRI CITY MEDICAL CTR

Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: www.vistacommunityclinic.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### **GUNTA, SUJANA**


Provider ID: 402434

Provider Gender: Female

License Number: A109056

NPI: 1932304342

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Marathi,  
Spanish, Telugu

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, TRI CITY MEDICAL CTR

Board Certified Specialty: No

 818 PIER VIEW WAY

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## C. 初級保健名錄

OCEANSIDE, CA 92054  
Phone: (760) 631-5000  
After Hours Phone: (760) 631-5000  
Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM

### PEDIATRICS

**KRAMER, MELISSA**  
Provider ID: 469759  
Provider Gender: Female  
NPI: 1467833467  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Board Certified Specialty: No  
3605 VISTA WAY BLDG B OCEANSIDE, CA 92056  
Phone: (760) 547-1010  
Fax: (760) 547-1011  
After Hours Phone: (760) 547-1010  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT

PROVIDER  
Hours: M-F 8AM-5PM  
SA 8AM-0PM

### PEDIATRICS

**MACINTYRE, ELIZABETH**  
Provider ID: 543354  
Provider Gender: Female  
NPI: 1336520766  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
3605 VISTA WAY BLDG B STE 130 OCEANSIDE, CA 92056  
Phone: (760) 547-1010  
Fax: (760) 547-1011  
After Hours Phone: (760) 547-1010  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
SA 8AM-0PM

### PEDIATRICS

**MCCAMMACK, BRADLEY**  
Provider ID: 206341  
Provider Gender: Male  
License Number: A130883  
NPI: 1629368857  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish



Cultural Competency: N  
Hospital Affiliation: TRI CITY MEDICAL CTR  
Board Certified Specialty: No  
4700 N RIVER RD OCEANSIDE, CA 92057  
Phone: (760) 631-5000  
Fax: (760) 414-3731  
After Hours Phone: (760) 631-5000  
Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### PEDIATRICS

**MCCAMMACK, BRADLEY**  
Provider ID: 206341  
Provider Gender: Male  
License Number: A130883  
NPI: 1629368857  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY MEDICAL CTR  
Board Certified Specialty: No  
4700 N RIVER RD OCEANSIDE, CA 92057  
Phone: (760) 631-5000  
Fax: (760) 414-3731  
After Hours Phone: (760)




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER







### PEDIATRICS

#### MCCAMMACK, BRADLEY

Provider ID: 206341  
 Provider Gender: Male  
 License Number: A130883  
 NPI: 1629368857  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR  
 Board Certified Specialty: No  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 Fax: (760) 414-3731  
 After Hours Phone: (760)  
 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### MILLER, DONALD







Provider ID: 433589  
 Provider Gender: Male  
 NPI: 1154356582  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, RADY CHILDRENS  
 HOSPITAL SAN DIEGO,  
 PALOMAR MEDICAL CENTER,  
 UCSF BENIOFF CHILDREN'S  
 HOSPITAL OAKLAND, SCRIPPS  
 MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 3605 VISTA WAY BLDG B  
 STE 130  
 OCEANSIDE, CA 92056  
 Phone: (760) 547-1010  
 After Hours Phone: (760)  
 547-1010  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### PEDIATRICS

#### PARK, RONALD

Provider ID: 271889  
 Provider Gender: Male

NPI: 1881695914

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054  
 Phone: (760) 736-6767  
 Fax: (760) 736-8740  
 After Hours Phone: (760)  
 736-6767  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-4:30PM

### PEDIATRICS

#### PERKINS, RACHEL

Provider ID: 435952  
 Provider Gender: Female  
 NPI: 1427398320  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, SCRIPPS  
 MEMORIAL HOSPITAL, TRI

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

CITY MEDICAL CTR, UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

📍 3605 VISTA WAY STE 130  
BLDG B

OCEANSIDE, CA 92056

☎ Phone: (760) 547-1010

🕒 After Hours Phone: (760)  
547-1010

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

### **PHYSICIANS ASSISTANT**

**CHISWICK, GARY**

Provider ID: 480247

Provider Gender: Male

License Number: PA22667

NPI: 1174964001

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

📍 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

☎ Phone: (760) 966-3306

🕒 After Hours Phone: (760)  
966-3306

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

**CHISWICK, GARY**

Provider ID: 480247

Provider Gender: Male

License Number: PA22667

NPI: 1174964001

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

📍 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

☎ Phone: (760) 966-3306

🕒 After Hours Phone: (760)  
966-3306

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

**RUSSO, KRISTA**

Provider ID: 480247

Provider Gender: Female

License Number: PA53036

NPI: 1922471192

☑ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

☎ Phone: (760) 966-3306

🕒 After Hours Phone: (760)  
966-3306

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

**RUSSO, KRISTA**

Provider ID: 480247

Provider Gender: Female

License Number: PA53036

NPI: 1922471192

☑ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

☎ Phone: (760) 966-3306

🕒 After Hours Phone: (760)  
966-3306

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### PROVIDER

#### PAUMA VALLEY

#### FQHC


#### NEIGHBORHOOD HEALTHCARE PAUMA VALLEY,

Provider ID: 206267

NPI: 1407031693

 Provider English Spoken: Y  
Cultural Competency: N

 16650 HIGHWAY 76  
PAUMA VALLEY, CA 92061

 Phone: (760) 742-9919

Fax: (858) 633-4696


 After Hours Phone: (760)  
742-9919


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-4:30PM

#### POWAY

#### FAMILY PRACTICE

#### KAUR, JATINDER

Provider ID: 481187

Provider Gender: Female

License Number: A120771

NPI: 1912141391


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Hindi, Urdu

Cultural Competency: N

Board Certified Specialty: No

 13010 POWAY RD  
POWAY, CA 92064

 Phone: (858) 218-3000

 After Hours Phone: (858)  
218-3000


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

#### FQHC


#### NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER,

Provider ID: 481187

NPI: 1023518768

 Provider English Spoken: Y  
Cultural Competency: N

 13010 POWAY RD  
POWAY, CA 92064

 Phone: (858) 218-3000

Fax: (360) 462-2742

 After Hours Phone: (858)  
218-3000


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

#### INTERNAL MEDICINE

#### CAPARSO, AMANDA

Provider ID: 602426

Provider Gender: Female

NPI: 1003046004

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, PALOMAR


HEALTH, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,

SCRIPPS MEMORIAL

HOSPITAL

Board Certified Specialty: No

 13010 POWAY RD  
POWAY, CA 92064

 Phone: (760) 737-6935

Fax: (760) 741-2782

 After Hours Phone: (760)  
737-6935

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

#### INTERNAL MEDICINE

#### WINE, DAVID

Provider ID: 612886

Provider Gender: Male

NPI: 1811985542

 Provider English Spoken: Y  
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

15611 POMERADO RD STE  
400  
POWAY, CA 92064

Phone: (858) 675-3100

Fax: (858) 487-4736

After Hours Phone: (858)  
675-3100

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### CURET, ZULMA

Provider ID: 481187

Provider Gender: Female

License Number: A119661

NPI: 1841561107

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

13010 POWAY RD  
POWAY, CA 92064

Phone: (858) 218-3000

After Hours Phone: (858)  
218-3000

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### LINDBACK, SARAH

Provider ID: 161834

Provider Gender: Female

NPI: 1427345487

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, SCRIPPS MEMORIAL  
HOSPITAL, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Board Certified Specialty: No

15725 POMERADO RD STE  
203

POWAY, CA 92064

Phone: (858) 673-3340

Fax: (858) 673-1075

After Hours Phone: (858)  
673-3340

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### LOSTETTER, ADRIENNE

Provider ID: 261797

Provider Gender: Female

NPI: 1881607984

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MARY BIRCH  
HOSP FOR WOMEN AND  
NEWBORNS, PALOMAR  
HEALTH

Board Certified Specialty: No

15725 POMERADO RD STE  
203

POWAY, CA 92064

Phone: (858) 673-3340

Fax: (858) 673-1075

After Hours Phone: (858)  
673-3340

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### MOREIRA, LUCILA


Provider ID: 523761


Provider Gender: Female


NPI: 1104846567

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
**MEMORIAL HOSPITAL**  
**ENCINITAS, RADY CHILDRENS**  
**HOSPITAL SAN DIEGO**

*Board Certified Specialty: No*  
 15725 POMERADO RD STE  
 203

POWAY, CA 92064  
 *Phone: (858) 673-3340*  
*Fax: (858) 673-1075*

 *After Hours Phone: (858)*  
*673-3340*


 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*  
 N

 *Accessibility: CONTACT*  
**PROVIDER**

 *Hours: SU-SA 8AM-5PM*


### **PEDIATRICS**

#### **MORTIMER, DORI**


*Provider ID: 230552*

*Provider Gender: Female*


*NPI: 1417928417*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*  
**CHILDRENS HOSPITAL SAN**  
**DIEGO, SHARP MARY BIRCH**  
**HOSP FOR WOMEN AND**  
**NEWBORNS, PALOMAR**  
**HEALTH**

*Board Certified Specialty: No*


 15725 POMERADO RD STE  
 203

POWAY, CA 92064

 *Phone: (858) 673-3340*

*Fax: (858) 673-1075*

 *After Hours Phone: (858)*  
*673-3340*


 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*  
 N

 *Accessibility: CONTACT*  
**PROVIDER**

 *Hours: M-F 8AM-5PM*

### **PEDIATRICS**

#### **RAMGREN, AILEEN**

*Provider ID: 397707*


*Provider Gender: Female*

*NPI: 1356785505*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY*  
**CHILDRENS HOSPITAL SAN**  
**DIEGO**

*Board Certified Specialty: No*

 15725 POMERADO RD STE  
 203

POWAY, CA 92064

 *Phone: (858) 673-3340*

 *After Hours Phone: (858)*  
*673-3340*


 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*  
 N

 *Accessibility: CONTACT*  
**PROVIDER**

 *Hours: M-F 8AM-5PM*



### **PEDIATRICS**

#### **RENDLER, NATHAN**

*Provider ID: 30205*

*Provider Gender: Male*

*NPI: 1275531337*


 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Hebrew, Spanish,*  
*Yiddish*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*  
**MEMORIAL HOSPITAL, RADY**  
**CHILDRENS HOSPITAL SAN**  
**DIEGO, PALOMAR HEALTH**

*Board Certified Specialty: No*

 15525 POMERADO RD STE 1  
 POWAY, CA 92064

 *Phone: (858) 487-8333*  
*Fax: (858) 487-0856*

 *After Hours Phone: (858)*  
*487-8333*


 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*  
 N

 *Accessibility: CONTACT*  
**PROVIDER**

 *Hours: M-F 8:30AM-5PM*  
*SA 9AM-5PM*

### **PEDIATRICS**

#### **TAI, KUANGKAI**

*Provider ID: 351834*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Provider Gender: Male

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

Board Certified Specialty: No

15525 POMERADO RD STE  
B1

POWAY, CA 92064

Phone: (858) 487-8333

Fax: (858) 487-0856

After Hours Phone: (858)  
484-4003

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5PM  
SA 8:30AM-0PM

### PHYSICIANS ASSISTANT

**BALDWIN, DONNA**

Provider ID: 481187

Provider Gender: Female

License Number: PA23310

NPI: 1649692369

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

13010 POWAY RD  
POWAY, CA 92064

Phone: (858) 218-3000

After Hours Phone: (858)  
218-3000

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-4:30PM

### **RAMONA**

### CERTIFIED NURSE PRACTITIONER

**DOAN, CHINH**

Provider ID: 449438

Provider Gender: Female

License Number: NP18874

NPI: 1083845069

Provider English Spoken: Y

Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

220 ROTANZI ST  
RAMONA, CA 92065

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FQHC

**TRUECARE,**

Provider ID: 449438

NPI: 1245246917

Provider English Spoken: Y  
Cultural Competency: N

220 ROTANZI ST  
RAMONA, CA 92065

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-0PM

### INTERNAL MEDICINE

**YUNG, DORIS**

Provider ID: 449438

Provider Gender: Female

License Number: A89893

NPI: 1730386863

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### ENCINITAS

Board Certified Specialty: No

220 ROTANZI ST  
RAMONA, CA 92065

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### PHYSICIANS ASSISTANT

##### CHISWICK, GARY

Provider ID: 449438

Provider Gender: Male

License Number: PA22667

NPI: 1174964001

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

220 ROTANZI ST  
RAMONA, CA 92065

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT

### PROVIDER

#### PHYSICIANS ASSISTANT

##### REIFENBERGER, JODY

Provider ID: 449438

Provider Gender: Female

License Number: PA22669

NPI: 1386741072

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

220 ROTANZI ST  
RAMONA, CA 92065

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### PHYSICIANS ASSISTANT

##### RUSSO, KRISTA

Provider ID: 449438

Provider Gender: Female

License Number: PA53036

NPI: 1922471192

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

220 ROTANZI ST  
RAMONA, CA 92065

Phone: (760) 736-6767

After Hours Phone: (760)

736-6767

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### PHYSICIANS ASSISTANT

##### ZANGEN, ROCHELLE

Provider ID: 449438

Provider Gender: Female

License Number: PA51494

NPI: 1447681150

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

220 ROTANZI ST  
RAMONA, CA 92065

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### SAN DIEGO

#### CARDIOVASCULAR DISEASE

##### GARIBYAN, VARTAN

Provider ID: 417937

Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

License Number: 20A12504  
 NPI: 1790084143  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS  
 GREEN HOSPITAL  
 Board Certified Specialty: No  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
 515-2545  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-9PM  
 F 8AM-5PM

### CERTIFIED NURSE PRACTITIONER

**ALVAREZ, LISA**  
 Provider ID: 206363  
 Provider Gender: Female  
 License Number: NP19911  
 NPI: 1417262718  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR

Board Certified Specialty: No  
 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
 515-2560  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### CERTIFIED NURSE PRACTITIONER

**AQUINO, FELINO**  
 Provider ID: 432308  
 Provider Gender: Male  
 License Number: NP22974  
 NPI: 1356684781  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Tagalog  
 Cultural Competency: N  
 Board Certified Specialty: No  
 9855 ERMA RD STE 105  
 SAN DIEGO, CA 92131  
 Phone: (844) 200-2426  
 After Hours Phone: (844)  
 200-2426  
 Website: www.operationsa  
 mahan.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TU  
 8:30AM-5:30PM  
 W 10AM-7PM  
 TH-F 8:30AM-5:30PM

### CERTIFIED NURSE PRACTITIONER

PROVIDER  


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**CERTIFIED NURSE  
PRACTITIONER**  


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**AQUINO, FELINO**  
 Provider ID: 418535  
 Provider Gender: Male  
 License Number: NP22974  
 NPI: 1356684781  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Tagalog  
 Cultural Competency: N  
 Board Certified Specialty: No  
 9995 CARMEL MOUNTAIN  
 RD STE B10 AND B11  
 SAN DIEGO, CA 92129  
 Phone: (844) 200-2426  
 After Hours Phone: (844)  
 200-2426  
 Website: www.operationsa  
 mahan.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TU  
 8:30AM-5:30PM  
 W 10AM-7PM  
 TH-F 8:30AM-5:30PM  


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**CERTIFIED NURSE  
PRACTITIONER**  


---

**ARTS, SERENA**  
 Provider ID: 403583  
 Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


License Number: NP10769


NPI: 1801881552

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **BELEN, NEZER**

Provider ID: 206363

Provider Gender: Male


License Number: NP95009292


NPI: 1386120723

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **BELTRON, KIMBERLY**

Provider ID: 403583

Provider Gender: Female


License Number: NP95020497


NPI: 1871295493

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5:30PM

### CERTIFIED NURSE PRACTITIONER

#### **BESTERFELDT, LYDIA**

Provider ID: 482070

Provider Gender: Female


License Number: NP95013060


NPI: 1265929442


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

#### **BURNS, DELLA**

Provider ID: 233597

Provider Gender: Female


License Number: NP7413


NPI: 1871577023


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4290 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

 After Hours Phone: (619)  
563-0250

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)




























Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<p>N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><i>Provider Gender: Female</i>  <i>License Number: NP95000602</i>  <i>NPI: 1164496386</i></p>	<p> <i>Phone: (619) 255-9155</i>   <i>After Hours Phone: (619) 255-9155</i></p>
<hr/> <p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <hr/>		
<p><b>CELESTIN-RAMSEY, AKANKE</b>  <i>Provider ID: 451167</i>  <i>Provider Gender: Female</i>  <i>License Number: NP8563</i>  <i>NPI: 1447450275</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL</i>  <i>Board Certified Specialty: No</i>   950 S EUCLID AVE            SAN DIEGO, CA 92114   <i>Phone: (619) 662-4100</i>   <i>After Hours Phone: (619) 662-4100</i>   <i>Website: www.syhealth.org/clinics/king-chavez-health-center</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM SA 8AM-4PM</i></p>	<p> <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>   1809 NATIONAL AVE            SAN DIEGO, CA 92113   <i>Phone: (619) 515-2300</i>   <i>After Hours Phone: (619) 515-2300</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i></p>	<p> <i>Website: www.lamaestra.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-6PM SA 8AM-2PM</i></p>
<hr/> <p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <hr/>		
<p><b>CHASE, AVA LOU</b>  <i>Provider ID: 206360</i></p>	<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>DHARKAR SURBER, SAPNA</b>  <i>Provider ID: 185268</i>  <i>Provider Gender: Female</i>  <i>License Number: NP95013257</i>  <i>NPI: 1538707765</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL</i>  <i>Board Certified Specialty: No</i>   4060 FAIRMOUNT AVE            SAN DIEGO, CA 92105</p>	<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>DO, ELAINE</b>  <i>Provider ID: 233532</i>  <i>Provider Gender: Female</i>  <i>License Number: NP95019446</i>  <i>NPI: 1215696307</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i>  <i>Board Certified Specialty: No</i>   4305 UNIVERSITY AVE STE 150            SAN DIEGO, CA 92105   <i>Phone: (619) 280-2058</i>   <i>After Hours Phone: (619) 280-2058</i>   <i>Website: www.sdfamilycare.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\22</i>  <i>American Sign Language (ASL):</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM SA 8AM-2PM*

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**CERTIFIED NURSE**  
**PRACTITIONER**

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**GARCIA, JOHNNY**  
*Provider ID: 206363*  
*Provider Gender: Male*  
*License Number: NP95007000*  
*NPI: 1932622156*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*  
*Board Certified Specialty: No*

 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 *Phone: (619) 515-2560*  
 *After Hours Phone: (619) 515-2560*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*


---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**GOLDFINGER, SARAH**  
*Provider ID: 206360*  
*Provider Gender: Female*  
*License Number: NP95011313*

*NPI: 1134686744*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*

---




**CERTIFIED NURSE**  
**PRACTITIONER**


---


**HA, THU**  
*Provider ID: 206046*  
*Provider Gender: Female*  
*License Number: NP95010517*  
*NPI: 1346443983*

*Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Vietnamese*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
 *After Hours Phone: (858) 279-0925*

 *Website: www.sdfamilycare.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*

---


**CERTIFIED NURSE**  
**PRACTITIONER**

---

**HA, THU**  
*Provider ID: 482070*  
*Provider Gender: Female*  
*License Number: NP95010517*  
*NPI: 1346443983*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Vietnamese*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 *Phone: (858) 810-8700*  
 *After Hours Phone: (858) 810-8700*  
 *Website: www.sdfamilycare.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*

---

**CERTIFIED NURSE**  
**PRACTITIONER**


---

**HA, THU**  
*Provider ID: 206046*  
*Provider Gender: Female*  
*License Number: NP95010517*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

NPI: 1346443983


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**


#### **HARRINGTON, BARBARA LORRAINE**

Provider ID: 185268

Provider Gender: Female

License Number: NP17008


NPI: 1659579134


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)  
255-9155


 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM  
SA 8AM-2PM

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### **CERTIFIED NURSE** **PRACTITIONER**


#### **HETTIG, JUDITH**

Provider ID: 402851

Provider Gender: Female

License Number: NP3439

NPI: 1396815866


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**


#### **HILL, GENIELYN**

Provider ID: 417101

Provider Gender: Female

License Number: NP95020046  
NPI: 1710632435

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426


 Website: [www.operationsa-mahan.org](http://www.operationsa-mahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-4:30PM

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### **CERTIFIED NURSE** **PRACTITIONER**

#### **HILLIARD, THESALONICA**

Provider ID: 417101

Provider Gender: Female

License Number: NP95010585

NPI: 1861956724

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)  
200-2426

Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-4:30PM

### CERTIFIED NURSE PRACTITIONER

**HOANG, CHI**

Provider ID: 482070

Provider Gender: Female

License Number: NP95004600

NPI: 1902350994

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)  
810-8700

Website: [www.sdfamilycare  
.org](http://www.sdfamilycare<br/>.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

### CERTIFIED NURSE PRACTITIONER

**HOGAN, ROSELYNN JOY**

Provider ID: 206360

Provider Gender: Female

License Number: NP17852

NPI: 1205019510

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

**HORNEY, KRISTAN**

Provider ID: 403583

Provider Gender: Female

License Number: NP95007712

NPI: 1720590904

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5:30PM

### CERTIFIED NURSE PRACTITIONER

**INSTONE, SUSAN**

Provider ID: 482070

Provider Gender: Female

License Number: NP4858

NPI: 1710223268

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)  
810-8700

Website: [www.sdfamilycare  
.org](http://www.sdfamilycare<br/>.org)
































Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):




































請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<p>N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><b>JOHNSON, SHAWNA AKIKO</b>  <i>Provider ID: 233597</i>  <i>Provider Gender: Female</i>  <i>License Number: NP95002518</i>  <i>NPI: 1922237809</i></p>	<p>SAN DIEGO, CA 92101   <i>Phone: (619) 233-8500</i>   <i>After Hours Phone: (619) 233-8500</i>   <i>Website: N/A</i>  <i>Medi-Cal Open Panel: Yes</i></p>
<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p>		
<p><b>INSTONE, SUSAN</b>  <i>Provider ID: 233532</i>  <i>Provider Gender: Female</i>  <i>License Number: NP4858</i>  <i>NPI: 1710223268</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i>  <i>Board Certified Specialty: No</i>   4305 UNIVERSITY AVE STE 150            SAN DIEGO, CA 92105   <i>Phone: (619) 280-2058</i>   <i>After Hours Phone: (619) 280-2058</i>   <i>Website: www.sdfamilycare.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\22</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM SA 8AM-2PM</i></p>	<p> <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>   4290 POLK AVE            SAN DIEGO, CA 92105   <i>Phone: (619) 563-0250</i>   <i>After Hours Phone: (619) 563-0250</i>   <i>Website: www.sdfamilycare.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5:30PM</i></p>
<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p>		
<p><b>KHAN, MATTHEW</b>  <i>Provider ID: 417987</i>  <i>Provider Gender: Male</i>  <i>License Number: NP17838</i>  <i>NPI: 1942456124</i></p>		
<p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>   4874 POLK AVE            SAN DIEGO, CA 92105   <i>Phone: (619) 515-2426</i>   <i>After Hours Phone: (619) 515-2426</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8:30AM-5:30PM</i></p>		
<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p>		
<p><b>KEMP, KATHRINE</b>  <i>Provider ID: 403583</i>  <i>Provider Gender: Female</i>  <i>License Number: NP95018497</i>  <i>NPI: 1316615313</i></p>		
<p> <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>   1501 IMPERIAL AVE</p>		

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## C. 初級保健名錄

<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p>	<p> <i>Provider Language(s) Spoken: Vietnamese</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i>  7011 LINDA VISTA RD SAN DIEGO, CA 92111  <i>Phone: (858) 810-8700</i>  <i>After Hours Phone: (858) 810-8700</i>  <i>Website: www.sdfamilycare.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8:30AM-5:30PM</i></p>	<p><i>.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM</i></p>
<p><b>KI, TRISH</b> <i>Provider ID: 206046</i> <i>Provider Gender: Female</i> <i>License Number: NP23847</i> <i>NPI: 1376840199</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Vietnamese</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i>  6973 LINDA VISTA RD SAN DIEGO, CA 92111  <i>Phone: (858) 279-0925</i>  <i>After Hours Phone: (858) 279-0925</i>  <i>Website: www.sdfamilycare.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM</i></p>	<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>KI, TRISH</b> <i>Provider ID: 206046</i> <i>Provider Gender: Female</i> <i>License Number: NP23847</i> <i>NPI: 1376840199</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Vietnamese</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i>  6973 LINDA VISTA RD SAN DIEGO, CA 92111  <i>Phone: (858) 279-0925</i>  <i>After Hours Phone: (858) 279-0925</i>  <i>Website: www.sdfamilycare</i></p>	<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>KLOBERDANZ, KELSEY</b> <i>Provider ID: 417937</i> <i>Provider Gender: Female</i> <i>License Number: NP95005293</i> <i>NPI: 1235672502</i>  <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i>  4094 4TH AVE SAN DIEGO, CA 92103  <i>Phone: (619) 515-2545</i>  <i>After Hours Phone: (619) 515-2545</i>  <i>Website: www.fhcsd.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p>
<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>KI, TRISH</b> <i>Provider ID: 482070</i> <i>Provider Gender: Female</i> <i>License Number: NP23847</i> <i>NPI: 1376840199</i>  <i>Provider English Spoken: Y</i></p>	<p> <i>Provider Language(s) Spoken: Vietnamese</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i>  6973 LINDA VISTA RD SAN DIEGO, CA 92111  <i>Phone: (858) 279-0925</i>  <i>After Hours Phone: (858) 279-0925</i>  <i>Website: www.sdfamilycare</i></p>	<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>LENNON, RYAN</b></p>

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## C. 初級保健名錄

Provider ID: 624977

Provider Gender: Female

License Number: NP95027593


NPI: 1558084855


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 2204 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2355

 After Hours Phone: (619)  
515-2355


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **LIEBER, CAROL**

Provider ID: 517403

Provider Gender: Female

License Number: NP20849

NPI: 1487889846


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 316 25TH ST  
SAN DIEGO, CA 92102

 Phone: (619) 238-5551

 After Hours Phone: (619)  
238-5551

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **LIM, IMELDA**

Provider ID: 417101

Provider Gender: Female

License Number: NP95000203

NPI: 1093130395

Provider English Spoken: Y


Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU  
8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM

### CERTIFIED NURSE PRACTITIONER

#### **LOVE, VICKI**

Provider ID: 206363

Provider Gender: Female

License Number: NP17362


NPI: 1699759134


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### CERTIFIED NURSE PRACTITIONER

#### **LU, TAMMY**

Provider ID: 206360

Provider Gender: Female

License Number: NP95007253

NPI: 1457879132

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE

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## C. 初級保健名錄

SAN DIEGO, CA 92113  
☎ Phone: (619) 515-2300  
📞 After Hours Phone: (619) 515-2300  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

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### **CERTIFIED NURSE** **PRACTITIONER**

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**MARTIN, RIA**  
Provider ID: 206363  
Provider Gender: Female  
License Number: NP95005321  
NPI: 1437695079  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

📍 4725 MARKET ST  
SAN DIEGO, CA 92102  
☎ Phone: (619) 515-2560  
📞 After Hours Phone: (619) 515-2560

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

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### **CERTIFIED NURSE** **PRACTITIONER**

---

**MARTINEZ, CAROLYN**  
Provider ID: 214492  
Provider Gender: Female  
License Number: NP22031  
NPI: 1609101997

☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

📍 1016 OUTER RD  
SAN DIEGO, CA 92154

☎ Phone: (619) 429-3733  
📞 After Hours Phone: (619) 429-3733

🌐 Website: [www.ibclinic.org](http://www.ibclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M 8:30AM-5PM  
TU-TH 8:30AM-8PM  
F 8:30AM-5PM

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### **CERTIFIED NURSE** **PRACTITIONER**

---

**MELTZER, VIRGINIA**  
Provider ID: 233532  
Provider Gender: Female  
License Number: NP95015948  
NPI: 1821684390

☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON

Board Certified Specialty: No  
📍 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105  
☎ Phone: (619) 280-2058  
📞 After Hours Phone: (619) 280-2058

🌐 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\22

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM  
SA 8AM-2PM

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

**MENDOZA, GRETEL MARIE**  
Provider ID: 417101  
Provider Gender: Female  
License Number: NP95002233  
NPI: 1245652387

☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

📍 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126  
☎ Phone: (844) 200-2426  
📞 After Hours Phone: (844) 200-2426

🌐 Website: [www.operationsa](http://www.operationsa)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

mahan.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

**NEVAREZ, IRENE**  
 Provider ID: 185268  
 Provider Gender: Female  
 License Number: NP95009891  
 NPI: 1003166646  
 ☐ Provider English Spoken: Y  
 ☐ Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Board Certified Specialty: No  
 📍 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105  
 📞 Phone: (619) 564-8765  
 🕒 After Hours Phone: (619) 564-8765  
 🌐 Website: www.lamaestra.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-6PM  
 SA 8AM-2PM

### CERTIFIED NURSE PRACTITIONER

**NOCEDA, ANA**  
 Provider ID: 233532  
 Provider Gender: Female  
 License Number: NP19505  
 NPI: 1386971760  
 ☐ Provider English Spoken: Y  
 ☐ Provider Language(s)  
 Spoken: Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Board Certified Specialty: No  
 📍 4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105  
 📞 Phone: (619) 280-2058  
 🕒 After Hours Phone: (619) 280-2058  
 🌐 Website: www.sdfamilycare.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\22  
 American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F 8AM-5PM  
 SA 8AM-2PM

### CERTIFIED NURSE PRACTITIONER

**NOCEDA, ANA**

Provider ID: 482070  
 Provider Gender: Female  
 License Number: NP19505  
 NPI: 1386971760  
 ☐ Provider English Spoken: Y  
 ☐ Provider Language(s)  
 Spoken: Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Board Certified Specialty: No  
 📍 7011 LINDA VISTA RD SAN DIEGO, CA 92111  
 📞 Phone: (858) 810-8700  
 🕒 After Hours Phone: (858) 810-8700  
 🌐 Website: www.sdfamilycare.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M 8:30AM-5:30PM  
 TU 8:30AM-9PM  
 W-F 8:30AM-5:30PM  
 SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

**OCAMPO, ELAINE**  
 Provider ID: 482070  
 Provider Gender: Female  
 License Number: NP95003427  
 NPI: 1063856805

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## C. 初級保健名錄






 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin, Yue  
Chinese  
Cultural Competency: N  
Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **OCAMPO, ELAINE**

Provider ID: 206046  
Provider Gender: Female  
License Number: NP95003427  
NPI: 1063856805

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin, Yue  
Chinese  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **OCAMPO, ELAINE**

Provider ID: 206046  
Provider Gender: Female  
License Number: NP95003427  
NPI: 1063856805



 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin, Yue  
Chinese  
Cultural Competency: N  
Board Certified Specialty: No






 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **ODA, THAGHAR**

Provider ID: 206360  
Provider Gender: Female  
License Number: RN810863  
NPI: 1063835692

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Amharic, Arabic  
Cultural Competency: N  
Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER





#### **ODA, THAGHAR**

Provider ID: 206360  
Provider Gender: Female  
License Number: NP95000205  
NPI: 1063835692

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Amharic, Arabic  
Cultural Competency: N  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

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## C. 初級保健名錄






 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

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### **CERTIFIED NURSE** **PRACTITIONER**

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**ODA, THAGHAR**  
Provider ID: 206363  
Provider Gender: Female  
License Number: NP95000205  
NPI: 1063835692  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Amharic, Arabic  
Cultural Competency: N  
Board Certified Specialty: No






 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

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### **CERTIFIED NURSE** **PRACTITIONER**

---




**ODA, THAGHAR**  
Provider ID: 206363  
Provider Gender: Female  
License Number: RN810863  
NPI: 1063835692  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Amharic, Arabic  
Cultural Competency: N  
Board Certified Specialty: No






 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**

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
**ORPILLA, IMELDA**  
Provider ID: 417101  
Provider Gender: Female  
License Number: NP95003211  
NPI: 1790785988  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Board Certified Specialty: No  
 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-4:30PM

---


### **CERTIFIED NURSE** **PRACTITIONER**

---

**ORPILLA, IMELDA**  
Provider ID: 418535  
Provider Gender: Female  
License Number: NP95003211  
NPI: 1790785988  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Board Certified Specialty: No  
 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129  
 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

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## C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

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### **CERTIFIED NURSE** **PRACTITIONER**

---

**OWEN, MICHAEL**

*Provider ID: 206363*

*Provider Gender: Female*

*License Number: NP95001492*

*NPI: 1073869145*


*Provider English Spoken: Y*


*Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 *4725 MARKET ST  
SAN DIEGO, CA 92102*

 *Phone: (619) 515-2560*

 *After Hours Phone: (619)  
515-2560*


 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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### **CERTIFIED NURSE** **PRACTITIONER**

---

**PADILLA, MICHELE**

*Provider ID: 403583*

*Provider Gender: Female*

*License Number: NP95020636*


*NPI: 1356083828*


*Provider English Spoken: Y*


*Cultural Competency: N*

*Board Certified Specialty: No*

 *1501 IMPERIAL AVE  
SAN DIEGO, CA 92101*

 *Phone: (619) 233-8500*

 *After Hours Phone: (619)  
233-8500*

 *Website: N/A*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5:30PM*

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### **CERTIFIED NURSE** **PRACTITIONER**

---

**PATIAG, DANIEL**

*Provider ID: 482070*

*Provider Gender: Male*

*License Number: NP95012511*

*NPI: 1073169769*


*Provider English Spoken: Y*


*Provider Language(s)  
Spoken: Tagalog*

*Cultural Competency: N*

*Board Certified Specialty: No*

 *7011 LINDA VISTA RD  
SAN DIEGO, CA 92111*

 *Phone: (858) 810-8700*

 *After Hours Phone: (858)  
810-8700*

 *Website: www.sdfamilycare.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 8:30AM-5:30PM*

*TU 8:30AM-8:30PM*

*W-F 8:30AM-5:30PM*

*SA 9AM-4PM*

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### **CERTIFIED NURSE** **PRACTITIONER**

---

**PATIAG, DANIEL**

*Provider ID: 206046*

*Provider Gender: Male*

*License Number: NP95012511*

*NPI: 1073169769*


*Provider English Spoken: Y*


*Provider Language(s)  
Spoken: Tagalog*


*Cultural Competency: N*

*Board Certified Specialty: No*

 *6973 LINDA VISTA RD  
SAN DIEGO, CA 92111*

 *Phone: (858) 279-0925*

 *After Hours Phone: (858)  
279-0925*

 *Website: www.sdfamilycare.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:30AM-5:30PM*

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

**PATIAG, DANIEL**

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## C. 初級保健名錄

Provider ID: 206046  
 Provider Gender: Male  
 License Number: NP95012511  
 NPI: 1073169769  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Tagalog  
 Cultural Competency: N  
 Board Certified Specialty: No  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
 279-0925  
 Website: www.sdfamilycare.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-5:30PM

---

### CERTIFIED NURSE PRACTITIONER

---

**QUINTO, CINDY**  
 Provider ID: 233532  
 Provider Gender: Female  
 License Number: NP16433  
 NPI: 1902810377  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French, Lao,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE  
 150  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 After Hours Phone: (619)  
 280-2058  
 Website: www.sdfamilycare.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\22  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-2PM

---

### CERTIFIED NURSE PRACTITIONER

---

**QUINTO, CINDY**  
 Provider ID: 482070  
 Provider Gender: Female  
 License Number: NP16433  
 NPI: 1902810377  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French, Lao,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No  
 7011 LINDA VISTA RD

SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
 810-8700  
 Website: www.sdfamilycare.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

---

### CERTIFIED NURSE PRACTITIONER

---

**REID, EMILY**  
 Provider ID: 185268  
 Provider Gender: Female  
 License Number: NP95002766  
 NPI: 1083081467  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 255-9155  
 After Hours Phone: (619)  
 255-9155  
 Website: www.lamaestra.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

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### CERTIFIED NURSE

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請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供  
 者目錄中的資訊可能會更改。




## C. 初級保健名錄

<b>PRACTITIONER</b>		
<b>ROGERS, TANYA</b> Provider ID: 417987 Provider Gender: Female License Number: NP95004443 NPI: 1558710038 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No 4874 POLK AVE SAN DIEGO, CA 92105 Phone: (619) 515-2426 After Hours Phone: (619) 515-2426 Website: www.fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER	After Hours Phone: (858) 810-8700 Website: www.sdfamilycare.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M 8:30AM-5:30PM TU 8:30AM-9PM W-F 8:30AM-5:30PM SA 9AM-4PM	Accessibility: CONTACT PROVIDER Hours: M 8AM-5PM TU 8AM-8PM W-F 8AM-5PM SA 9AM-1PM
<b>CERTIFIED NURSE PRACTITIONER</b>	<b>CERTIFIED NURSE PRACTITIONER</b>	<b>CERTIFIED NURSE PRACTITIONER</b>
<b>SABIN, NANCY</b> Provider ID: 482070 Provider Gender: Female License Number: NP4668 NPI: 1285732586 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No 7011 LINDA VISTA RD SAN DIEGO, CA 92111 Phone: (858) 810-8700	<b>SABIN, NANCY</b> Provider ID: 206046 Provider Gender: Female License Number: NP4668 NPI: 1285732586 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No 6973 LINDA VISTA RD SAN DIEGO, CA 92111 Phone: (858) 279-0925 After Hours Phone: (858) 279-0925 Website: www.sdfamilycare.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M 8AM-5PM TU 8AM-8PM W-F 8AM-5PM SA 9AM-1PM	<b>SABIN, NANCY</b> Provider ID: 206046 Provider Gender: Female License Number: NP4668 NPI: 1285732586 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No 6973 LINDA VISTA RD SAN DIEGO, CA 92111 Phone: (858) 279-0925 After Hours Phone: (858) 279-0925 Website: www.sdfamilycare.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M 8AM-5PM TU 8AM-8PM W-F 8AM-5PM SA 9AM-1PM
<b>CERTIFIED NURSE PRACTITIONER</b>	<b>CERTIFIED NURSE PRACTITIONER</b>	<b>CERTIFIED NURSE PRACTITIONER</b>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。







































## C. 初級保健名錄

<b>PRACTITIONER</b>	
<b>SANTANGELO, JOANNE</b> Provider ID: 206046 Provider Gender: Female License Number: NP2390 NPI: 1619370475 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No	 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
 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	 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
<b>CERTIFIED NURSE PRACTITIONER</b>	
<b>SANTANGELO, JOANNE</b> Provider ID: 482070 Provider Gender: Female License Number: NP7022 NPI: 1225012842 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No	 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
<b>CERTIFIED NURSE PRACTITIONER</b>	
<b>SANTANGELO, JOANNE</b> Provider ID: 206046 Provider Gender: Female License Number: NP2390 NPI: 1619370475 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No	 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
<b>CERTIFIED NURSE PRACTITIONER</b>	
<b>SANTANGELO, JOANNE</b> Provider ID: 482070 Provider Gender: Female License Number: NP2390 NPI: 1619370475 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No	 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
<b>CERTIFIED NURSE</b>	

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## C. 初級保健名錄

<b>PRACTITIONER</b>	
<b>SATTERWHITE, MAURINE</b>	
Provider ID: 206046	
Provider Gender: Female	
License Number: NP7022	
NPI: 1225012842	
 Provider English Spoken: Y	 Provider Language(s)
	Spoken: Spanish
Cultural Competency: N	
Board Certified Specialty: No	
 6973 LINDA VISTA RD	 6973 LINDA VISTA RD
SAN DIEGO, CA 92111	SAN DIEGO, CA 92111
 Phone: (858) 279-0925	 Phone: (858) 279-0925
 After Hours Phone: (858) 279-0925	 After Hours Phone: (858) 279-0925
 Website: www.sdfamilycare.org	 Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
Min/Max Age: 0\None	Min/Max Age: 0\None
American Sign Language (ASL): N	American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER	 Accessibility: CONTACT PROVIDER
 Hours: M 8AM-5PM	 Hours: M 8AM-5PM
TU 8AM-8PM	TU 8AM-8PM
W-F 8AM-5PM	W-F 8AM-5PM
SA 9AM-1PM	SA 9AM-1PM
<b>CERTIFIED NURSE PRACTITIONER</b>	
<b>SATTERWHITE, MAURINE</b>	
Provider ID: 206046	
Provider Gender: Female	
License Number: NP7022	
NPI: 1225012842	
 Provider English Spoken: Y	 Provider Language(s)
	Spoken: Spanish
Cultural Competency: N	
Board Certified Specialty: No	
 4094 4TH AVE	 4725 MARKET ST
SAN DIEGO, CA 92103	SAN DIEGO, CA 92102
 Phone: (619) 515-2545	 Phone: (619) 515-2560
 After Hours Phone: (619) 515-2545	 After Hours Phone: (619) 515-2560
 Website: www.fhcsd.org	 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
Min/Max Age: 0\None	Min/Max Age: 0\None
American Sign Language (ASL): N	American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER	 Accessibility: CONTACT PROVIDER
<b>CERTIFIED NURSE PRACTITIONER</b>	
<b>SEAMAN, MARY</b>	
Provider ID: 206363	
Provider Gender: Female	
License Number: NP10146	
NPI: 1033116652	
 Provider English Spoken: Y	 Cultural Competency: N
Board Certified Specialty: No	
 4725 MARKET ST	 SAN DIEGO, CA 92102
 Phone: (619) 515-2560	 After Hours Phone: (619) 515-2560
 After Hours Phone: (619) 515-2560	 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes	Medi-Cal Open Panel: Yes
Min/Max Age: 0\None	Min/Max Age: 0\None
American Sign Language (ASL): N	American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER	 Accessibility: CONTACT PROVIDER
<b>CERTIFIED NURSE PRACTITIONER</b>	
<b>SEBRING, JAN</b>	
Provider ID: 206360	
Provider Gender: Female	

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## C. 初級保健名錄

License Number: NP10906  
 NPI: 1295750339  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

**SEBRING, JAN**  
 Provider ID: 206360  
 Provider Gender: Female  
 License Number: RN486421  
 NPI: 1295750339  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

**TAYLOR, KAYLA**  
 Provider ID: 206362  
 Provider Gender: Female  
 License Number: NP95006792  
 NPI: 1730604414  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 3544 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619) 515-2424  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

**TODD, MIKAYLA**  
 Provider ID: 517998  
 Provider Gender: Female  
 License Number: NP95005999  
 NPI: 1316478092  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish


Cultural Competency: N  
 Board Certified Specialty: No  
 4690 EL CAJON BLVD  
 SAN DIEGO, CA 92115  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

**TRAN, KELLY**  
 Provider ID: 206360  
 Provider Gender: Female  
 License Number: NP95003689  
 NPI: 1255799276  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 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

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## C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

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### **CERTIFIED NURSE PRACTITIONER**

---

**TUEROS, VICTORIA**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: NP2286*

*NPI: 1598989261*


*Provider English Spoken: Y*


*Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619)  
515-2300*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

---

### **CERTIFIED NURSE PRACTITIONER**

---

**VEGA, TERESA**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: NP95001705*

*NPI: 1912304569*


*Provider English Spoken: Y*


*Provider Language(s)*

*Spoken: Spanish  
Cultural Competency: N*

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619)  
515-2300*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

---

### **CERTIFIED NURSE PRACTITIONER**

---

**VELASQUEZ, FERNANDO**

*Provider ID: 206360*

*Provider Gender: Male*

*License Number: NP95011254*

*NPI: 1386195535*


*Provider English Spoken: Y*


*Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619)  
515-2300*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

---

### **CERTIFIED NURSE PRACTITIONER**

---

**VELASQUEZ, FERNANDO**

*Provider ID: 356145*

*Provider Gender: Male*

*License Number: NP95011254*

*NPI: 1386195535*


*Provider English Spoken: Y*


*Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 2391 ISLAND AVE  
SAN DIEGO, CA 92102

 *Phone: (619) 515-2435*

 *After Hours Phone: (619)  
515-2435*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

---

### **CERTIFIED NURSE PRACTITIONER**

---

**VELASQUEZ, FERNANDO**

*Provider ID: 419529*

*Provider Gender: Male*

*License Number: NP95011254*

*NPI: 1386195535*

*Provider English Spoken: Y*

*Provider Language(s)*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 2325 COMMERCIAL ST STE 1400  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2422  
 After Hours Phone: (619) 515-2422  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

**VILLALOBOS, REBECA**  
 Provider ID: 206360  
 Provider Gender: Female  
 License Number: NP95015780  
 NPI: 1184224396  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

**WEICKERT, MARIA**  
 Provider ID: 417429  
 Provider Gender: Female  
 License Number: NP95010814  
 NPI: 1841758984  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101  
 Phone: (619) 515-2525  
 After Hours Phone: (619) 515-2525  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

### CERTIFIED NURSE PRACTITIONER

**WILLIAMS, TAKISHA**  
 Provider ID: 402851  
 Provider Gender: Female  
 License Number: NP95013978  
 NPI: 1881727386  
 Provider English Spoken: Y






























Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619) 515-2444  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

**WILLIAMS, TAKISHA**  
 Provider ID: 416831  
 Provider Gender: Female  
 License Number: NP95013978  
 NPI: 1881727386  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 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):

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## C. 初級保健名錄

<p>N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><i>License Number: NP95001899</i>  <i>NPI: 1245635564</i></p>	<p><i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i></p>
<hr/>		
<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p>	<p><b><u>CERTIFIED REGISTERED NURSE MIDWIFE</u></b></p>	<p><b><u>CERTIFIED REGISTERED NURSE MIDWIFE</u></b></p>
<p><b>WILLIAMS, BREAUNA</b>  <i>Provider ID: 185268</i>  <i>Provider Gender: Female</i>  <i>License Number: NP95001840</i>  <i>NPI: 1063884864</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>   4060 FAIRMOUNT AVE            SAN DIEGO, CA 92105   <i>Phone: (619) 255-9155</i>   <i>After Hours Phone: (619) 255-9155</i>   <i>Website: www.lamaestra.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-6PM SA 8AM-2PM</i></p>	<p> 4094 4TH AVE            SAN DIEGO, CA 92103   <i>Phone: (619) 515-2545</i>   <i>After Hours Phone: (619) 515-2545</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><b>GEPHSTEIN, YANA</b>  <i>Provider ID: 402851</i>  <i>Provider Gender: Female</i>  <i>License Number: NM1662</i>  <i>NPI: 1396956512</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Hebrew</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>   3705 MISSION BLVD            SAN DIEGO, CA 92109   <i>Phone: (619) 515-2444</i>   <i>After Hours Phone: (619) 515-2444</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i></p>
<hr/>		
<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p>	<p><b><u>CERTIFIED REGISTERED NURSE MIDWIFE</u></b></p>	<p><b><u>CHIROPRACTOR</u></b></p>
<p><b>WOLF, CELIA</b>  <i>Provider ID: 417937</i>  <i>Provider Gender: Female</i></p>	<p><b>BOSTON, LAURA</b>  <i>Provider ID: 206360</i>  <i>Provider Gender: Female</i>  <i>License Number: NM792</i>  <i>NPI: 1174553259</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>   1809 NATIONAL AVE            SAN DIEGO, CA 92113   <i>Phone: (619) 515-2300</i>   <i>After Hours Phone: (619) 515-2300</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i></p>	<p><b>ASSADIAN, MEHRAK</b>  <i>Provider ID: 451167</i>  <i>Provider Gender: Female</i>  <i>License Number: DC27523</i>  <i>NPI: 1295278281</i>   <i>Provider English Spoken: Y</i></p>




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

 *Provider Language(s)*  
*Spoken: Turkish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
 662-4100  
 *Website: www.syhealth.org*  
*/clinics/king-chavez-health-center*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER

### **CHIROPRACTOR**





#### **CABALLERO, JAMES**




*Provider ID: 417101*  
*Provider Gender: Male*  
*License Number: DC27726*  
*NPI: 1093991549*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 10737 CAMINO RUIZ STE  
 235  
 SAN DIEGO, CA 92126  
 *Phone: (844) 200-2426*  
 *After Hours Phone: (844)*  
 200-2426  
 *Website: www.operationsa*  
*mahan.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):* License Number: DC15775  
 N  
 *Accessibility: CONTACT*  
 PROVIDER  
 *Hours: M-F 8AM-4:30PM*


### **CHIROPRACTOR**

#### **CABALLERO, JAMES**

*Provider ID: 418535*  
*Provider Gender: Male*  
*License Number: DC27726*  
*NPI: 1093991549*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 9995 CARMEL MOUNTAIN  
 RD STE B10 AND B11  
 SAN DIEGO, CA 92129  
 *Phone: (844) 200-2426*  
 *After Hours Phone: (844)*  
 200-2426  
 *Website: www.operationsa*  
*mahan.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER  
 *Hours: M-TU*  
 8:30AM-5:30PM  
 W 10AM-7PM  
 TH-F 8:30AM-5:30PM

 *Phone: (844) 200-2426*  
 *After Hours Phone: (844)*  
 200-2426  
 *Website: www.operationsa*  
*mahan.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*









*American Sign Language (ASL):*  
 N

 *Accessibility: CONTACT*  
 PROVIDER  
 *Hours: M-TU*  
 8:30AM-5:30PM  
 W 10AM-7PM  
 TH-F 8:30AM-5:30PM

### **CHIROPRACTOR**




#### **GILIBERTO, JOSEPH**

*Provider ID: 418535*  
*Provider Gender: Male*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 9995 CARMEL MOUNTAIN  
 RD STE B10 AND B11  
 SAN DIEGO, CA 92129  
 *Phone: (844) 200-2426*  
 *After Hours Phone: (844)*  
 200-2426  
 *Website: www.operationsa*  
*mahan.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER  
 *Hours: M-TU*  
 8:30AM-5:30PM  
 W 10AM-7PM  
 TH-F 8:30AM-5:30PM

### **CHIROPRACTOR**

#### **GILIBERTO, JOSEPH**

*Provider ID: 417101*  
*Provider Gender: Male*  
*License Number: DC15775*  
*NPI: 1821463159*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 10737 CAMINO RUIZ STE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

235  
SAN DIEGO, CA 92126  
Phone: (844) 200-2426  
After Hours Phone: (844) 200-2426  
Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-4:30PM

### CHIROPRACTOR

#### ILCHENA, ALESANDRA

Provider ID: 185268

Provider Gender: Female

License Number: DC32800

NPI: 1871046664

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Phone: (619) 798-3947

After Hours Phone: (619) 798-3947

Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

### CHIROPRACTOR

#### KAZEM, AHMAD

Provider ID: 227409

Provider Gender: Male

License Number: DC33300

NPI: 1003296096

Provider English Spoken: Y

Provider Language(s) Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### CHIROPRACTOR

#### LOVERN, JENNIFER

Provider ID: 207382

Provider Gender: Female

License Number: DC29074

NPI: 1235469396

Provider English Spoken: Y

Provider Language(s) Spoken: Italian, Spanish  
Cultural Competency: N

Board Certified Specialty: No

2630 1ST AVE  
SAN DIEGO, CA 92103

Phone: (619) 234-2158

After Hours Phone: (619) 234-2158

Website: [WWW.SDAIHC.ORG](http://WWW.SDAIHC.ORG)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM  
Indian Health Services: Y

### CHIROPRACTOR

#### LOVERN, JENNIFER

Provider ID: 418535

Provider Gender: Female

License Number: DC29074

NPI: 1235469396

Provider English Spoken: Y

Provider Language(s) Spoken: Italian, Spanish

Cultural Competency: N

Board Certified Specialty: No

9995 CARMEL MOUNTAIN RD STE B10 AND B11  
SAN DIEGO, CA 92129

Phone: (844) 200-2426

After Hours Phone: (844) 200-2426

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

mahan.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-TU  
8:30AM-5:30PM  
W 10AM-7PM  
TH-F 8:30AM-5:30PM

### **CHIROPRACTOR**

#### **OLSEN, MARTIN**

Provider ID: 402851  
Provider Gender: Male  
License Number: DC20729  
NPI: 1730247990  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109  
Phone: (619) 515-2444  
After Hours Phone: (619)  
515-2444  
Website: www.fhcsd.org

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### **CHIROPRACTOR**

#### **PAGE, BIANCA**

Provider ID: 417937  
Provider Gender: Female  
License Number: DC33688  
NPI: 1649787607  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103  
Phone: (619) 515-2545  
After Hours Phone: (619)  
515-2545  
Website: www.fhcsd.org

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-TH 8AM-9PM  
F 8AM-5PM

### **CHIROPRACTOR**

#### **ROJAS, RICHARD**

Provider ID: 417937  
Provider Gender: Male  
License Number: DC31024  
NPI: 1538318811  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103  
Phone: (619) 515-2545  
After Hours Phone: (619)  
515-2545  
Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 9AM-5PM

### **CHIROPRACTOR**

#### **SOSA, DAVID**

Provider ID: 206363  
Provider Gender: Male  
License Number: DC33150  
NPI: 1013308675  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102  
Phone: (619) 515-2560  
After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

### **CHIROPRACTOR**

#### **SOSA, DAVID**

Provider ID: 417937  
Provider Gender: Male  
License Number: DC33150  
NPI: 1013308675  
Provider English Spoken: Y  
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-9PM  
F 8AM-5PM

### CHIROPRACTOR

**SU, VENNES**

Provider ID: 417101

Provider Gender: Female

License Number: DC34907

NPI: 1053919928

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)  
200-2426

Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-4:30PM

### CLINIC OUTPATIENT

**OPERATION SAMAHAN**

**RANCHO PENASQUITOS,**

Provider ID: 418535

NPI: 1699216622

Provider English Spoken: Y  
Cultural Competency: N

9995 CARMEL MOUNTAIN  
RD STE B10 AND B11

SAN DIEGO, CA 92129

Phone: (844) 200-2426

Fax: (858) 695-9074

After Hours Phone: (844)  
200-2426

Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU  
8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM

### DERMATOLOGY

**BURROWS, WILLIAM**

Provider ID: 417937

Provider Gender: Male

License Number: G16236

NPI: 1639199292

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### DERMATOLOGY

**CARTER, NATASHA**

Provider ID: 206363

Provider Gender: Female

License Number: A140912

NPI: 1033539184

Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Board Certified Specialty: No



4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER




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### ENDOCRINOLOGY METABOLISM DIABETES

#### **AHMAD, AAKIF**

Provider ID: 206360  
Provider Gender: Male  
License Number: 20A12732  
NPI: 1720308331  
 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS GREEN HOSPITAL  
Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

---




### ENDOCRINOLOGY METABOLISM DIABETES


#### **CARRILLO, MARITZA**



Provider ID: 206360  
Provider Gender: Female  
License Number: A163183  
NPI: 1649628587

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):


N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8AM-7PM  
TU-TH 8AM-6PM  
F 8AM-5:30PM

---

### ENDOCRINOLOGY METABOLISM DIABETES




#### **CHANG, AMY**



Provider ID: 206360  
Provider Gender: Female  
License Number: A93385  
NPI: 1750568911

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS, SADDLEBACK MEMORIAL MED CTR, SCRIPPS GREEN HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300



 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

---



### ENDOCRINOLOGY METABOLISM DIABETES

#### **GANDHI, ANAND**

Provider ID: 206360  
Provider Gender: Male  
License Number: A178494  
NPI: 1821651779

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
Fax: (619) 515-2510

 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 206360

N

 Accessibility: CONTACT PROVIDER

### ENDOCRINOLOGY

#### METABOLISM DIABETES

#### **LEVINE, MATTHEW**

Provider ID: 206360

Provider Gender: Male

License Number: A77126

NPI: 1801994231

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


GREEN HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL, UCSD

MEDICAL CTR

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### ENDOCRINOLOGY

### METABOLISM DIABETES

#### **NAGELBERG, JODI**

Provider ID: 206360

Provider Gender: Female

License Number: A146838


NPI: 1720474141


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### ENDOCRINOLOGY

#### METABOLISM DIABETES

#### **RODRIGUEZ MARTINEZ, RENIL**

Provider ID: 206360

Provider Gender: Female

License Number: A142703

NPI: 1477817757


Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### **ABDALLAH, ALI**

Provider ID: 206363

Provider Gender: Male

License Number: 20A15471

NPI: 1649699968


Provider English Spoken: Y


Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### **ALVAREZ-ESTRADA, MIGUEL**

Provider ID: 227409

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Provider Gender: Male

License Number: A157505

NPI: 1588197826

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY


HOSPITAL, PARADISE VALLEY

HOSPITAL

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **BACHARACH, REBECCA**

Provider ID: 417937

Provider Gender: Female


License Number: 20A15459

NPI: 1225442643


Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### **FAMILY PRACTICE**

#### **BAGINGITO, AUSTIN**

Provider ID: 417429

Provider Gender: Male

License Number: A163977


NPI: 1942705637


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)  
515-2525

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **BAHRAMZI, MARIA**

Provider ID: 417987

Provider Gender: Female

License Number: A173486

NPI: 1588141865


Provider English Spoken: Y


Provider Language(s)  
Spoken: Pushto

Cultural Competency: N

Board Certified Specialty: No

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)  
515-2426

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **BAHRAMZI, MARIA**

Provider ID: 206362

Provider Gender: Female

License Number: A173486


NPI: 1588141865

Provider English Spoken: Y

Provider Language(s)  
Spoken: Pushto

Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

SAN DIEGO, CA 92104  
☎ Phone: (619) 515-2424  
📞 After Hours Phone: (619) 515-2424  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **BAIN, NATALIE**

Provider ID: 206360  
Provider Gender: Female  
License Number: A183464  
NPI: 1821677584  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
☎ Phone: (619) 515-2300  
📞 After Hours Phone: (619) 515-2300  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **BAUTISTA, LUIS**

Provider ID: 517403  
Provider Gender: Male  
License Number: A97270  
NPI: 1295712206  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
ST AGNES MEDICAL CENTER  
Board Certified Specialty: No

📍 316 25TH ST  
SAN DIEGO, CA 92102  
☎ Phone: (619) 238-5551  
📞 After Hours Phone: (619) 238-5551  
🌐 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **BISHOP, MELISSA**

Provider ID: 403583  
Provider Gender: Female  
License Number: C137521  
NPI: 1578667077  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR

MEDICAL CENTER  
Board Certified Specialty: No  
📍 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
☎ Phone: (619) 645-6405  
📞 After Hours Phone: (619) 645-6405  
🌐 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5:30PM

### **FAMILY PRACTICE**

#### **BODIFORD, SAMANTHA**

Provider ID: 214492  
Provider Gender: Female  
License Number: A165398  
NPI: 1730684200  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 1016 OUTER RD  
SAN DIEGO, CA 92154  
☎ Phone: (619) 429-3733  
📞 After Hours Phone: (619) 429-3733  
🌐 Website: [www.ibclinic.org](http://www.ibclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M 8:30AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

TU-TH 8:30AM-8PM  
F 8:30AM-5PM

### **FAMILY PRACTICE**

#### **BORTNER, ADAM**

Provider ID: 206363

Provider Gender: Male

License Number: A164879

NPI: 1811491749

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **BRADY, PATRICIA**

Provider ID: 403583

Provider Gender: Female

License Number: C53121

NPI: 1952390437

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-W 8:30AM-5PM  
TH 8:30AM-9PM  
F 8:30AM-5PM

### **FAMILY PRACTICE**

#### **BRODSKY, MARK**

Provider ID: 402851

Provider Gender: Male

License Number: C53623

NPI: 1346337904

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619)  
515-2444

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-W  
8:30AM-5:30PM  
TH 9AM-6PM  
F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **BURTON, LUCAS**

Provider ID: 206362

Provider Gender: Male

License Number: 20A20786

NPI: 1376171520

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

3544 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **CAMPBELL, BRIANNA**

Provider ID: 451167


Provider Gender: Female

License Number: A157488

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄


NPI: 1316479892


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: CHULA  
VISTA COMM HOSP

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **CARRIEDO CENICEROS, MARIA**

Provider ID: 227409

Provider Gender: Female

License Number: A78373


NPI: 1295746618


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CARSON, COREY**

Provider ID: 206360

Provider Gender: Female

License Number: A136616


NPI: 1245599778


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CARSON, COREY**

Provider ID: 417937

Provider Gender: Female

License Number: A136616


NPI: 1245599778


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103


 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CHOU, BILL**

Provider ID: 417937

Provider Gender: Male


License Number: 20A14794


NPI: 1730448101


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT  
PROVIDER

---

### **FAMILY PRACTICE**

---

#### **CHOU, BILL**

Provider ID: 206362

Provider Gender: Male


License Number: 20A14794


NPI: 1730448101

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Hospital Affiliation: UCSD

N

 Accessibility: CONTACT  
PROVIDER

---

### **FAMILY PRACTICE**

---


#### **CHUN, HYUN**


Provider ID: 206360

Provider Gender: Male

License Number: A163978

NPI: 1083118988


 Provider English Spoken: Y


 Provider Language(s)


Spoken: Korean

Cultural Competency: N

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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### **FAMILY PRACTICE**

---

#### **COLLINS, WILLIAM**

Provider ID: 206362

Provider Gender: Male

License Number: 20A15413

NPI: 1417361973

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU-SA  
8:30AM-5:30PM

---

### **FAMILY PRACTICE**

---

#### **COLLINS, WILLIAM**

Provider ID: 417937

Provider Gender: Male

License Number: 20A15413

NPI: 1417361973

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY

THORNTON

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU-SA 8AM-9PM

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### **FAMILY PRACTICE**

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#### **CORMAN, DANIEL**

Provider ID: 402851



Provider Gender: Male

License Number: 20A13060

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


NPI: 1629339593


-  Provider English Spoken: Y
-  Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619) 515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

-  Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **DAPPEN, AMANDA**

Provider ID: 227409


Provider Gender: Female


License Number: A153414


NPI: 1689037111

-  Provider English Spoken: Y
- Cultural Competency: N

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: <https://www.syhealth.org/locations>


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

-  Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**



#### **DAVIS, DEIRDRE**

Provider ID: 451167

Provider Gender: Female

License Number: A165432


NPI: 1265921365


-  Provider English Spoken: Y
-  Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

-  Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4PM

### **FAMILY PRACTICE**



#### **FAMBRO, CYNTHIA**

Provider ID: 451167

Provider Gender: Female

License Number: A153223


NPI: 1710331707


-  Provider English Spoken: Y
-  Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

-  Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **FLORES, JOE**

Provider ID: 417937

Provider Gender: Male


License Number: A171135


NPI: 1033647409

-  Provider English Spoken: Y
- Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619) 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

*American Sign Language (ASL):* Provider Gender: Female  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

---

### **FAMILY PRACTICE**


#### **GLEASON ROHRER, GWEN**

Provider ID: 233597

Provider Gender: Female

License Number: A112176

NPI: 1710140462

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR

Board Certified Specialty: No

 4290 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

 After Hours Phone: (619)  
563-0250

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

*American Sign Language (ASL):*

N

 Accessibility: CONTACT PROVIDER

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### **FAMILY PRACTICE**

#### **GLEASON ROHRER, GWEN**

Provider ID: 233532

License Number: A112176

NPI: 1710140462

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

 After Hours Phone: (619)  
280-2058

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

*American Sign Language (ASL):*

N

 Accessibility: CONTACT PROVIDER

---

### **FAMILY PRACTICE**


#### **GRIFFITHS, KENNETH**

Provider ID: 417937

Provider Gender: Male

License Number: C52451

NPI: 1760563068


 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

*American Sign Language (ASL):*

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

---

### **FAMILY PRACTICE**

#### **GUTIERREZ, TANIA**

Provider ID: 417987

Provider Gender: Female

License Number: 20A19345

NPI: 1285196311

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4874 POLK AVE

SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)  
515-2426


 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

*American Sign Language (ASL):*

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **HACHOLSKI, MARK**

Provider ID: 206362

Provider Gender: Male

License Number: A169591

NPI: 1568995694

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

3544 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **HAMILTON, LISA MARIE**

Provider ID: 206363

Provider Gender: Female

License Number: 20A14772

NPI: 1235576059

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **HAMILTON, LISA MARIE**

Provider ID: 418142

Provider Gender: Female

License Number: 20A14772

NPI: 1235576059

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

5160 FEDERAL BLVD  
SAN DIEGO, CA 92105

Phone: (619) 515-2454

After Hours Phone: (619)  
515-2454

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **HEINRICI, ALEKA**

Provider ID: 451167

Provider Gender: Female

License Number: A125329

NPI: 1780979120

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

950 S EUCLID AVE  
SAN DIEGO, CA 92114

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.syhealth.org  
/clinics/king-chavez-health-  
center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-4PM

### **FAMILY PRACTICE**

#### **KAUFHOLD, ANNE**

Provider ID: 227409

Provider Gender: Female

License Number: A88893

NPI: 1164508073

Provider English Spoken: Y

Provider Language(s)


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

*Spoken: Arabic, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
**MERCY HOSPITAL CHULA**  
**VISTA**

*Board Certified Specialty: No*

 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113

 *Phone: (619) 662-4100*

*Fax: (619) 858-1003*

 *After Hours Phone: (619)*  
 662-4100

 *Website: <https://www.syhealth.org/locations>*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
 N

 *Accessibility: CONTACT*  
 PROVIDER

### **FAMILY PRACTICE**

#### **KAUFMAN, JENNIFER CHILYN**

*Provider ID: 417987*

*Provider Gender: Female*

*License Number: G149974*

*NPI: 1407818768*


*Provider English Spoken: Y*


*Provider Language(s)*  
*Spoken: Mandarin*

*Cultural Competency: N*

*Board Certified Specialty: No*

 4874 POLK AVE  
 SAN DIEGO, CA 92105

 *Phone: (619) 515-2426*

 *After Hours Phone: (619)*  
 515-2426


 *Website: [www.fhcsd.org](http://www.fhcsd.org)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
 N

 *Accessibility: CONTACT*  
 PROVIDER

 *Hours: M-F*  
 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **KEFLEZIGHI, BAHGHI**

*Provider ID: 206363*

*Provider Gender: Female*

*License Number: A100391*

*NPI: 1124210844*

*Provider English Spoken: Y*

*Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL, SCRIPPS*


*MERCY HOSPITAL CHULA*

*VISTA, RADY CHILDRENS*

*HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

 4725 MARKET ST  
 SAN DIEGO, CA 92102

 *Phone: (619) 515-2560*

*Fax: (619) 263-2499*

 *After Hours Phone: (619)*  
 515-2560

 *Website: [www.fhcsd.org](http://www.fhcsd.org)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
 N

 *Accessibility: CONTACT*

PROVIDER

### **FAMILY PRACTICE**

#### **KIDDER, BRENDAN**

*Provider ID: 227409*

*Provider Gender: Male*

*License Number: A112379*


*NPI: 1275793929*


*Provider English Spoken: Y*


*Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)*  
 662-4100

 *Website: <https://www.syhealth.org/locations>*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
 N

 *Accessibility: CONTACT*  
 PROVIDER

### **FAMILY PRACTICE**

#### **LACH, REBECCA**

*Provider ID: 206362*

*Provider Gender: Female*

*License Number: A177922*

*NPI: 1679137780*

*Provider English Spoken: Y*

*Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

**LACH, REBECCA**

Provider ID: 417937  
Provider Gender: Female  
License Number: A177922  
NPI: 1679137780


Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM

F 8AM-5PM

### **FAMILY PRACTICE**


**LEE, SANDRINE**

Provider ID: 206362  
Provider Gender: Female  
License Number: 20A15068  
NPI: 1073909651


Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French

Cultural Competency: N  
Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

**LINDEMAN, KURTIS**

Provider ID: 403583  
Provider Gender: Male  
License Number: A104052  
NPI: 1124155791




Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N  
Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
233-8500

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM




### **FAMILY PRACTICE**


**LISH, JONATHAN**

Provider ID: 206360  
Provider Gender: Male  
License Number: A177373  
NPI: 1811459456

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No


 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

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### **FAMILY PRACTICE**

---


#### **LIU, JIE**


*Provider ID: 206362*

*Provider Gender: Female*

*License Number: A147758*

*NPI: 1780066472*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Chinese, Mandarin, Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL*

*Board Certified Specialty: No*

 *3544 30TH ST  
SAN DIEGO, CA 92104*

 *Phone: (619) 515-2424*

 *After Hours Phone: (619) 515-2424*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

---

### **FAMILY PRACTICE**

---

#### **MARSTON, JACQUELINE**

*Provider ID: 206046*

*Provider Gender: Female*

*License Number: 20A12402*

*NPI: 1417205055*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SHARP*

*MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

 *6973 LINDA VISTA RD  
SAN DIEGO, CA 92111*

 *Phone: (858) 279-0925*

 *After Hours Phone: (858) 279-0925*

 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

---

### **FAMILY PRACTICE**

---

#### **MARSTON, JACQUELINE**

*Provider ID: 206046*

*Provider Gender: Female*

*License Number: 20A12402*

*NPI: 1417205055*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SHARP*


*MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

 *6973 LINDA VISTA RD  
SAN DIEGO, CA 92111*

 *Phone: (858) 279-0925*

 *After Hours Phone: (858) 279-0925*

 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

---

### **FAMILY PRACTICE**

---

#### **MARSTON, JACQUELINE**

*Provider ID: 482070*

*Provider Gender: Female*

*License Number: 20A12402*

*NPI: 1417205055*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SHARP*

*MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

 *7011 LINDA VISTA RD  
SAN DIEGO, CA 92111*

 *Phone: (858) 810-8700*

 *After Hours Phone: (858) 810-8700*

 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

---

### **FAMILY PRACTICE**

---

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### **MATICH, BRANKO**

Provider ID: 482070

Provider Gender: Male

License Number: C174985

NPI: 1023437704

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)  
810-8700

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

#### **FAMILY PRACTICE**

### **MATICH, BRANKO**

Provider ID: 206046

Provider Gender: Male

License Number: C174985

NPI: 1023437704

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)  
279-0925

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

#### **FAMILY PRACTICE**

### **MATICH, BRANKO**

Provider ID: 206046

Provider Gender: Male

License Number: C174985

NPI: 1023437704

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)  
279-0925

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

#### **FAMILY PRACTICE**

### **MELGAR, MONICA**

Provider ID: 402851

Provider Gender: Female

License Number: A154399

NPI: 1629432174

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619)  
515-2444

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-W  
8:30AM-5:30PM  
TH 9AM-6PM  
F 8:30AM-5:30PM

#### **FAMILY PRACTICE**

### **MORALES, ALEJANDRA**

Provider ID: 227409

Provider Gender: Female

License Number: A162332

NPI: 1063945657


Provider English Spoken: Y  
Cultural Competency: N


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## C. 初級保健名錄

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

**NGUYEN, NGOC**

Provider ID: 517998

Provider Gender: Male

License Number: A74094

NPI: 1184668105

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish,  
Vietnamese


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

**Niazi, Harris**

Provider ID: 206360

Provider Gender: Male

License Number: A146111

NPI: 1174905871


Provider English Spoken: Y


Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

**Norris, Jeffrey**

Provider ID: 403583

Provider Gender: Male

License Number: A136275

NPI: 1073870374


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

**Nuqui, Josie**

Provider ID: 432308

Provider Gender: Female

License Number: A71544

NPI: 1184773673


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish, Tagalog


Cultural Competency: N

Board Certified Specialty: No

 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsamahahan.org](http://www.operationsamahahan.org)



Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

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## C. 初級保健名錄







 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5PM  
SA 8:30AM-5PM*

---

### **FAMILY PRACTICE**

#### **ORTIZ, KENNETH**

*Provider ID: 517403*  
*Provider Gender: Male*  
*License Number: A156607*  
*NPI: 1356761571*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation:*  
*GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL*  
*Board Certified Specialty: No*





 316 25TH ST  
SAN DIEGO, CA 92102  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)  
662-4100*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

---

### **FAMILY PRACTICE**

#### **PALOMINO, VERONICA**







*Provider ID: 419529*  
*Provider Gender: Female*  
*License Number: A121451*


*NPI: 1255569083*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 2325 COMMERCIAL ST STE  
1400  
SAN DIEGO, CA 92113  
 *Phone: (619) 515-2422*  
 *After Hours Phone: (619)  
515-2422*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT PROVIDER*

---

### **FAMILY PRACTICE**

#### **PALOMINO, VERONICA**



*Provider ID: 206360*  
*Provider Gender: Female*  
*License Number: A121451*  
*NPI: 1255569083*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619)  
515-2300*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT PROVIDER*

---

### **FAMILY PRACTICE**


#### **PEREZ, PERLITA**

*Provider ID: 206363*  
*Provider Gender: Female*  
*License Number: A119689*  
*NPI: 1174810972*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 *Phone: (619) 515-2560*  
 *After Hours Phone: (619)  
515-2560*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT PROVIDER*

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### **FAMILY PRACTICE**

#### **POSADA, SEAN**

*Provider ID: 206360*  
*Provider Gender: Male*  
*License Number: A180171*  
*NPI: 1295100691*  
 *Provider English Spoken: Y*

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## C. 初級保健名錄








 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619) 515-2300*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**


**PROPST, TOBE**  
*Provider ID: 403583*  
*Provider Gender: Male*  
*License Number: A82123*  
*NPI: 1194814277*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 *Phone: (619) 233-8500*  
 *After Hours Phone: (619) 233-8500*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*







 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**




**RAGUVEER, VISHAKA**  
*Provider ID: 618164*  
*Provider Gender: Female*  
*NPI: 1740609387*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 9995 CARMEL MOUNTAIN RD STE 10-11B  
 SAN DIEGO, CA 92129  
 *Phone: (844) 200-2426*  
*Fax: (858) 240-6470*  
 *After Hours Phone: (844) 200-2426*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

### **FAMILY PRACTICE**

**RAMIREZ, CRISTHIAN**  
*Provider ID: 206360*  
*Provider Gender: Female*  
*License Number: 20A17478*  
*NPI: 1407200942*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*































*Board Certified Specialty: No*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619) 515-2300*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M 8AM-7PM TU-TH 8AM-6PM F 8AM-5:30PM SA 8AM-5PM*

### **FAMILY PRACTICE**

**RITTER, STEVEN**  
*Provider ID: 451167*  
*Provider Gender: Male*  
*License Number: 20A7435*  
*NPI: 1356556021*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/king-chavez-health-center*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

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## C. 初級保健名錄

N  <i>Accessibility: CONTACT PROVIDER</i>	<i>License Number: A169434</i> <i>NPI: 1316479603</i>  <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i>	<i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-6PM SA 8AM-2PM</i>
<b><u>FAMILY PRACTICE</u></b>		
<b>RODRIGUEZ, SEAN</b> <i>Provider ID: 227409</i> <i>Provider Gender: Male</i> <i>License Number: A120576</i> <i>NPI: 1780909903</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA</i> <i>Board Certified Specialty: No</i>	 316 25TH ST SAN DIEGO, CA 92102  <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Website: N/A</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>	<b><u>FAMILY PRACTICE</u></b>
 3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113  <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a></i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i>	<b>SCHUMAKER, EDWARD</b> <i>Provider ID: 185268</i> <i>Provider Gender: Male</i> <i>License Number: 20A6433</i> <i>NPI: 1184616872</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i>  4060 FAIRMOUNT AVE SAN DIEGO, CA 92105  <i>Phone: (619) 255-9155</i> <i>Fax: (619) 284-4731</i>  <i>After Hours Phone: (619) 255-9155</i>  <i>Website: <a href="http://www.lamaestra.org">www.lamaestra.org</a></i> <i>Medi-Cal Open Panel: Yes</i>	<b>SCOTT, RYLEE</b> <i>Provider ID: 402851</i> <i>Provider Gender: Male</i> <i>License Number: A162946</i> <i>NPI: 1457887911</i>  <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i>  3705 MISSION BLVD SAN DIEGO, CA 92109  <i>Phone: (619) 515-2300</i>  <i>After Hours Phone: (619) 515-2300</i>  <i>Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>
<b><u>FAMILY PRACTICE</u></b>		
<b>ROSADO, IVAN</b> <i>Provider ID: 517403</i> <i>Provider Gender: Male</i>		<b><u>FAMILY PRACTICE</u></b>
		<b>SCOTT, LAGINA</b> <i>Provider ID: 206360</i> <i>Provider Gender: Female</i> <i>License Number: A160489</i> <i>NPI: 1558897009</i>  <i>Provider English Spoken: Y</i>

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## C. 初級保健名錄

Cultural Competency: N  
Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619) 515-2300  
Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **SHEIKH, ZARA**

Provider ID: 233597  
Provider Gender: Female  
License Number: A163512  
NPI: 1952808727  
Provider English Spoken: Y  
Provider Language(s) Spoken: Urdu  
Cultural Competency: N  
Board Certified Specialty: No  
4290 POLK AVE  
SAN DIEGO, CA 92105  
Phone: (619) 563-0250  
After Hours Phone: (619) 563-0250  
Website: www.sdfamilycare.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT

PROVIDER  
Hours: M-F 8AM-5PM  
SA 8AM-2PM

### **FAMILY PRACTICE**

#### **SHEIKH, ZARA**

Provider ID: 233532  
Provider Gender: Female  
License Number: A163512  
NPI: 1952808727  
Provider English Spoken: Y  
Provider Language(s) Spoken: Urdu  
Cultural Competency: N  
Board Certified Specialty: No  
4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105  
Phone: (619) 280-2058  
After Hours Phone: (619) 280-2058  
Website: www.sdfamilycare.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\22  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
SA 8AM-2PM

### **FAMILY PRACTICE**

#### **SHIRAKI, JEAN**

Provider ID: 417987  
Provider Gender: Female  
License Number: 20A17577  
NPI: 1144684382

Provider English Spoken: Y  
Provider Language(s) Spoken: Japanese  
Cultural Competency: N  
Board Certified Specialty: No  
4874 POLK AVE  
SAN DIEGO, CA 92105  
Phone: (619) 515-2426  
After Hours Phone: (619) 515-2426  
Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER























### **FAMILY PRACTICE**

#### **SHUMILAK, KAILI**

Provider ID: 418142  
Provider Gender: Female  
License Number: 20A12796  
NPI: 1831489855  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
5160 FEDERAL BLVD  
SAN DIEGO, CA 92105  
Phone: (619) 515-2454  
After Hours Phone: (619) 515-2454  
Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):


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## C. 初級保健名錄

<p>N   <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <hr/> <p><b>SMOOT, CHARLES</b>  <i>Provider ID: 356145</i>  <i>Provider Gender: Male</i>  <i>License Number: A97036</i>  <i>NPI: 1245490358</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i>  <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i></p> <p> 2391 ISLAND AVE  SAN DIEGO, CA 92102   <i>Phone: (619) 515-2435</i>   <i>After Hours Phone: (619) 515-2435</i>   <i>Website: N/A</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <hr/> <p><b>SMOOT, CHARLES</b>  <i>Provider ID: 206360</i>  <i>Provider Gender: Male</i>  <i>License Number: A97036</i>  <i>NPI: 1245490358</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i>  <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i></p>	<p><i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i></p> <p> 1809 NATIONAL AVE  SAN DIEGO, CA 92113   <i>Phone: (619) 515-2300</i>   <i>After Hours Phone: (619) 515-2300</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 9AM-5PM</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <hr/> <p><b>SNYDER, CHRISTOPHER</b>  <i>Provider ID: 517998</i>  <i>Provider Gender: Male</i>  <i>License Number: 20A7502</i>  <i>NPI: 1922041235</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i>  <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: PIH</i>  <i>Hospital - Downey, JOHN F KENNEDY MEMORIAL HOSP, CEDARS SINAI MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, EISENHOWER MEDICAL CTR, GROSSMONT HOSPITAL</i>  <i>Board Certified Specialty: No</i></p> <p> 4690 EL CAJON BLVD  SAN DIEGO, CA 92115</p>	<p> <i>Phone: (619) 662-4100</i>   <i>After Hours Phone: (619) 662-4100</i>   <i>Website: N/A</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <hr/> <p><b>SOPHY, ELIZABETH</b>  <i>Provider ID: 403583</i>  <i>Provider Gender: Female</i>  <i>License Number: A157547</i>  <i>NPI: 1013441203</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i>  <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA</i>  <i>Board Certified Specialty: No</i></p> <p> 1501 IMPERIAL AVE  SAN DIEGO, CA 92101   <i>Phone: (619) 233-8500</i>   <i>After Hours Phone: (619) 233-8500</i>   <i>Website: N/A</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i></p>
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請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 Hours: M-F 8AM-5:30PM

### **FAMILY PRACTICE**


#### **SUMMERS-DAY, COURTNEY**

Provider ID: 214492

Provider Gender: Female

License Number: A112781

NPI: 1124288873

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No

 1016 OUTER RD

SAN DIEGO, CA 92154

 Phone: (619) 429-3733

 After Hours Phone: (619)  
429-3733


 Website: [www.ibclinic.org](http://www.ibclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **SWARTZ, JOHN**

Provider ID: 403583

Provider Gender: Male

License Number: G72486

NPI: 1396754131

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL, LOS ANGELES


COUNTY HARBOR UCLA


MEDICAL CENTER

Board Certified Specialty: No

 1501 IMPERIAL AVE

SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **THAI, JUSTIN**


Provider ID: 417937

Provider Gender: Male

License Number: A177462


NPI: 1093276198

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### **FAMILY PRACTICE**

#### **THAI, JUSTIN**

Provider ID: 206360

Provider Gender: Male

License Number: A177462

NPI: 1093276198

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### THOMAS, ZACHARY

Provider ID: 417987

Provider Gender: Male


License Number: A145023


NPI: 1326453119


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)  
515-2426

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**


### TOWNSEND, LAURIE

Provider ID: 206363

Provider Gender: Female

License Number: C174538

NPI: 1053754333


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**


### TRAN, TONNIA

Provider ID: 233597

Provider Gender: Female

License Number: 20A7662

NPI: 1982746657


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

 4290 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

 After Hours Phone: (619)  
563-0250

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**

### TRUONG, NHA

Provider ID: 417937

Provider Gender: Female

License Number: 20A17836

NPI: 1760975833


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Vietnamese


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2400

 After Hours Phone: (619)  
515-2400

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**

### TSUCHIYA, KIMIKO

Provider ID: 417782

Provider Gender: Female


License Number: 20A19610


NPI: 1629637285


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101

 Phone: (619) 515-2430

 After Hours Phone: (619)  
515-2430

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes





Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i></p>	<p><i>Board Certified Specialty: No</i>   655 SATURN BLVD STE J            SAN DIEGO, CA 92154   <i>Phone: (619) 575-4442</i>   <i>Fax: (619) 575-1297</i></p>	<p><i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5:30PM</i></p>
<b><u>FAMILY PRACTICE</u></b>		
<p><b>VALENZUELA, TRICIA</b>  <i>Provider ID: 206363</i>  <i>Provider Gender: Female</i>  <i>License Number: A161373</i>  <i>NPI: 1346776358</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i></p>	<p> <i>After Hours Phone: (619) 575-4442</i>   <i>Website: N/A</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8:30AM-5PM</i></p>	<p><b><u>FAMILY PRACTICE</u></b>  <b>WHITE, KATHERINE</b>  <i>Provider ID: 227409</i>  <i>Provider Gender: Female</i>  <i>License Number: A120447</i>  <i>NPI: 1801112925</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i></p>
<b><u>FAMILY PRACTICE</u></b>		
<p> 4725 MARKET ST            SAN DIEGO, CA 92102   <i>Phone: (619) 515-2560</i>   <i>After Hours Phone: (619) 515-2560</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><b><u>FAMILY PRACTICE</u></b>  <b>WANG, REGINA</b>  <i>Provider ID: 403583</i>  <i>Provider Gender: Female</i>  <i>License Number: A109828</i>  <i>NPI: 1154554871</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: LONG BEACH MEMORIAL MED CTR, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</i>  <i>Board Certified Specialty: No</i></p>	<p> 3177 OCEAN VIEW BLVD            SAN DIEGO, CA 92113   <i>Phone: (619) 662-4100</i>   <i>After Hours Phone: (619) 662-4100</i>   <i>Website: https://www.syhealth.org/locations</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i></p>
<b><u>FAMILY PRACTICE</u></b>		
<p><b>VILLA, MARIA</b>  <i>Provider ID: 107710</i>  <i>Provider Gender: Female</i>  <i>NPI: 1861541385</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish, Tagalog</i>  <i>Cultural Competency: N</i></p>	<p> 1501 IMPERIAL AVE            SAN DIEGO, CA 92101   <i>Phone: (619) 233-8500</i>   <i>After Hours Phone: (619) 233-8500</i>   <i>Website: N/A</i>  <i>Medi-Cal Open Panel: Yes</i></p>	<p><b><u>FAMILY PRACTICE</u></b>  <b>WU, JENNIFER</b>  <i>Provider ID: 403583</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

Provider Gender: Female  
 License Number: A54702  
 NPI: 1215953013  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Mandarin, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON

Board Certified Specialty: No

 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
 233-8500  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N






 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8:30AM-5PM

### **FAMILY PRACTICE**

#### **ZAHLER, MARVIN**






Provider ID: 417937  
 Provider Gender: Male  
 License Number: 20A11612  
 NPI: 1134380710  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL  
 Board Certified Specialty: No

 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
 515-2545  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER


### **FAMILY PRACTICE**

#### **ZINK, IRENE**

Provider ID: 227409  
 Provider Gender: Female  
 License Number: C54198  
 NPI: 1215959549  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: German  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: https://www.syhe  
 alth.org/locations  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM


### **FQHC**

**DIAMOND NEIGHBORHOODS  
 FAMILY HLTH CTRS INC,**  
 Provider ID: 206363  
 NPI: 1982747671

Provider English Spoken: Y  
 Cultural Competency: N

 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 Fax: (619) 263-2499

 After Hours Phone: (619)  
 515-2560

 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER



### **FQHC**

**DOWNTOWN FAMILY CTR AT  
 CONNECTIONS,**

Provider ID: 417782

NPI: 1588901045

Provider English Spoken: Y  
 Cultural Competency: N

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供  
 者目錄中的資訊可能會更改。

## C. 初級保健名錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### FQHC


#### FAMILY HEALTH CTR IBARRA,

Provider ID: 417987

NPI: 1477953933

 Provider English Spoken: Y  
Cultural Competency: N

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

Fax: (619) 255-8002

 After Hours Phone: (619)  
515-2426

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### FQHC


#### FAMILY HEALTH CTR OF SD- ELM ST,

Provider ID: 419167

NPI: 1316419070

 Provider English Spoken: Y  
Cultural Competency: N

 140 ELM ST  
SAN DIEGO, CA 92101

 Phone: (619) 515-2520

Fax: (619) 231-0431

 After Hours Phone: (619)  
515-2520

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### FQHC


#### FAMILY HEALTH CTR SAN DIEGO-OAK PARK,

Provider ID: 418142

NPI: 1336525906

 Provider English Spoken: Y  
Cultural Competency: N

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105

 Phone: (619) 515-2454

Fax: (619) 794-2696

 After Hours Phone: (619)  
515-2454

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### FQHC


#### FAMILY HEALTH CTR SAN DIEGO-OAK PARK,


Provider ID: 664747

NPI: 1336525906

 Provider English Spoken: Y  
Cultural Competency: N

 2114 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2406

 After Hours Phone: (619)  
515-2406

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### FQHC

#### FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL,


Provider ID: 419529

NPI: 1235521782

 Provider English Spoken: Y  
Cultural Competency: N

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### FQHC


#### FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE,

Provider ID: 417429

NPI: 1952729303


 Provider English Spoken: Y  
Cultural Competency: N

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

Fax: (619) 501-5814

 After Hours Phone: (619)  
515-2525


 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### FQHC


#### FAMILY HLTH CTR SAN DIEGO-BEACH AREA,

Provider ID: 402851


NPI: 1386689701


 Provider English Spoken: Y  
Cultural Competency: N

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

Fax: (858) 488-1394

 After Hours Phone: (619)  
515-2444


 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-W  
8:30AM-5:30PM

TH 9AM-6PM

F 8:30AM-5:30PM

### FQHC


#### FAMILY HLTH CTR SD HILLCREST,

Provider ID: 417937

NPI: 1629456900


 Provider English Spoken: Y  
Cultural Competency: N

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

Fax: (619) 501-9645

 After Hours Phone: (619)  
515-2545


 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### FQHC


#### KING CHAVEZ HEALTH CENTER,

Provider ID: 451167

NPI: 1538262092


 Provider English Spoken: Y  
Cultural Competency: N

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

Fax: (619) 205-1952

 After Hours Phone: (619)  
662-4100

 Website: www.syhealth.org  
/clinics/king- chavez- healt  
h- center


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4PM

### FQHC


#### LA MAESTRA FAMILY CLINIC INC,

Provider ID: 185268

NPI: 1336353721

 Provider English Spoken: Y  
Cultural Competency: N

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 280-4213

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Fax: (619) 795-9849

☎ After Hours Phone: (619) 280-4213

🌐 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

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### FQHC

#### LINDA VISTA HEALTH CARE CTR,

Provider ID: 206046

NPI: 1609905215

☑ Provider English Spoken: Y  
Cultural Competency: N

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

Fax: (858) 633-4680

☎ After Hours Phone: (858) 279-0925

🌐 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:30AM-5:30PM

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### FQHC

#### LINDA VISTA HEALTH CARE CTR,

Provider ID: 206046

NPI: 1780665877

☑ Provider English Spoken: Y  
Cultural Competency: N

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

Fax: (858) 633-4680

☎ After Hours Phone: (858) 279-0925

🌐 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:30AM-5:30PM

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### FQHC

#### LOGAN HEIGHTS FAMILY HEALTH CENTER,

Provider ID: 206360

NPI: 1447281936

☑ Provider English Spoken: Y  
Cultural Competency: N

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

☎ Phone: (619) 515-2300

Fax: (619) 234-2447

☎ After Hours Phone: (619) 515-2300

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

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### FQHC

#### LOGAN HEIGHTS FAMILY HEALTH CENTER,

Provider ID: 624977

NPI: 1447281936

☑ Provider English Spoken: Y  
Cultural Competency: N

📍 2204 NATIONAL AVE  
SAN DIEGO, CA 92113

☎ Phone: (619) 515-2355

Fax: (619) 232-7011

☎ After Hours Phone: (619) 515-2355

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

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### FQHC

#### MID-CITY COMMUNITY CLINIC,

Provider ID: 233597

NPI: 1962483040

☑ Provider English Spoken: Y  
Cultural Competency: N

📍 4290 POLK AVE  
SAN DIEGO, CA 92105

☎ Phone: (619) 563-0250

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Fax: (858) 633-4681

☎ After Hours Phone: (619) 563-0250

🌐 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM  
SA 8AM-2PM

### FQHC

#### MID-CITY COMMUNITY CLINIC,

Provider ID: 233532

NPI: 1962483040

☑ Provider English Spoken: Y  
Cultural Competency: N

📍 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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM  
SA 8AM-2PM

### FQHC

#### NESTOR COMMUNITY HEALTH CENTER,

Provider ID: 214492

NPI: 1215246996

☑ Provider English Spoken: Y  
Cultural Competency: N

📍 1016 OUTER RD  
SAN DIEGO, CA 92154

☎ Phone: (619) 429-3733

Fax: (619) 628-5550

☎ After Hours Phone: (619) 429-3733

🌐 Website: [www.ibclinic.org](http://www.ibclinic.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M 8:30AM-5PM  
TU-TH 8:30AM-8PM  
F 8:30AM-5PM

### FQHC

#### NORTH PARK FAMILY HEALTH CENTERS,

Provider ID: 416831

NPI: 1700821303

☑ Provider English Spoken: Y  
Cultural Competency: N

📍 3514 30TH ST  
SAN DIEGO, CA 92104

☎ Phone: (619) 515-2424

Fax: (619) 683-7586

☎ After Hours Phone: (619) 515-2424

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH 8AM-5PM

### FQHC

#### NORTH PARK FAMILY HEALTH CENTERS,

Provider ID: 206362

NPI: 1700821303

☑ Provider English Spoken: Y  
Cultural Competency: N

📍 3544 30TH ST  
SAN DIEGO, CA 92104

☎ Phone: (619) 515-2424

Fax: (619) 501-0627

☎ After Hours Phone: (619) 515-2424

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

### FQHC

#### OPERATION SAMAHAN - MIRA MESA,

Provider ID: 432308

NPI: 1861933897

☑ Provider English Spoken: Y  
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 9855 ERMA RD STE 105  
 SAN DIEGO, CA 92131  
 Phone: (844) 200-2426  
 Fax: (858) 536-8034  
 After Hours Phone: (844)  
 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER






### FQHC

#### OPERATION SAMAHAN - MIRA MESA,

Provider ID: 417101  
 NPI: 1871680397  
 Provider English Spoken: Y  
 Cultural Competency: N  
 10737 CAMINO RUIZ STE  
 235  
 SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
 Fax: (858) 578-4417  
 After Hours Phone: (844)  
 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-4:30PM

### FQHC

#### OPERATION SAMAHAN RANCHO PENASQUITOS,





Provider ID: 418535  
 NPI: 1699216622  
 Provider English Spoken: Y  
 Cultural Competency: N  
 9995 CARMEL MOUNTAIN  
 RD STE B10 AND B11  
 SAN DIEGO, CA 92129  
 Phone: (844) 200-2426  
 Fax: (858) 695-9074  
 After Hours Phone: (844)  
 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TU  
 8:30AM-5:30PM  
 W 10AM-7PM  
 TH-F 8:30AM-5:30PM

### FQHC

#### SAN DIEGO AMERICAN INDIAN HEALTH CENTER,




Provider ID: 207382  
 NPI: 1003902917  
 Provider English Spoken: Y  
 Cultural Competency: N  
 2630 1ST AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 234-2158

Fax: (619) 234-0206

 After Hours Phone: (619)  
 234-2158  
 Website: [WWW.SDAIHC.ORG](http://WWW.SDAIHC.ORG)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Indian Health Services: Y

### FQHC

#### SAN DIEGO FAMILY CARE,

Provider ID: 482070  
 NPI: 1457724858  
 Provider English Spoken: Y  
 Cultural Competency: N  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858)  
 810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M 8:30AM-5:30PM  
 TU 8:30AM-8:30PM  
 W-F 8:30AM-5:30PM  
 SA 9AM-4PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<hr/> <p style="text-align: center;"><b>FQHC</b></p> <p><b>SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE,</b>            Provider ID: 517403            NPI: 1598308926   Provider English Spoken: Y            Cultural Competency: N   316 25TH ST            SAN DIEGO, CA 92102   Phone: (619) 238-5551            Fax: (619) 238-3807   After Hours Phone: (619) 238-5551   Website: N/A            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM</p>	<p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM</p>	<p>Cultural Competency: N   2391 ISLAND AVE            SAN DIEGO, CA 92102   Phone: (619) 515-2435            Fax: (619) 515-2435   After Hours Phone: (619) 515-2435   Website: N/A            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
<hr/> <p style="text-align: center;"><b>FQHC</b></p> <p><b>SAN YSIDRO HEALTH CHC - OCEAN VIEW,</b>            Provider ID: 227409            NPI: 1326225632   Provider English Spoken: Y            Cultural Competency: N   3177 OCEAN VIEW BLVD            SAN DIEGO, CA 92113   Phone: (619) 662-4100            Fax: (619) 595-0258   After Hours Phone: (619) 662-4100   Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a></p>	<hr/> <p style="text-align: center;"><b>FQHC</b></p> <p><b>SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED,</b>            Provider ID: 517998            NPI: 1205477841   Provider English Spoken: Y            Cultural Competency: N   4690 EL CAJON BLVD            SAN DIEGO, CA 92115   Phone: (619) 662-4100            Fax: (619) 824-9076   After Hours Phone: (619) 662-4100   Website: N/A            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM</p>	<hr/> <p style="text-align: center;"><b>FQHC</b></p> <p><b>ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER,</b>            Provider ID: 403583            NPI: 1598122871   Provider English Spoken: Y            Cultural Competency: N   1501 IMPERIAL AVE            SAN DIEGO, CA 92101   Phone: (619) 233-8500            Fax: (619) 687-1067   After Hours Phone: (619) 233-8500   Website: N/A            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5:30PM</p>
	<hr/> <p style="text-align: center;"><b>FQHC</b></p> <p><b>SHERMAN HEIGHTS FAMILY HLTH CTRS INC,</b>            Provider ID: 356145            NPI: 1174549232   Provider English Spoken: Y</p>	<hr/> <p style="text-align: center;"><b>GASTROENTEROLOGY</b></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

### **FRENETTE, CATHERINE**

Provider ID: 417937

Provider Gender: Female

License Number: A80461

NPI: 1417935081

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, CALIFORNIA

PACIFIC MED CTR

Board Certified Specialty: No

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-TH 8AM-9PM

F 8AM-5PM

### **GASTROENTEROLOGY**

#### **HAI, FAIZI**

Provider ID: 417937

Provider Gender: Male

License Number: A159324

NPI: 1639523228

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-TH 8AM-9PM

F 8AM-5PM

### **GENERAL PRACTICE**

#### **BELLO, OSAGIE**

Provider ID: 417101

Provider Gender: Male

License Number: A115182

NPI: 1164726378

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PIONEERS

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,

PARADISE VALLEY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MERCY HOSPITAL, SCRIPPS

GREEN HOSPITAL

Board Certified Specialty: No

10737 CAMINO RUIZ STE

235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)

200-2426

Website: www.operationsa

mahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-4:30PM

### **GENERAL PRACTICE**

#### **BORRERO, MARCOS**

Provider ID: 100677

Provider Gender: Male

NPI: 1952312621

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

3490 PALM AVE

SAN DIEGO, CA 92154

Phone: (619) 423-5616

Fax: (619) 423-5684

After Hours Phone: (619)

423-5616

Website: N/A

Medi-Cal Open Panel: Yes


Min/Max Age: 2\None


American Sign Language (ASL):

N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

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### **GENERAL PRACTICE**

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#### **DOAN STEPHENS, CRYSTAL**

*Provider ID: 233532*

*Provider Gender: Female*


*License Number: A152267*


*NPI: 1730570144*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 *4305 UNIVERSITY AVE STE 150*

*SAN DIEGO, CA 92105*  
 *Phone: (619) 280-2058*

 *After Hours Phone: (619) 280-2058*

 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\22*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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### **GENERAL PRACTICE**


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#### **RECALDE, FRANCISCO**

*Provider ID: 13850*

*Provider Gender: Male*

*NPI: 1538309067*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL*

*Board Certified Specialty: No*

 *3811 EL CAJON BLVD SAN DIEGO, CA 92105*

 *Phone: (619) 284-5622*

*Fax: (619) 283-2572*

 *After Hours Phone: (619) 507-3050*


 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:30AM-5PM*

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### **GENERAL PRACTICE**


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#### **RECALDE, FRANCISCO**

*Provider ID: 13850*

*Provider Gender: Male*

*NPI: 1538309067*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL*


*Board Certified Specialty: No*

 *3811 EL CAJON BLVD SAN DIEGO, CA 92105*

 *Phone: (619) 284-5622*

*Fax: (619) 283-2572*

 *After Hours Phone: (619) 507-3050*


 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:30AM-5PM*

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### **HEPATOLOGY**

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#### **GISH, ROBERT**

*Provider ID: 185268*

*Provider Gender: Male*

*License Number: G45632*

*NPI: 1548281322*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Dutch, French, Spanish, Vietnamese*


*Cultural Competency: N*


*Hospital Affiliation: LOMA*


*LINDA UNIVERSITY COMM MED CTR*

*Board Certified Specialty: No*

 *4060 FAIRMOUNT AVE SAN DIEGO, CA 92105*

 *Phone: (619) 255-9155*

 *After Hours Phone: (619) 255-9155*

 *Website: www.lamaestra.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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### **INTERNAL MEDICINE**

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#### **ALASSIL, SALLY**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Provider ID: 206360

Provider Gender: Female

License Number: A122238

NPI: 1982044483


Provider English Spoken: Y


Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **ALASSIL, SALLY**

Provider ID: 419529

Provider Gender: Female

License Number: A122238

NPI: 1982044483

Provider English Spoken: Y


Provider Language(s)  
Spoken: Arabic


Cultural Competency: N

Board Certified Specialty: No


 2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113

 Phone: (619) 515-2422

 After Hours Phone: (619)

515-2422

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **ALDOUS, JEANNETTE**

Provider ID: 451167

Provider Gender: Female

License Number: A101017

NPI: 1073650339

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **ANDREWS, JOHN**

Provider ID: 403583

Provider Gender: Male

License Number: G71080

NPI: 1003164302


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### INTERNAL MEDICINE

#### **BOHR, CHRISTINA**

Provider ID: 417937

Provider Gender: Female

License Number: 20A17702


NPI: 1841794344

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No



 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄




515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### BRIONES COLMAN, FELICIA

Provider ID: 417937  
Provider Gender: Female  
License Number: A80153  
NPI: 1962517367  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No



 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545







 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### INTERNAL MEDICINE

#### CHAN, ANDY



Provider ID: 417937



Provider Gender: Male  
License Number: 20A20352  
NPI: 1104480912  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No





 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### INTERNAL MEDICINE

#### CSAPOCZI, PETER


Provider ID: 451167  
Provider Gender: Male  
License Number: A96919  
NPI: 1841357118  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hungarian,  
Spanish, Ukrainian  
Cultural Competency: N  
Board Certified Specialty: No






 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
SA 8AM-4PM

### INTERNAL MEDICINE

#### CURTIS, MEGAN

Provider ID: 206360  
Provider Gender: Female  
License Number: A187390  
NPI: 1699138115  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### DAHMS, ERIC

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Provider ID: 417937

Provider Gender: Male

License Number: G80316

NPI: 1306808464

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### DIEP, KEVIN

Provider ID: 417937

Provider Gender: Male

License Number: 20A17657

NPI: 1083117865

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-9PM  
F 8AM-5PM

### INTERNAL MEDICINE

#### DIXIT, SHUBHAM

Provider ID: 417937

Provider Gender: Male

License Number: 20A21421

NPI: 1932785367

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-9PM  
F 8AM-5PM

### INTERNAL MEDICINE

#### DOMINGUEZ, FERNANDO

Provider ID: 417937

Provider Gender: Male

License Number: A154708

NPI: 1972917672

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-9PM  
F 8AM-5PM

### INTERNAL MEDICINE

#### FABELLA, GABRIEL

Provider ID: 9774

Provider Gender: Male

NPI: 1124060827

Provider English Spoken: Y

Provider Language(s)  
Spoken: Japanese, Spanish,  
Tagalog


Cultural Competency: N

Board Certified Specialty: No


10737 CAMINO RUIZ STE 115  
SAN DIEGO, CA 92126


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 Phone: (858) 695-1262

Fax: (858) 695-2132

 After Hours Phone: (858) 695-1262

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-3PM

### INTERNAL MEDICINE


#### FARASAT, SADAF


Provider ID: 206360

Provider Gender: Female

License Number: A147939

NPI: 1255696407

 Provider English Spoken: Y

 Provider Language(s) Spoken: Hindi, Punjabi, Urdu


Cultural Competency: N


Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR, NATIVIDAD MEDICAL CENTER, PALOMAR MEDICAL CENTER

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE


#### GERWER, JOHANNA

Provider ID: 206360

Provider Gender: Female

License Number: A169752


NPI: 1043742588


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE


#### GUTIERREZ, ANGELICA

Provider ID: 233597

Provider Gender: Female

License Number: A175116


NPI: 1982180329

 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4290 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

 After Hours Phone: (619) 563-0250


 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-2PM

### INTERNAL MEDICINE

#### HAZELBAKER, PAUL

Provider ID: 417782

Provider Gender: Male

License Number: 20A7147


NPI: 1831106103


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101

 Phone: (619) 515-2430

 After Hours Phone: (619) 515-2430

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT



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## C. 初級保健名錄

**PROVIDER**  
Hours: M-F 8AM-5PM

### INTERNAL MEDICINE

#### HENDERSON, PHILIP

Provider ID: 417937  
Provider Gender: Male  
License Number: A140324  
NPI: 1447678834  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### INTERNAL MEDICINE

#### JAMISON, KAREN


Provider ID: 417937  
Provider Gender: Female  
License Number: A95356  
NPI: 1285830505  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
Fax: (619) 501-9645  
 After Hours Phone: (619) 515-2545  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### INTERNAL MEDICINE







#### JEONG, MATTHEW

Provider ID: 417782  
Provider Gender: Male  
License Number: A190535  
NPI: 1558982512  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101  
 Phone: (619) 515-2430  
 After Hours Phone: (619) 515-2430  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### INTERNAL MEDICINE

#### KRIJGER, LISA

Provider ID: 403583  
Provider Gender: Female  
License Number: A67762  
NPI: 1932278710  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619) 233-8500  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5:30PM

### INTERNAL MEDICINE


#### LALITHAKUMARI, ARYA

Provider ID: 206362  
Provider Gender: Female  
License Number: A140646  
NPI: 1265874010  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Hemet  
Global Medical Center, Menifee  
Global Medical Center  
Board Certified Specialty: No


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## C. 初級保健名錄

 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **LAMANTIA, MICHELE**

Provider ID: 451167

Provider Gender: Female

License Number: G71855

NPI: 1124176102


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **LEE, MICHAEL**

Provider ID: 206360

Provider Gender: Male

License Number: A71671


NPI: 1760406649


Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS GREEN HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **LU, STEPHANIE**

Provider ID: 206362

Provider Gender: Female

License Number: 20A20252

NPI: 1518524586


Provider English Spoken: Y


Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **MARCINIAK, ROMAN**

Provider ID: 206360

Provider Gender: Male

License Number: 20A17072


NPI: 1326579210


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **NARANJO, RODRIGO**

Provider ID: 482070

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。






## C. 初級保健名錄

Provider Gender: Male  
License Number: A119010  
NPI: 1609095264  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**






#### **NARANJO, RODRIGO**


Provider ID: 206046  
Provider Gender: Male  
License Number: A119010  
NPI: 1609095264  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**

#### **NARANJO, RODRIGO**

Provider ID: 206046  
Provider Gender: Male  
License Number: A119010  
NPI: 1609095264  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**

#### **NARAYANAN, MEENA**

Provider ID: 206363

Provider Gender: Female  
License Number: A113448  
NPI: 1508170697  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi, Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
Adventist Health and Rideout  
Board Certified Specialty: No  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**

#### **PARIKH, MILIND**

Provider ID: 206363  
Provider Gender: Male  
License Number: 20A13745  
NPI: 1194161406  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Gujarati, Hindi,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

CHULA VISTA MED CTR, Sharp  
Grossmont Hospital, Adventist  
Health and Rideout

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### RAMERS, CHRISTIAN

Provider ID: 417937

Provider Gender: Male

License Number: A119631

NPI: 1730381385

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### ROUEL, WADI

Provider ID: 185268

Provider Gender: Male

License Number: C55979

NPI: 1740254713

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Spanish,  
Syriac

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, GROSSMONT

HOSPITAL

Board Certified Specialty: No

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Phone: (619) 255-9155

After Hours Phone: (619)  
255-9155

Website: www.lamaestra.or  
g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-6PM  
SA 8AM-2PM

### INTERNAL MEDICINE

#### SASSIC, JESSICA

Provider ID: 417937

Provider Gender: Female

License Number: A185024

NPI: 1598342529

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-9PM  
F 8AM-5PM

### INTERNAL MEDICINE

#### SHI, RUJING

Provider ID: 417937

Provider Gender: Female

License Number: 20A19399

NPI: 1710446539

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

☎ *After Hours Phone: (619) 515-2545*

🌐 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-TH 8AM-9PM*  
*F 8AM-5PM*

### **INTERNAL MEDICINE**

#### **SMILDE, RENEE**

*Provider ID: 417937*

*Provider Gender: Female*

*License Number: A70175*

*NPI: 1427010594*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Dutch*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL, SCRIPPS*

*MERCY HOSPITAL CHULA*

*VISTA*

*Board Certified Specialty: No*

📍 *4094 4TH AVE*

*SAN DIEGO, CA 92103*

☎ *Phone: (619) 515-2545*

☎ *After Hours Phone: (619) 515-2545*

🌐 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-TH 8AM-9PM*  
*F 8AM-5PM*

### **INTERNAL MEDICINE**

#### **URIBE-BRUCE, LILIANA**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: C55724*

*NPI: 1689010324*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

📍 *1809 NATIONAL AVE*

*SAN DIEGO, CA 92113*

☎ *Phone: (619) 515-2300*

☎ *After Hours Phone: (619) 515-2300*

🌐 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

### **INTERNAL MEDICINE**

#### **VALDEZ, KRYSTAL**

*Provider ID: 417101*

*Provider Gender: Female*

*License Number: A156854*

*NPI: 1629480272*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Spanish, Tagalog*

*Cultural Competency: N*

*Hospital Affiliation: TWIN*

*CITIES COMMUNITY*

*HOSPITAL, SIERRA VISTA*

*REGIONAL MED CTR,*

*PARADISE VALLEY HOSPITAL*

*Board Certified Specialty: No*

📍 *10737 CAMINO RUIZ STE*

*235*

*SAN DIEGO, CA 92126*

☎ *Phone: (844) 200-2426*

☎ *After Hours Phone: (844) 200-2426*

🌐 *Website: www.operationsa*  
*mahan.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-4:30PM*

### **INTERNAL MEDICINE**

#### **VIDAURAZAGA, MONICA**

*Provider ID: 417937*

*Provider Gender: Female*

*License Number: A169207*

*NPI: 1346628310*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

📍 *4094 4TH AVE*

*SAN DIEGO, CA 92103*

☎ *Phone: (619) 515-2545*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

☎ *After Hours Phone: (619) 515-2545*

🌐 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

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### INTERNAL MEDICINE

---

#### WASTILA, LISA

*Provider ID: 403583*

*Provider Gender: Female*

*License Number: A60801*

*NPI: 1043375231*

☐ *Provider English Spoken: Y*

☐ *Provider Language(s) Spoken: German*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*

*Board Certified Specialty: No*

📍 *1501 IMPERIAL AVE*

*SAN DIEGO, CA 92101*

☎ *Phone: (619) 233-8500*

☎ *After Hours Phone: (619) 233-8500*

🌐 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

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### INTERNAL MEDICINE

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#### WATTANAMANO, PORNTHEP

*Provider ID: 206046*

*Provider Gender: Male*

*License Number: C186338*

*NPI: 1295738516*

☐ *Provider English Spoken: Y*

☐ *Provider Language(s) Spoken: Thai*

*Cultural Competency: N*

*Board Certified Specialty: No*

📍 *6973 LINDA VISTA RD*

*SAN DIEGO, CA 92111*

☎ *Phone: (858) 279-0925*

☎ *After Hours Phone: (858) 279-0925*

🌐 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F*

*8:30AM-5:30PM*

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### INTERNAL MEDICINE

---

#### WATTANAMANO, PORNTHEP

*Provider ID: 206046*

*Provider Gender: Male*

*License Number: C186338*

*NPI: 1295738516*

☐ *Provider English Spoken: Y*

☐ *Provider Language(s) Spoken: Thai*

*Cultural Competency: N*

*Board Certified Specialty: No*

📍 *6973 LINDA VISTA RD*

*SAN DIEGO, CA 92111*

☎ *Phone: (858) 279-0925*

☎ *After Hours Phone: (858) 279-0925*

🌐 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F*

*8:30AM-5:30PM*

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### INTERNAL MEDICINE

---

#### WATTS, ELI

*Provider ID: 451167*

*Provider Gender: Male*

*License Number: A79383*

*NPI: 1649373739*

☐ *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

📍 *950 S EUCLID AVE*

*SAN DIEGO, CA 92114*

☎ *Phone: (619) 662-4100*

☎ *After Hours Phone: (619) 662-4100*

🌐 *Website: www.syhealth.org /clinics/king-chavez-health-center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

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## C. 初級保健名錄

American Sign Language (ASL): Min/Max Age: 0\None

N

 Accessibility: CONTACT PROVIDER

### INTERVENTIONAL CARDIOLOGY


#### **MOUSSAVIAN, MEHRAN**

Provider ID: 206363

Provider Gender: Male

License Number: 20A7241

NPI: 1689788234

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi


Cultural Competency: N


Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, TRI  
CITY MEDICAL CTR, SHARP  
MEMORIAL HOSPITAL,  
ALVARADO HOSPITAL LLC,  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,


Adventist Health and Rideout

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 263-2499


 After Hours Phone: (619)  
263-2499

 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### INTERVENTIONAL CARDIOLOGY


#### **SHETABI, KAMBIZ**

Provider ID: 206363

Provider Gender: Male

License Number: A126187

NPI: 1972827806

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N


Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, Sharp  
Grossmont Hospital

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### MULTI SPECIALTY MEDICAL

### CLINIC

#### **UCSD MEDICAL GROUP,**

Provider ID: 179639

NPI: 1508968751

 Provider English Spoken: Y  
Cultural Competency: N

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273


 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 25\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### MULTI SPECIALTY MEDICAL CLINIC


#### **UCSD MEDICAL GROUP,**

Provider ID: 179619

NPI: 1578672184

 Provider English Spoken: Y  
Cultural Competency: N

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

### **NEUROLOGY**

#### **CANTU-REYNA, GUILLERMO**

Provider ID: 185268

Provider Gender: Male

License Number: A41375


NPI: 1447389101


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155


 After Hours Phone: (619)  
255-9155


 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **AL-MSHHDANI, AYSER**

Provider ID: 185268

Provider Gender: Female

License Number: A172929

NPI: 1679008569

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, SCRIPPS


MERCY HOSPITAL CHULA


VISTA, Sharp Grossmont

Hospital, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 280-4213

 After Hours Phone: (619)  
280-4213


 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **ALIMONOS, LYSISTRATI**


Provider ID: 206362

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:30AM-5:30PM  
F 8:30AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **ALIMONOS, LYSISTRATI**

Provider ID: 206360

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **ALIMONOS, LYSISTRATI**

Provider ID: 416831

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **ALIMONOS, LYSISTRATI**

Provider ID: 402851

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8:30AM-5PM

### **OBSTETRICS / GYNECOLOGY**


#### **ALIMONOS, LYSISTRATI**

Provider ID: 206363

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **BLAKE, GARY**

Provider ID: 206046

Provider Gender: Male

License Number: G44807


NPI: 1497738439


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

🕒 *Hours: M 8:30AM-5:30PM  
TU 8:30AM-9PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM*

### **OBSTETRICS / GYNECOLOGY**

#### **BLAKE, GARY**

*Provider ID: 206046*

*Provider Gender: Male*

*License Number: G44807*

*NPI: 1497738439*

☐ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

📍 *6973 LINDA VISTA RD  
SAN DIEGO, CA 92111*

☎ *Phone: (858) 279-0925*

📞 *After Hours Phone: (858)  
279-0925*

🌐 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

♿ *Accessibility: CONTACT  
PROVIDER*

🕒 *Hours: M 8:30AM-5:30PM  
TU 8:30AM-9PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM*

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**

*Provider ID: 206362*

*Provider Gender: Female*

*License Number: A68463*

*NPI: 1376663831*

☐ *Provider English Spoken: Y*  
☐ *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS*

*Board Certified Specialty: No*

📍 *3544 30TH ST  
SAN DIEGO, CA 92104*

☎ *Phone: (619) 515-2424*

📞 *After Hours Phone: (619)  
515-2424*

🌐 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

♿ *Accessibility: CONTACT  
PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**

*Provider ID: 206363*

*Provider Gender: Female*

*License Number: A68463*

*NPI: 1376663831*

☐ *Provider English Spoken: Y*  
☐ *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*

*Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,*

*SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS*

*Board Certified Specialty: No*

📍 *4725 MARKET ST  
SAN DIEGO, CA 92102*

☎ *Phone: (619) 515-2420*

📞 *After Hours Phone: (619)  
515-2420*

🌐 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

♿ *Accessibility: CONTACT  
PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**

*Provider ID: 402851*

*Provider Gender: Female*

*License Number: A68463*

*NPI: 1376663831*

☐ *Provider English Spoken: Y*  
☐ *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*

*Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,*

*SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619)  
515-2444

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**BUECHNER, CHARLENE**

Provider ID: 206360

Provider Gender: Female

License Number: A68463

NPI: 1376663831

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY

BIRCH HOSP FOR WOMEN

AND NEWBORNS

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**BUECHNER, CHARLENE**

Provider ID: 416831

Provider Gender: Female

License Number: A68463

NPI: 1376663831

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY

BIRCH HOSP FOR WOMEN

AND NEWBORNS

Board Certified Specialty: No

3514 30TH ST

SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**CARTER, KHALIL**

Provider ID: 206360

Provider Gender: Male

License Number: A113001

NPI: 1225231582

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI

CITY MEDICAL CTR

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8AM-7PM

TU-TH 8AM-6PM

F 8AM-5:30PM

SA 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**

**CARTER, KHALIL**

Provider ID: 416831

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Provider Gender: Male  
License Number: A113001  
NPI: 1225231582  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR  
Board Certified Specialty: No  
 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **CARTER, KHALIL**

Provider ID: 402851  
Provider Gender: Male  
License Number: A113001  
NPI: 1225231582  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR  
Board Certified Specialty: No  
 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
515-2444  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-W 8:30AM-5PM  
TH 9:30AM-6PM

### **OBSTETRICS / GYNECOLOGY**

#### **CARTER, KHALIL**

Provider ID: 206363  
Provider Gender: Male  
License Number: A113001  
NPI: 1225231582  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR  
Board Certified Specialty: No  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2420  
 After Hours Phone: (619)

515-2420  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **CARTER, KHALIL**

Provider ID: 206362  
Provider Gender: Male  
License Number: A113001  
NPI: 1225231582  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR  
Board Certified Specialty: No  
 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

**PROVIDER**  
Hours: M-TH  
8:30AM-5:30PM  
F 8:30AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**

Provider ID: 206362  
Provider Gender: Female  
License Number: A118095  
NPI: 1073701041

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  
Board Certified Specialty: No

3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-5:30PM  
F 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**

Provider ID: 206363  
Provider Gender: Female  
License Number: A118095  
NPI: 1073701041

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  
Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**

Provider ID: 402851  
Provider Gender: Female  
License Number: A118095  
NPI: 1073701041

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  
Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2444  
 After Hours Phone: (619)  
515-2444

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:30AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**

Provider ID: 416831  
Provider Gender: Female  
License Number: A118095  
NPI: 1073701041

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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**

Provider ID: 206360  
Provider Gender: Female  
License Number: A118095  
NPI: 1073701041

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

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8AM-7PM  
TU-TH 8AM-6PM  
F 8AM-5:30PM  
SA 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**




#### **CHAKRABARTI, PRIYA**


Provider ID: 206360  
Provider Gender: Female  
License Number: A163464  
NPI: 1326531401

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **CHAKRABARTI, PRIYA**


Provider ID: 402851  
Provider Gender: Female  
License Number: A163464  
NPI: 1326531401

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital


Board Certified Specialty: No


 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
515-2444

 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-W  
8:30AM-5:30PM  
TH 9AM-6PM  
F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **CHAKRABARTI, PRIYA**

Provider ID: 206363  
Provider Gender: Female  
License Number: A163464  
NPI: 1326531401



Provider English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital*  
*Board Certified Specialty: No*



 4725 MARKET ST  
SAN DIEGO, CA 92102  
 *Phone: (619) 515-2560*  
 *After Hours Phone: (619)  
515-2560*



 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*


### **OBSTETRICS / GYNECOLOGY**


#### **CHAKRABARTI, PRIYA**

*Provider ID: 416831*  
*Provider Gender: Female*  
*License Number: A163464*  
*NPI: 1326531401*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital*  
*Board Certified Specialty: No*


 3514 30TH ST  
SAN DIEGO, CA 92104  
 *Phone: (619) 515-2424*

 *After Hours Phone: (619)  
515-2424*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\18*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-TH 8AM-5PM*


### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

*Provider ID: 206363*  
*Provider Gender: Male*  
*License Number: A108228*  
*NPI: 1629277322*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 4725 MARKET ST  
SAN DIEGO, CA 92102  
 *Phone: (619) 515-2560*  
 *After Hours Phone: (619)  
515-2560*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*

### **OBSTETRICS / GYNECOLOGY**



#### **DE MIK, TRAVIS**


*Provider ID: 402851*  
*Provider Gender: Male*

*License Number: A108228*  
*NPI: 1629277322*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 *Phone: (619) 515-2444*  
 *After Hours Phone: (619)  
515-2444*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*



### **OBSTETRICS / GYNECOLOGY**


#### **DE MIK, TRAVIS**

*Provider ID: 206360*  
*Provider Gender: Male*  
*License Number: A108228*  
*NPI: 1629277322*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

---

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

*Provider ID: 416831*

*Provider Gender: Male*


*License Number: A108228*


*NPI: 1629277322*

*Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 *3514 30TH ST  
SAN DIEGO, CA 92104*

 *Phone: (619) 515-2424*

 *After Hours Phone: (619)  
515-2424*


 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\18*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

---

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: A178499*

*NPI: 1033613732*

*Provider English Spoken: Y*

*Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL, Sharp*


*Grossmont Hospital*

*Board Certified Specialty: No*

 *1809 NATIONAL AVE  
SAN DIEGO, CA 92113*

 *Phone: (619) 515-2300*

 *After Hours Phone: (619)  
515-2300*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

 *Accessibility: CONTACT PROVIDER*

---

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

*Provider ID: 416831*

*Provider Gender: Female*

*License Number: A178499*

*NPI: 1033613732*

*Provider English Spoken: Y*

*Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL, Sharp*

*Grossmont Hospital*

*Board Certified Specialty: No*

 *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):*

 *Accessibility: CONTACT PROVIDER*

---

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

*Provider ID: 402851*

*Provider Gender: Female*

*License Number: A178499*

*NPI: 1033613732*

*Provider English Spoken: Y*

*Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL, Sharp*

*Grossmont Hospital*

*Board Certified Specialty: No*

 *3705 MISSION BLVD  
SAN DIEGO, CA 92109*

 *Phone: (619) 515-2444*

 *After Hours Phone: (619)  
515-2444*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

---

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

*Provider ID: 206363*


*Provider Gender: Female*

*License Number: A178499*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

NPI: 1033613732

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### OBSTETRICS / GYNECOLOGY


#### **FOLCH TORRES-AGUIAR, BEATRIZ**


Provider ID: 206363

Provider Gender: Female

License Number: A148014

NPI: 1457794752

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Yue  
Chinese

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,

Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:30AM-5:30PM

### OBSTETRICS / GYNECOLOGY


#### **FOLCH TORRES-AGUIAR, BEATRIZ**


Provider ID: 402851

Provider Gender: Female

License Number: A148014

NPI: 1457794752

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Yue  
Chinese


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### OBSTETRICS / GYNECOLOGY

#### **FOLCH TORRES-AGUIAR, BEATRIZ**


Provider ID: 206360

Provider Gender: Female

License Number: A148014

NPI: 1457794752

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Yue  
Chinese


Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No


 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-7PM  
TU-TH 8AM-6PM  
F 8AM-5:30PM  
SA 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**


#### **FOLCH TORRES-AGUIAR, BEATRIZ**


Provider ID: 416831

Provider Gender: Female

License Number: A148014

NPI: 1457794752

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish, Yue Chinese


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)

515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **FOLCH TORRES-AGUIAR, BEATRIZ**


Provider ID: 206362

Provider Gender: Female

License Number: A148014

NPI: 1457794752

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish, Yue Chinese


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619) 515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 206360

Provider Gender: Female

License Number: C174771

NPI: 1053392035

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 402851

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

License Number: C174771  
NPI: 1053392035  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
515-2444  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-W  
8:30AM-5:30PM  
TH 9AM-6PM  
F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 206363  
Provider Gender: Female  
License Number: C174771  
NPI: 1053392035  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 416831  
Provider Gender: Female  
License Number: C174771  
NPI: 1053392035  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 206363  
Provider Gender: Female  
License Number: A72005  
NPI: 1649208711  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:30AM-5:30PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### **OBSTETRICS / GYNECOLOGY**


#### **LIPSCHITZ, LISA**

Provider ID: 402851

Provider Gender: Female

License Number: A72005

NPI: 1649208711

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND


HEALTHCARE CTR, SCRIPPS


MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444


 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-W 8:30AM-5PM  
TH 9:30AM-6PM

### **OBSTETRICS / GYNECOLOGY**


#### **LIPSCHITZ, LISA**

Provider ID: 206360

Provider Gender: Female

License Number: A72005

NPI: 1649208711

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND


HEALTHCARE CTR, SCRIPPS


MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**


#### **LIPSCHITZ, LISA**

Provider ID: 416831

Provider Gender: Female

License Number: A72005

NPI: 1649208711

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND


HEALTHCARE CTR, SCRIPPS


MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 206362

Provider Gender: Female

License Number: A72005

NPI: 1649208711

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND


HEALTHCARE CTR, SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No


 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
 8:30AM-5:30PM  
 F 8:30AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**

Provider ID: 206362  
 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 Specialty: No

 3544 30TH ST  
 SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
 515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**

Provider ID: 206360  
 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 Specialty: No

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-7PM  
 TU-TH 8AM-6PM  
 F 8AM-5:30PM  
 SA 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**

Provider ID: 416831  
 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 Specialty: No

 3514 30TH ST  
 SAN DIEGO, CA 92104

 Phone: (619) 515-2424


 After Hours Phone: (619)  
 515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**

Provider ID: 402851  
 Provider Gender: Female  
 License Number: A116680  
 NPI: 1700073962

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


*Cultural Competency: N*


*Hospital Affiliation:*


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

*Board Certified Specialty: No*

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 *Phone: (619) 515-2444*

 *After Hours Phone: (619)  
515-2444*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

### **OBSTETRICS / GYNECOLOGY**


#### **LOEFFLER, ALLISON**

*Provider ID: 206363*

*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 Specialty: No*

 4725 MARKET ST  
SAN DIEGO, CA 92102

 *Phone: (619) 515-2560*

 *After Hours Phone: (619)  
515-2560*

 *Website: www.fhcsd.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA**


**DEL**

*Provider ID: 206363*

*Provider Gender: Female*

*License Number: A114181*

*NPI: 1740514249*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*

MERCY HOSPITAL,  
GROSSMONT HOSPITAL

*Board Certified Specialty: No*

 4725 MARKET ST  
SAN DIEGO, CA 92102

 *Phone: (619) 515-2560*

 *After Hours Phone: (619)  
515-2560*

 *Website: www.fhcsd.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA**

**DEL**

*Provider ID: 402851*

*Provider Gender: Female*

*License Number: A114181*

*NPI: 1740514249*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*

MERCY HOSPITAL,  
GROSSMONT HOSPITAL

*Board Certified Specialty: No*

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 *Phone: (619) 515-2444*

 *After Hours Phone: (619)  
515-2444*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### DEL

Provider ID: 416831

Provider Gender: Female

License Number: A114181

NPI: 1740514249

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL,


GROSSMONT HOSPITAL

Board Certified Specialty: No

 3514 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA**

### DEL

Provider ID: 206360

Provider Gender: Female

License Number: A114181

NPI: 1740514249

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8AM-7PM

TU-TH 8AM-6PM

F 8AM-5:30PM

SA 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA**

### DEL

Provider ID: 206362

Provider Gender: Female

License Number: A114181

NPI: 1740514249

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL,


GROSSMONT HOSPITAL

Board Certified Specialty: No

 3544 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **PHAN, TIFFANI**

Provider ID: 417101

Provider Gender: Female

License Number: A161105

NPI: 1134515695

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CHULA VISTA MED CTR,


SCRIPPS MEMORIAL


HOSPITAL


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: www.operationsa  
mahan.org

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206362

Provider Gender: Male

License Number: A154298

NPI: 1710316450

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

Board Certified Specialty: No

 3544 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424


 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

**RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 416831

Provider Gender: Male

License Number: A154298

NPI: 1710316450

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

Board Certified Specialty: No

 3514 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206360

Provider Gender: Male

License Number: A154298

NPI: 1710316450

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

Board Certified Specialty: No

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-7PM

TU-TH 8AM-6PM

F 8AM-5:30PM

SA 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**

**RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 402851

Provider Gender: Male

License Number: A154298

NPI: 1710316450

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
3705 MISSION BLVD  
SAN DIEGO, CA 92109  
Phone: (616) 515-2444  
After Hours Phone: (616)  
515-2444  
Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:30AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206363  
Provider Gender: Male  
License Number: A154298  
NPI: 1710316450

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  
Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2420  
After Hours Phone: (619)  
515-2420  
Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

Provider ID: 206363  
Provider Gender: Female  
License Number: A164859  
NPI: 1952751711

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Hindi

Cultural Competency: N  
Hospital Affiliation: SCRIPPS

MERCY HOSPITAL  
Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102  
Phone: (619) 515-2560  
After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

Provider ID: 402851  
Provider Gender: Female  
License Number: A164859  
NPI: 1952751711

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Hindi

Cultural Competency: N  
Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109  
Phone: (619) 515-2444  
After Hours Phone: (619)  
515-2444

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-W  
8:30AM-5:30PM  
TH 9AM-6PM  
F 8:30AM-5:30PM






### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

Provider ID: 206360  
Provider Gender: Female  
License Number: A164859  
NPI: 1952751711






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## C. 初級保健名錄

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

Provider ID: 416831  
Provider Gender: Female  
License Number: A164859  
NPI: 1952751711  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No  
 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **SHUCKETT, ARIEL**

Provider ID: 206046  
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 Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: www.sdfamilycare  
.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER


### **OBSTETRICS / GYNECOLOGY**

#### **SHUCKETT, ARIEL**

Provider ID: 206046  
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 Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: www.sdfamilycare  
.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 206360  
Provider Gender: Female  
License Number: 20A13958  
NPI: 1932269198  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital

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## C. 初級保健名錄

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 402851

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619)  
515-2444

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-W  
8:30AM-5:30PM  
TH 9AM-6PM  
F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 206363

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 416831

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No

3514 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **TRUJILLO, JENNIFER**

Provider ID: 451167

Provider Gender: Female

License Number: 20A8204

NPI: 1053407593

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA

MED CTR

Board Certified Specialty: No


950 S EUCLID AVE  
SAN DIEGO, CA 92114

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

Provider ID: 206363

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 Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102


 Phone: (619) 515-2420


 After Hours Phone: (619)  
515-2420

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

Provider ID: 402851

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 Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8:30AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

Provider ID: 206360

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 Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

Provider ID: 416831

Provider Gender: Female






License Number: 20A11535


NPI: 1811162456

Provider English Spoken: Y

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## C. 初級保健名錄

 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL,  
DESERT REGIONAL MED CTR*  
*Board Certified Specialty: No*  
 3514 30TH ST  
SAN DIEGO, CA 92104  
 *Phone: (619) 515-2424*  
 *After Hours Phone: (619)  
515-2424*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\18*



*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT  
PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**



*Provider ID: 206362*  
*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 Specialty: No*  
 3544 30TH ST  
SAN DIEGO, CA 92104  
 *Phone: (619) 515-2400*  
 *After Hours Phone: (619)  
515-2400*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-TH  
8:30AM-5:30PM  
F 8:30AM-5PM*

### **OBSTETRICS / GYNECOLOGY**






#### **ZIEG, ALAN**

*Provider ID: 416831*  
*Provider Gender: Male*  
*License Number: G78814*  
*NPI: 1699790634*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA*  
*Board Certified Specialty: No*  
 3514 30TH ST  
SAN DIEGO, CA 92104

 *Phone: (619) 515-2424*  
 *After Hours Phone: (619)  
515-2424*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\18*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT  
PROVIDER*


### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

*Provider ID: 206360*  
*Provider Gender: Male*  
*License Number: G78814*  
*NPI: 1699790634*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA*  
*Board Certified Specialty: No*  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 *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

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## C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

*Provider ID: 402851*

*Provider Gender: Male*

*License Number: G78814*

*NPI: 1699790634*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation:*

*GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA*

*Board Certified Specialty: No*

 *3705 MISSION BLVD  
SAN DIEGO, CA 92109*

 *Phone: (619) 515-2444*

 *After Hours Phone: (619)  
515-2444*


 *Website: www.fhcsd.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

*Provider ID: 206363*

*Provider Gender: Male*

*License Number: G78814*

*NPI: 1699790634*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation:*

*GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA*

*Board Certified Specialty: No*

 *4725 MARKET ST  
SAN DIEGO, CA 92102*

 *Phone: (619) 515-2560*

 *After Hours Phone: (619)  
515-2560*

 *Website: www.fhcsd.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

*Provider ID: 206362*

*Provider Gender: Male*

*License Number: G78814*

*NPI: 1699790634*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation:*


*GROSSMONT HOSPITAL,*

*SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA*

*Board Certified Specialty: No*

 *3544 30TH ST  
SAN DIEGO, CA 92104*

 *Phone: (619) 515-2424*

 *After Hours Phone: (619)  
515-2424*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **OPHTHALMOLOGY**

#### **NAJAFI, DAVID**


*Provider ID: 206360*

*Provider Gender: Male*

*License Number: A68124*

*NPI: 1396715991*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Farsi, Persian,  
Spanish*

*Cultural Competency: N*







*Hospital Affiliation:*

*GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL*

*Board Certified Specialty: No*

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## C. 初級保健名錄

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TU 8:30AM-6PM  
TH 8:30AM-6PM  
F 8:30AM-5PM  
SA 8:30AM-5PM

### **OPHTHALMOLOGY**



#### **SHAW, BLAKE**

Provider ID: 206363  
Provider Gender: Male  
License Number: G61394  
NPI: 1649206541  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

### **OPHTHALMOLOGY**

#### **ZABLIT, KARIM**


Provider ID: 403583  
Provider Gender: Male  
License Number: A42127  
NPI: 1083700538  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL  
Board Certified Specialty: No


 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
233-8500  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N






 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-4:45PM

### **OTOLARYNGOLOGY**

#### **DAVIS, MORGAN**

Provider ID: 206360  
Provider Gender: Female  
License Number: A181809  
NPI: 1891359154  
 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OTOLARYNGOLOGY**

#### **YOUSEF, ANDREW**

Provider ID: 206360  
Provider Gender: Male  
License Number: A186426  
NPI: 1275152662  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<b>PEDIATRICS</b>		<b>PEDIATRICS</b>	
<b>ABELL, GEOFFREY</b>	<p>Provider ID: 27341            Provider Gender: Male            NPI: 1245256130</p> <p> 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</p> <p>Board Certified Specialty: No</p> <p> 292 EUCLID AVE STE 220            SAN DIEGO, CA 92114   Phone: (619) 262-8624            Fax: (619) 262-6639   After Hours Phone: (619) 262-8624   Website: N/A            Medi-Cal Open Panel: Yes            Min/Max Age: 0\19            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM</p>	<p>Provider Gender: Female            License Number: A104918            NPI: 1588707178</p> <p> Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS GREEN HOSPITAL, SHARP CHULA VISTA MED CTR</p> <p>Board Certified Specialty: No</p> <p> 4060 FAIRMOUNT AVE            SAN DIEGO, CA 92105   Phone: (619) 280-4213   After Hours Phone: (619) 280-4213   Website: www.lamaestra.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p>Board Certified Specialty: No</p> <p> 4060 FAIRMOUNT AVE            SAN DIEGO, CA 92105   Phone: (619) 255-9155            Fax: (619) 749-5480   After Hours Phone: (619) 255-9155   Website: www.lamaestra.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
<b>PEDIATRICS</b>		<b>PEDIATRICS</b>	
<b>ADLOUNI, LOUBABA</b>	<p>Provider ID: 230441            Provider Gender: Female            NPI: 1669443685</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Arabic            Cultural Competency: N            Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR HEALTH, PALOMAR MEDICAL CENTER</p> <p>Board Certified Specialty: No</p> <p> 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</p>	<b>ADJAN, ROULA</b>	
<b>ABRAMSON, RACHEL</b>	<p>Provider ID: 185268</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Arabic, Spanish            Cultural Competency: N</p>	<p>Provider ID: 185268            Provider Gender: Female            License Number: A81682            NPI: 1992847263</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Arabic, Spanish            Cultural Competency: N</p>	

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## C. 初級保健名錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): NPI: 1467436063

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS


#### **ANDREE, GREGOR**

Provider ID: 233532

Provider Gender: Male

License Number: A72833

NPI: 1467436063

 Provider English Spoken: Y


 Provider Language(s) Spoken: German, Spanish


Cultural Competency: N


Board Certified Specialty: No

 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

 After Hours Phone: (619) 280-2058

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS


#### **ANDREE, GREGOR**


Provider ID: 482070

Provider Gender: Male

License Number: A72833

NPI: 1467436063


 Provider English Spoken: Y


 Provider Language(s) Spoken: German, Spanish

Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858) 810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-5:30PM

TU 8:30AM-9PM

W-F 8:30AM-5:30PM

SA 9AM-4PM


### PEDIATRICS

#### **ARCHAMBAULT, CHRISTIAN**

Provider ID: 5589

Provider Gender: Male

NPI: 1992776918

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY

HOSPITAL, PALOMAR

HEALTH, SHARP MARY BIRCH

HOSP FOR WOMEN AND

NEWBORNS, CHILDRENS

HOSPITAL OF ORANGE

COUNTY, PARADISE VALLEY


HOSPITAL, PARADISE VALLEY

HOSPITAL

Board Certified Specialty: No

 16918 DOVE CANYON RD  
STE 200

SAN DIEGO, CA 92127

 Phone: (858) 924-1960

Fax: (858) 924-1964

 After Hours Phone: (858) 924-1960

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### **AWDYKOVYCH, MARTA**


Provider ID: 206360

Provider Gender: Female

License Number: A44027

NPI: 1447265137

 Provider English Spoken: Y

 Provider Language(s) Spoken: Chinese, French,

Spanish, Ukrainian

Cultural Competency: N

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## C. 初級保健名錄

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### AYSON, NICOLE

Provider ID: 417429

Provider Gender: Female

License Number: A128091

NPI: 1013278704

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619)  
515-2525

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### AZIMI, AYSUN

Provider ID: 317194

Provider Gender: Female

NPI: 1710246160

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA

VISTA, SHARP MARY BIRCH

HOSP FOR WOMEN AND

NEWBORNS, RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SHARP CHULA VISTA

MED CTR, COMMUNITY

REGIONAL MEDICAL

CENTER-FRESNO, CLOVIS

COMMUNITY HOSPITAL,

CLOVIS COMMUNITY

HOSPITAL

Board Certified Specialty: No

292 EUCLID AVE STE 220  
SAN DIEGO, CA 92114

Phone: (619) 262-8624

Fax: (619) 262-6639

After Hours Phone: (619)  
262-8624

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### BAJWA, MANDEEP

Provider ID: 416831

Provider Gender: Male

License Number: A186551

NPI: 1720615867

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

3514 30TH ST

SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-5PM

### PEDIATRICS

#### BONSU, BEMA

Provider ID: 227409

Provider Gender: Male

License Number: C55180

NPI: 1932106986

Provider English Spoken: Y

Cultural Competency: N

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## C. 初級保健名錄

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Board Certified Specialty: No

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### BOWERS, JESSIE

Provider ID: 394841

Provider Gender: Female

NPI: 1730594235

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

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): NPI: 1780719872

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### CABARLO, JEHRIB

Provider ID: 206360

Provider Gender: Male

License Number: 20A8516

NPI: 1770661340

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### CARSON, STEPHEN

Provider ID: 6735

Provider Gender: Male

NPI: 1780719872

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SHARP MEMORIAL

HOSPITAL, SCRIPPS MERCY

HOSPITAL, RADY CHILDRENS

HOSPITAL SAN DIEGO

Board Certified Specialty: Yes

550 WASHINGTON ST STE  
300

SAN DIEGO, CA 92103

Phone: (619) 297-5437

Fax: (619) 297-4567

After Hours Phone: (619)  
297-5437

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-8:30PM  
F 8AM-5PM

SA 8AM-2PM

### PEDIATRICS

#### CASTELNOVI, CLAUDIA

Provider ID: 185268



Provider Gender: Female

License Number: A111170

NPI: 1417279324

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## C. 初級保健名錄


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: French, Italian, Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA*

*Board Certified Specialty: No*

 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105

 *Phone: (619) 255-9155*


 *After Hours Phone: (619) 255-9155*

 *Website: www.lamaestra.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **CHEN, JENNIFER**

*Provider ID: 206363*

*Provider Gender: Female*

*License Number: A141057*

*NPI: 1255785150*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

 4725 MARKET ST

SAN DIEGO, CA 92102

 *Phone: (619) 515-2560*

 *After Hours Phone: (619) 515-2560*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **CHEN, EILEEN**

*Provider ID: 606456*


*Provider Gender: Female*

*NPI: 1932660966*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 7910 FROST ST STE 400  
 SAN DIEGO, CA 92123

 *Phone: (858) 495-0500*

*Fax: (858) 560-4279*

 *After Hours Phone: (858) 495-0500*


 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

### **PEDIATRICS**

#### **CONE, STEPHANIE**

*Provider ID: 185268*

*Provider Gender: Female*

*License Number: A123929*

*NPI: 1437444858*


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105

 *Phone: (619) 255-9154*

 *After Hours Phone: (619) 255-9154*


 *Website: www.lamaestra.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-6PM SA 8AM-2PM*

### **PEDIATRICS**

#### **CORDES, WILLIAM**


*Provider ID: 206360*

*Provider Gender: Male*

*License Number: 20A15743*

*NPI: 1174942544*

 *Provider English Spoken: Y*

 *Provider Language(s)*

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## C. 初級保健名錄

Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL  
 Board Certified Specialty: No

1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300

Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M 8AM-7PM  
 TU-TH 8AM-6PM  
 F 8AM-5:30PM  
 SA 8AM-5PM

### PEDIATRICS

#### DIXON, SARAH

Provider ID: 482070  
 Provider Gender: Female  
 License Number: A137415  
 NPI: 1467751131

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
 810-8700

Website: www.sdfamilycare  
 .org

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M 8:30AM-5:30PM  
 TU 8:30AM-8:30PM  
 W-F 8:30AM-5:30PM  
 SA 9AM-4PM

### PEDIATRICS

#### FISHMAN, ELENA

Provider ID: 524340  
 Provider Gender: Female  
 NPI: 1740249432

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Russian

Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL ENCINITAS, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MEMORIAL  
 HOSPITAL

Board Certified Specialty: No

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):

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### FORTUNE, ERIN

Provider ID: 206360  
 Provider Gender: Male  
 License Number: A95577  
 NPI: 1801088422

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL,  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No

1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300

Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 9AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供  
 者目錄中的資訊可能會更改。

## C. 初級保健名錄






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**PEDIATRICS**

---

**FORTUNE, ERIN**  
 Provider ID: 416831  
 Provider Gender: Male  
 License Number: A95577  
 NPI: 1801088422

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL,  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No

 3514 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
 515-2424  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

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**PEDIATRICS**

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**FRIEDMAN, JAIME**  
 Provider ID: 230500  
 Provider Gender: Female  
 NPI: 1144297961

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, PALOMAR HEALTH

Board Certified Specialty: No

 16918 DOVE CANYON RD  
 STE 200  
 SAN DIEGO, CA 92127  
 Phone: (858) 924-1960  
 Fax: (858) 924-1964  
 After Hours Phone: (858)  
 924-1960  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM






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**PEDIATRICS**

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**GOGGIN, SAMANTHA**  
 Provider ID: 185268  
 Provider Gender: Female  
 License Number: A163693  
 NPI: 1023506367

Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 255-9154  
 After Hours Phone: (619)  
 255-9154  
 Website: www.lamaestra.or  
 g  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

**PEDIATRICS**

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**PROVIDER**  
 Hours: M-F 8AM-5PM







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**PEDIATRICS**

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**GRAY, SARAH**  
 Provider ID: 206360  
 Provider Gender: Female  
 License Number: A151631  
 NPI: 1508210311

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M 8:30AM-7PM  
 TU-TH 8:30AM-6PM  
 F 8:30AM-5:30PM  
 SA 8:30AM-5PM

---

**PEDIATRICS**


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**GUPTA, VARSHA**  
 Provider ID: 206360  
 Provider Gender: Female  
 License Number: A164889

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

NPI: 1891283214

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Spanish


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **HANSEN, JOHN**

Provider ID: 318919

Provider Gender: Male

NPI: 1780655621

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Danish

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SHARP MARY BIRCH HOSP

FOR WOMEN AND

NEWBORNS

Board Certified Specialty: No

 7910 FROST ST STE 400  
SAN DIEGO, CA 92123

 Phone: (858) 495-0500

Fax: (858) 560-4279

 After Hours Phone: (858)  
495-0500

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM


### PEDIATRICS

#### **HENDERSON, TREVOR**

Provider ID: 58111

Provider Gender: Male

NPI: 1356449425

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, ALVARADO HOSPITAL  
LLC

Board Certified Specialty: No

 6699 ALVARADO RD STE  
2200

SAN DIEGO, CA 92120

 Phone: (619) 265-3400

Fax: (619) 265-3407

 After Hours Phone: (619)  
265-3400


 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### **HIBBS, NICOLE**

Provider ID: 143979

Provider Gender: Female

NPI: 1164627832

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA

Board Certified Specialty: No

 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

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## C. 初級保健名錄

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-8:30PM  
F 8AM-5PM  
SA 8AM-2PM

### PEDIATRICS

#### **HOANG, VY**

Provider ID: 161902

Provider Gender: Female

NPI: 1649575135


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 6699 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (619) 265-3400  
Fax: (619) 265-3407

 After Hours Phone: (619)  
265-3400

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### **HORMOZDYARAN, SANAYA**


Provider ID: 612398


Provider Gender: Female

NPI: 1750887634

 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 2790 TRUXTUN RD STE  
120A  
SAN DIEGO, CA 92106

 Phone: (619) 222-1253

Fax: (619) 222-1276

 After Hours Phone: (619)  
222-1253

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### PEDIATRICS

#### **JORDAN, JAMIE**

Provider ID: 237831

Provider Gender: Female

NPI: 1275762833


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,

RADY CHILDRENS HOSPITAL  
SAN DIEGO

Board Certified Specialty: No

 12036 SCRIPPS  
HIGHLANDS DR STE 102  
SAN DIEGO, CA 92131

 Phone: (858) 566-4444

Fax: (858) 566-3321

 After Hours Phone: (858)  
566-4444


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### **JUAREZ, PATRICIA**

Provider ID: 317641

Provider Gender: Female

NPI: 1205807229

 Provider English Spoken: Y






 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N



Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO, SHARP  
MEMORIAL HOSPITAL, UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND  
Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄



 7910 FROST ST STE 400  
 SAN DIEGO, CA 92123  
 Phone: (858) 495-0500  
 Fax: (858) 560-4279  
 After Hours Phone: (858)  
 495-0500  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

### PEDIATRICS

#### **KARMAKAR, KANKA**

Provider ID: 417101  
 Provider Gender: Female  
 License Number: C54941  
 NPI: 1972536654  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Bengali, Hindi,  
 Polish, Spanish, Tagalog  
 Cultural Competency: N

Board Certified Specialty: No


 10737 CAMINO RUIZ STE  
 235  
 SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
 After Hours Phone: (844)  
 200-2426  
 Website: www.operationsa  
 mahan.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TU  
 8:30AM-5:30PM  
 W 10AM-7PM  
 TH-F 8:30AM-5:30PM


### PEDIATRICS

#### **KESANAPALLI, DEEPTHI**



Provider ID: 235069  
 Provider Gender: Female  
 NPI: 1487948584  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SHARP MARY BIRCH  
 HOSP FOR WOMEN AND  
 NEWBORNS  
 Board Certified Specialty: No

 7910 FROST ST STE 335  
 SAN DIEGO, CA 92123  
 Phone: (858) 576-8010  
 Fax: (858) 576-7391  
 After Hours Phone: (858)  
 576-8010


 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

N





 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8:30AM-6PM  
 F 8:30AM-0PM

### PEDIATRICS

#### **LAWRIE, ALISA**



Provider ID: 660912  
 Provider Gender: Female  
 NPI: 1407847908  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL

Board Certified Specialty: No

 550 WASHINGTON ST STE  
 300  
 SAN DIEGO, CA 92103  
 Phone: (619) 297-4567  
 After Hours Phone: (619)  
 297-4567  
 Website: N/A



Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-8PM  
 F 8AM-5PM

### PEDIATRICS

#### **LIU, JESICA**





Provider ID: 206363  
 Provider Gender: Female  
 License Number: A166312  
 NPI: 1184157620  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No








 4725 MARKET ST

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。







## C. 初級保健名錄

SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER



### PEDIATRICS


**LOPER, KAREN**  
 Provider ID: 490610  
 Provider Gender: Female  
 NPI: 1619908936  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR  
 Board Certified Specialty: No  
 550 WASHINGTON ST STE 300  
 SAN DIEGO, CA 92103  
 Phone: (619) 297-5437  
 Fax: (619) 297-4567  
 After Hours Phone: (619) 297-5437  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### PEDIATRICS






**LUJAN, ARLEEN**  
 Provider ID: 206360  
 Provider Gender: Female  
 License Number: A61687  
 NPI: 1760412431  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### PEDIATRICS

**MADANY, GEORGE**  
 Provider ID: 318924  
 Provider Gender: Male  
 NPI: 1811968837  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, French, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
 7910 FROST ST STE 400  
 SAN DIEGO, CA 92123  
 Phone: (858) 495-0500  
 Fax: (858) 560-4279  
 After Hours Phone: (858) 495-0500  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### PEDIATRICS

**MAHENDRAN, SRIVIDYA**  
 Provider ID: 482070  
 Provider Gender: Female  
 License Number: A92173  
 NPI: 1487843454  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858) 810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 319049

N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **MANRIQUEZ-CASTILLO, ERENDIRA**

Provider ID: 185268

Provider Gender: Female

License Number: A75533


NPI: 1356397418


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: VALLEY CHILDRENS HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619) 255-9155

 Website: [www.lamaestra.org](http://www.lamaestra.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider Gender: Female

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-6PM  
SA 8AM-2PM

### **PEDIATRICS**

#### **MARTINEZ ANDREE, INGRID**

Provider ID: 319049

Provider Gender: Female


NPI: 1205807203

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL

Board Certified Specialty: No

 7910 FROST ST STE 400  
SAN DIEGO, CA 92123

 Phone: (858) 495-0500

Fax: (858) 560-4279

 After Hours Phone: (858) 495-0500


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **PEDIATRICS**

#### **MLNARIK, ANASTASIA**

Provider ID: 558645

Provider Gender: Female


NPI: 1972000537

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 11943 EL CAMINO REAL  
STE 210

SAN DIEGO, CA 92130

 Phone: (858) 793-1011

Fax: (858) 793-1035

 After Hours Phone: (858) 793-1011


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-0PM

### **PEDIATRICS**

#### **PARK, TARI**

Provider ID: 237711

Provider Gender: Female

NPI: 1285669085

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Korean


Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### **PARKER, SHERINE**

Provider ID: 206360

Provider Gender: Female

License Number: G81658

NPI: 1477626513

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: GLENDALE

ADVENTIST MED CTR,

GLENDALE MEMORIAL HOSP

AND HEALTH CTR, TRI CITY

MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN


DIEGO, VALLEY CHILDRENS


HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M 8:30AM-7PM

TU-TH 8:30AM-6PM

F 8:30AM-5:30PM

SA 8:30AM-5PM

### PEDIATRICS

#### **PAVLOVICH, WENDY**

Provider ID: 416831

Provider Gender: Female

License Number: A126181


NPI: 1740467299

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL

Board Certified Specialty: No

 3514 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


### PEDIATRICS

#### **POWELL, STEPHANIE**

Provider ID: 319033

Provider Gender: Female

NPI: 1720059744

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR


WOMEN AND NEWBORNS,

RADY CHILDRENS HOSPITAL

SAN DIEGO

Board Certified Specialty: No

 7910 FROST ST STE 400  
SAN DIEGO, CA 92123

 Phone: (858) 495-0500

Fax: (858) 560-4279

 After Hours Phone: (858)  
495-0500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### **PRESKILL, CATALINA**

Provider ID: 403583

Provider Gender: Female

License Number: G29879

NPI: 1598088759

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE

SAN DIEGO, CA 92101

 Phone: (619) 233-8500

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

☎ *After Hours Phone: (619) 233-8500*

🌐 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5:30PM*

### **PEDIATRICS**

#### **RODRIGUEZ, JAVIER**

*Provider ID: 185268*

*Provider Gender: Male*

*License Number: A82639*

*NPI: 1013059385*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

📍 *4060 FAIRMOUNT AVE SAN DIEGO, CA 92105*

☎ *Phone: (619) 255-9155*

☎ *After Hours Phone: (619) 255-9155*

🌐 *Website: www.lamaestra.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **RODRIGUEZ, ALDO**

*Provider ID: 451167*

*Provider Gender: Male*

*License Number: A134995*

*NPI: 1508209651*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s) Spoken: Portuguese, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

📍 *950 S EUCLID AVE SAN DIEGO, CA 92114*

☎ *Phone: (619) 662-4100*

☎ *After Hours Phone: (619) 662-4100*

🌐 *Website: www.syhealth.org /clinics/king-chavez-health-center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM SA 8AM-4PM*

### **PEDIATRICS**

#### **RUBENSTEIN, STUART**

*Provider ID: 521305*

*Provider Gender: Male*

*NPI: 1689633844*

☑ *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MEMORIAL HOSPITAL*

*ENCINITAS, RADY CHILDRENS*

*HOSPITAL SAN DIEGO,*

*SCRIPPS MEMORIAL*

*HOSPITAL, SHARP MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

📍 *11943 EL CAMINO REAL STE 210*

*SAN DIEGO, CA 92130*

☎ *Phone: (858) 793-1011*

*Fax: (858) 793-1035*

☎ *After Hours Phone: (858) 793-1011*

🌐 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM SA 8AM-0PM*

### **PEDIATRICS**

#### **SAMPATH, SRIVIDYA**

*Provider ID: 416831*

*Provider Gender: Female*

*License Number: A132576*

*NPI: 1275892754*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s) Spoken: French*



*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS MERCY HOSPITAL*

*Board Certified Specialty: No*


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### PEDIATRICS


#### SEBSO, JODI

Provider ID: 416831  
Provider Gender: Female  
License Number: A103099  
NPI: 1538484316

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS




#### SEBSO, JODI


Provider ID: 206360  
Provider Gender: Female  
License Number: A103099  
NPI: 1538484316

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL


Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

### PEDIATRICS

#### SHENOY, ASHVIN


Provider ID: 232392  
Provider Gender: Male  
NPI: 1619262664


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS, SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

 292 EUCLID AVE STE 220  
SAN DIEGO, CA 92114

 Phone: (619) 262-8624  
Fax: (619) 262-6639


 After Hours Phone: (619)  
262-8624

 Website: N/A

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### SHETH, HASMUKH

Provider ID: 451167  
Provider Gender: Male  
License Number: A45942  
NPI: 1396812236

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Gujarati, Hindi,  
Urdu  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### VISTA, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

950 S EUCLID AVE  
SAN DIEGO, CA 92114  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

#### PEDIATRICS

### SHIAU, NANCY

Provider ID: 40852

Provider Gender: Female

NPI: 1750352779

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, ALVARADO HOSP MED CTR

Board Certified Specialty: No

6699 ALVARADO RD STE 2200  
SAN DIEGO, CA 92120

Phone: (619) 265-3400  
Fax: (619) 265-3407

After Hours Phone: (619) 265-3400

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

#### PEDIATRICS

### SPITZER, MARSHA

Provider ID: 206360

Provider Gender: Female

License Number: A76785

NPI: 1851323315

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619) 515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

#### PEDIATRICS

### SPITZER, MARSHA

Provider ID: 417429

Provider Gender: Female

License Number: A76785

NPI: 1851323315

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL

Board Certified Specialty: No

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619) 515-2525

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

#### PEDIATRICS

### SPITZER, MARSHA

Provider ID: 402851


Provider Gender: Female

License Number: A76785

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## C. 初級保健名錄

NPI: 1851323315

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **STUMP, CHARI**

Provider ID: 587747

Provider Gender: Female

NPI: 1265968788

 Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No


 7910 FROST ST STE 400  
SAN DIEGO, CA 92123

 Phone: (858) 495-0500

Fax: (858) 560-4279

 After Hours Phone: (858)

495-0500


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM


### PEDIATRICS

#### **SUBRAMANIAN, RAMA**

Provider ID: 662343

Provider Gender: Female

NPI: 1932593506


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 11943 EL CAMINO REAL  
STE 210

SAN DIEGO, CA 92130

 Phone: (858) 793-1011

Fax: (858) 793-1035

 After Hours Phone: (858)  
793-1011


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-0PM

### PEDIATRICS

#### **SULEIMAN QAFITI, KHAWLA**

Provider ID: 416831

Provider Gender: Female

License Number: A51318

NPI: 1659303121

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-5PM

### PEDIATRICS

#### **TAMAYO, MAITHE**

Provider ID: 356145

Provider Gender: Female

License Number: A80504

NPI: 1487748430

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

VISTA

Board Certified Specialty: No

2391 ISLAND AVE  
SAN DIEGO, CA 92102

Phone: (619) 515-2435

After Hours Phone: (619)  
515-2435

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

**TAMAYO, MAITHE**

Provider ID: 206360

Provider Gender: Female

License Number: A80504

NPI: 1487748430

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

**WASSON, MINA**

Provider ID: 524333

Provider Gender: Female

NPI: 1366753022

Provider English Spoken: Y

Provider Language(s)  
Spoken: Russian

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

11943 EL CAMINO REAL  
STE 210

SAN DIEGO, CA 92130

Phone: (858) 793-1011

Fax: (858) 793-1035

After Hours Phone: (858)  
793-1011

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-0PM

### PEDIATRICS

**WATERS, ELIZABETH**

Provider ID: 153090

Provider Gender: Female

NPI: 1730477621

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, PARADISE

VALLEY HOSPITAL, SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

SCRIPPS MERCY HOSPITAL,

RADY CHILDRENS HOSPITAL

SAN DIEGO

Board Certified Specialty: No

292 EUCLID AVE STE 220  
SAN DIEGO, CA 92114

Phone: (619) 262-8624

Fax: (619) 262-6639

After Hours Phone: (619)  
262-8624

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

**WEATHERLY, JACOB**

Provider ID: 637376

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

*Provider Gender: Male*  
*NPI: 1538520457*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: LUCILE*  
*SALTER PACKARD*  
*CHILDRENS HOSP, Stanford*  
*Health Care*  
*Board Certified Specialty: No*  
 6699 ALVARADO RD STE  
 2200  
 SAN DIEGO, CA 92120  
 *Phone: (619) 265-3400*  
*Fax: (619) 265-3407*  
 *After Hours Phone: (619)*  
 265-3400  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER  
 *Hours: M-F 8AM-5PM*  
 SA 8:30AM-0PM

### **PEDIATRICS**

**WONG, YOLANDA**  
*Provider ID: 233532*  
*Provider Gender: Female*  
*License Number: A94449*  
*NPI: 1851599872*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*

CHILDRENS HOSPITAL SAN  
 DIEGO  
*Board Certified Specialty: No*  
 4305 UNIVERSITY AVE STE  
 150  
 SAN DIEGO, CA 92105  
 *Phone: (619) 280-2058*  
 *After Hours Phone: (619)*  
 280-2058  
 *Website: www.sdfamilycare*  
 .org  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\22*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER

### **PEDIATRICS**

**WONG, YOLANDA**  
*Provider ID: 482070*  
*Provider Gender: Female*  
*License Number: A94449*  
*NPI: 1851599872*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
*Board Certified Specialty: No*  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 *Phone: (858) 810-8700*  
 *After Hours Phone: (858)*  
 810-8700  
 *Website: www.sdfamilycare* N

.org  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER  
 *Hours: M 8:30AM-5:30PM*  
 TU 8:30AM-9PM  
 W-F 8:30AM-5:30PM  
 SA 9AM-4PM


### **PEDIATRICS**

**ZAHEER, AARON**  
*Provider ID: 233532*  
*Provider Gender: Male*  
*License Number: A61238*  
*NPI: 1902882301*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Persian, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
*Board Certified Specialty: No*  
 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **ZAHEER, AARON**


*Provider ID: 482070*

*Provider Gender: Male*

*License Number: A61238*

*NPI: 1902882301*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Persian, Spanish*


*Cultural Competency: N*


*Hospital Affiliation: RADY*


*CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

 *7011 LINDA VISTA RD  
SAN DIEGO, CA 92111*

 *Phone: (858) 810-8700*

 *After Hours Phone: (858) 810-8700*


 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**


#### **ZANDKARIMI, FARIBA**


*Provider ID: 206360*

*Provider Gender: Female*

*License Number: A46161*

*NPI: 1356373674*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Farsi, Persian, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: MERCY*

*GENERAL HOSPITAL, RADY*

*CHILDRENS HOSPITAL SAN*

*DIEGO, SCRIPPS MERCY*


*HOSPITAL, SCRIPPS MERCY*


*HOSPITAL CHULA VISTA,*

*UCSD MEDICAL CTR*

*Board Certified Specialty: No*

 *1809 NATIONAL AVE  
SAN DIEGO, CA 92113*

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**


#### **ALVARADO, EDMUND**

*Provider ID: 419529*

*Provider Gender: Male*

*License Number: PA20888*

*NPI: 1720303340*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 *2325 COMMERCIAL ST STE  
1400*

*SAN DIEGO, CA 92113*

 *Phone: (619) 515-2422*

 *After Hours Phone: (619) 515-2422*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

### **PHYSICIANS ASSISTANT**

#### **ARMENTA, JORGE**

*Provider ID: 185268*

*Provider Gender: Male*

*License Number: PA13694*


*NPI: 1346382611*


 *Provider English Spoken: Y*

*Cultural Competency: N*

*Board Certified Specialty: No*

 *4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105*

 *Phone: (619) 255-9155*

 *After Hours Phone: (619) 255-9155*


 *Website: www.lamaestra.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-6PM*

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## C. 初級保健名錄

SA 8AM-2PM

### **PHYSICIANS ASSISTANT**


#### **BATISTA, OSVALDO**

Provider ID: 206360

Provider Gender: Male

License Number: PA17864

NPI: 1245349224


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**


#### **CASTILLO, PATRICIA**

Provider ID: 206362

Provider Gender: Female


License Number: PA17220

NPI: 1376550657

 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST

SAN DIEGO, CA 92104



Phone: (619) 515-2424



After Hours Phone: (619)  
515-2424



Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N



Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**


#### **CHAN, TIFFANY**

Provider ID: 206360

Provider Gender: Female

License Number: PA23258

NPI: 1790111607

 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE

SAN DIEGO, CA 92113



Phone: (619) 515-2300



After Hours Phone: (619)  
515-2300



Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N



Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CONTRERAS, LORETTA**

Provider ID: 403583

Provider Gender: Female

License Number: PA54617

NPI: 1679096341

 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE

SAN DIEGO, CA 92101



Phone: (619) 233-8500



After Hours Phone: (619)  
233-8500



Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N



Accessibility: CONTACT  
PROVIDER



Hours: M 8:30AM-5:30PM

TU-W 8:30AM-5PM

TH 8:30AM-9PM

F 8:30AM-5PM

### **PHYSICIANS ASSISTANT**

#### **DOLMETSCH, JEANETTE**

Provider ID: 417987

Provider Gender: Female

License Number: PA58905

NPI: 1164941456

 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 4874 POLK AVE

SAN DIEGO, CA 92105



Phone: (619) 515-2426



After Hours Phone: (619)  
515-2426



Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **PHYSICIANS ASSISTANT**

#### **DRAME, SALWA**


Provider ID: 417987

Provider Gender: Female

License Number: PA59481

NPI: 1093136426


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: French, Spanish

Cultural Competency: N

Board Certified Specialty: No

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426


 After Hours Phone: (619)  
515-2426

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**


#### **GARCIA, DEANA**

Provider ID: 416831

Provider Gender: Female


License Number: PA21042


NPI: 1447567995

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**


#### **HOXMEIER, KRISTA**

Provider ID: 418142

Provider Gender: Female

License Number: PA58505

NPI: 1104203454


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105

 Phone: (619) 515-2454

 After Hours Phone: (619)  
515-2454

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **HOXMEIER, KRISTA**

Provider ID: 206363

Provider Gender: Female

License Number: PA58505

NPI: 1104203454


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **LANDIS, SARAH**

Provider ID: 417782

Provider Gender: Female

License Number: PA58826

NPI: 1144733676

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Board Certified Specialty: No

📍 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101

☎ Phone: (619) 515-2430

🕒 After Hours Phone: (619)  
515-2430

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

### **PHYSICIANS ASSISTANT**

#### **LAPINA, LORI**

Provider ID: 417937

Provider Gender: Female

License Number: PA23231

NPI: 1245670413

📄 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 4094 4TH AVE  
SAN DIEGO, CA 92103

☎ Phone: (619) 515-2545

🕒 After Hours Phone: (619)  
515-2545

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **LEON, FLOR**

Provider ID: 419529

Provider Gender: Female

License Number: PA53788

NPI: 1902358237

📄 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113

☎ Phone: (619) 515-2422

🕒 After Hours Phone: (619)  
515-2422

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **LEON, FLOR**

Provider ID: 206360

Provider Gender: Female

License Number: PA53788

NPI: 1902358237

📄 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

☎ Phone: (619) 515-2300

🕒 After Hours Phone: (619)  
515-2300

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **LEON, FLOR**

Provider ID: 356145

Provider Gender: Female

License Number: PA53788

NPI: 1902358237

📄 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 2391 ISLAND AVE  
SAN DIEGO, CA 92102

☎ Phone: (619) 515-2435

🕒 After Hours Phone: (619)  
515-2435

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **LLOYD, MATTHEW**

Provider ID: 417429

Provider Gender: Male

License Number: PA62752

NPI: 1487307369

📄 Provider English Spoken: Y  
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Board Certified Specialty: No

📍 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

☎ Phone: (619) 515-2525

🕒 After Hours Phone: (619)  
515-2525

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:30AM-5:30PM

### **PHYSICIANS ASSISTANT**

**LOHNES, ELLIE**

Provider ID: 417429

Provider Gender: Female

License Number: PA63071

NPI: 1902580426

📄 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

☎ Phone: (619) 515-2525

🕒 After Hours Phone: (619)  
515-2525

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F

8:30AM-5:30PM

### **PHYSICIANS ASSISTANT**

**LOPEZ, MARIO**

Provider ID: 417937

Provider Gender: Male

License Number: PA21385

NPI: 1932335080

📄 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 4094 4TH AVE  
SAN DIEGO, CA 92103

☎ Phone: (619) 515-2545

🕒 After Hours Phone: (619)  
515-2545

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

**LOPEZ, MARIO**

Provider ID: 417987

Provider Gender: Male

License Number: PA21385

NPI: 1932335080

📄 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 4874 POLK AVE  
SAN DIEGO, CA 92105

☎ Phone: (619) 515-2426

🕒 After Hours Phone: (619)

515-2426

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

**MARTINEZ MURGUIA, IRENE**

Provider ID: 185268

Provider Gender: Female

License Number: PA20296

NPI: 1447492889

📄 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

☎ Phone: (619) 255-9155

🕒 After Hours Phone: (619)  
255-9155

🌐 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

**MERCER, KELLY**

Provider ID: 185268


Provider Gender: Female

License Number: PA21625

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

NPI: 1154609790


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155


 After Hours Phone: (619)  
255-9155


 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM  
SA 8AM-2PM

### **PHYSICIANS ASSISTANT**

#### **MILLER, LAUREL**

Provider ID: 206363

Provider Gender: Female

License Number: PA20378


NPI: 1598992133


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**


#### **NUNO, JOSE**

Provider ID: 206360

Provider Gender: Male

License Number: PA15227


NPI: 1275543068


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **PENA, NICHOLAS**

Provider ID: 206360

Provider Gender: Male

License Number: PA56636


NPI: 1083176077


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **PHUNG, AIVI**

Provider ID: 206046

Provider Gender: Female

License Number: PA53902

NPI: 1639528110


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Vietnamese


Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

TU 8AM-8PM  
W-F 8AM-5PM  
SA 9AM-1PM

### PHYSICIANS ASSISTANT

#### PHUNG, AIVI

Provider ID: 206046  
Provider Gender: Female  
License Number: PA53902  
NPI: 1639528110  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M 8AM-5PM  
TU 8AM-8PM  
W-F 8AM-5PM  
SA 9AM-1PM

### PHYSICIANS ASSISTANT

#### POLLEY, SHANNON

Provider ID: 206363  
Provider Gender: Female  
License Number: PA60864

NPI: 1225608722

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT

#### QUICK, ELISABETH

Provider ID: 206360  
Provider Gender: Female  
License Number: PA21591  
NPI: 1790055010  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT

#### RALL, EMILY

Provider ID: 227409  
Provider Gender: Female  
License Number: PA52141  
NPI: 1407855828  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT




#### RASMUSSEN, DALE


Provider ID: 417429  
Provider Gender: Male  
License Number: PA54022  
NPI: 1962880864

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: MERCY HOSPITAL OF FOLSOM  
Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101  
 Phone: (619) 515-2525  
 After Hours Phone: (619)  
515-2525

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **PHYSICIANS ASSISTANT**

#### **SHARPE, NORMA**

Provider ID: 517403

Provider Gender: Female


License Number: PA20490


NPI: 1619100237

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 316 25TH ST  
SAN DIEGO, CA 92102

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **TOMASZEWSKI, DEBRA**

Provider ID: 206363

Provider Gender: Female


License Number: PA58081


NPI: 1215264452

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **TOMASZEWSKI, DEBRA**

Provider ID: 206363

Provider Gender: Female


License Number: MT2061555


NPI: 1215264452

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **TURNER, SHEREENA**

Provider ID: 206360

Provider Gender: Female

License Number: PA20396

NPI: 1992934988


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **UDOH, EKAETE**

Provider ID: 418535

Provider Gender: Male

License Number: PA19664

NPI: 1841472776

 Provider English Spoken: Y


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。





## C. 初級保健名錄


*Cultural Competency: N*

*Board Certified Specialty: No*

 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129

 *Phone: (844) 200-2426*


 *After Hours Phone: (844) 200-2426*

 *Website: www.operationsa mahan.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM*

### **PHYSICIANS ASSISTANT**

#### **YOUNG-PEN, TONI**


*Provider ID: 206362*

*Provider Gender: Female*

*License Number: PA18746*

*NPI: 1932297595*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish, Vietnamese*


*Cultural Competency: N*

*Board Certified Specialty: No*

 3544 30TH ST SAN DIEGO, CA 92104

 *Phone: (619) 515-2424*

 *After Hours Phone: (619) 515-2424*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**


#### **YOUNG-PEN, TONI**


*Provider ID: 233597*

*Provider Gender: Female*

*License Number: PA18746*

*NPI: 1932297595*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish, Vietnamese*


*Cultural Competency: N*

*Board Certified Specialty: No*

 4290 POLK AVE SAN DIEGO, CA 92105

 *Phone: (619) 563-0250*

 *After Hours Phone: (619) 563-0250*


 *Website: www.sdfamilycare .org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM SA 8AM-2PM*

### **PODIATRIST**

#### **JUAREZ, LETICIA**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: DPM5661*

*NPI: 1508393778*


 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 1809 NATIONAL AVE SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **PODIATRIST**

#### **LE, DIANA**


*Provider ID: 206360*

*Provider Gender: Female*

*License Number: DPM5734*

*NPI: 1184112864*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Vietnamese*

*Cultural Competency: N*


*Hospital Affiliation: ANAHEIM REGIONAL MEDICAL CTR*


*Board Certified Specialty: No*

 1809 NATIONAL AVE SAN DIEGO, CA 92113

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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### PODIATRIST


#### **LE, DIANA**

Provider ID: 206363

Provider Gender: Female

License Number: DPM5734

NPI: 1184112864

 Provider English Spoken: Y

 Provider Language(s) Spoken: Vietnamese


Cultural Competency: N


Hospital Affiliation: ANAHEIM

REGIONAL MEDICAL CTR

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619) 515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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### PODIATRIST


#### **SCHNEIDER, SARAH**

Provider ID: 206360

Provider Gender: Female

License Number: DPM4819


NPI: 1326282237


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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### PODIATRIST


#### **SCHNEIDER, SARAH**

Provider ID: 402851

Provider Gender: Female

License Number: DPM4819


NPI: 1326282237


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619) 515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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### PODIATRIST

#### **SCHNEIDER, SARAH**

Provider ID: 417429

Provider Gender: Female

License Number: DPM4819


NPI: 1326282237


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619) 515-2525

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

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### PREVENTATIVE MEDICINE

#### GENERAL

#### **HILL, LINDA**

Provider ID: 206046









Provider Gender: Female

License Number: G41532

NPI: 1467434811



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## C. 初級保健名錄

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: French, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
**MEDICAL CTR**  
*Board Certified Specialty: No*  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
 *After Hours Phone: (858) 279-0925*  
 *Website: www.sdfamilycare.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5:30PM SA 9AM-4PM*

### PREVENTATIVE MEDICINE GENERAL







#### **HILL, LINDA**



*Provider ID: 206046*  
*Provider Gender: Female*  
*License Number: G41532*  
*NPI: 1467434811*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: French, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
**MEDICAL CTR**  
*Board Certified Specialty: No*

 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
 *After Hours Phone: (858) 279-0925*  
 *Website: www.sdfamilycare.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5:30PM SA 9AM-4PM*

### PREVENTATIVE MEDICINE GENERAL




#### **HILL, LINDA**

*Provider ID: 482070*  
*Provider Gender: Female*  
*License Number: G41532*  
*NPI: 1467434811*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: French, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
**MEDICAL CTR**  
*Board Certified Specialty: No*  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 *Phone: (858) 810-8700*  
 *After Hours Phone: (858) 810-8700*  
 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M 8:30AM-5:30PM TU 8:30AM-9PM W-F 8:30AM-5:30PM SA 9AM-4PM*

### PREVENTATIVE MEDICINE GENERAL

#### **RISSER, JOSEPH**

*Provider ID: 206046*  
*Provider Gender: Male*  
*License Number: G70886*  
*NPI: 1952386765*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: Yes*  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
*Fax: (858) 279-0377*  
 *After Hours Phone: (858) 279-0925*  
 *Website: www.sdfamilycare.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5:30PM SA 9AM-4PM*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<p align="center"><b>PREVENTATIVE MEDICINE</b></p> <p align="center"><b>GENERAL</b></p>	<p>Cultural Competency: N Board Certified Specialty: Yes</p>	<p>Phone: (858) 279-0925 Fax: (858) 279-0377</p>
<p><b>RISSER, JOSEPH</b> Provider ID: 482070 Provider Gender: Male License Number: G70886 NPI: 1952386765 Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No 7011 LINDA VISTA RD SAN DIEGO, CA 92111 Phone: (858) 810-8700 After Hours Phone: (858) 810-8700 Website: www.sdfamilycare.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M 8:30AM-5:30PM TU 8:30AM-9PM W-F 8:30AM-5:30PM SA 9AM-4PM</p>	<p>6973 LINDA VISTA RD SAN DIEGO, CA 92111 Phone: (858) 279-0925 Fax: (858) 279-0377 After Hours Phone: (858) 279-0925 Website: www.sdfamilycare.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8:30AM-5:30PM SA 9AM-4PM</p>	<p>After Hours Phone: (858) 279-0925 Website: www.sdfamilycare.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER</p>
<p align="center"><b>PREVENTATIVE MEDICINE</b></p> <p align="center"><b>GENERAL</b></p>	<p align="center"><b>PREVENTATIVE MEDICINE</b></p> <p align="center"><b>GENERAL</b></p>	<p align="center"><b>PREVENTATIVE MEDICINE</b></p> <p align="center"><b>GENERAL</b></p>
<p><b>RISSER, JOSEPH</b> Provider ID: 206046 Provider Gender: Male License Number: G70886 NPI: 1952386765 Provider English Spoken: Y</p>	<p><b>ROMERO, CAMILA</b> Provider ID: 206046 Provider Gender: Female License Number: A93812 NPI: 1508912130 Provider English Spoken: Y Provider Language(s) Spoken: French, Spanish Cultural Competency: N Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS Board Certified Specialty: No 6973 LINDA VISTA RD SAN DIEGO, CA 92111</p>	<p><b>ROMERO, CAMILA</b> Provider ID: 206046 Provider Gender: Female License Number: A93812 NPI: 1508912130 Provider English Spoken: Y Provider Language(s) Spoken: French, Spanish Cultural Competency: N Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS Board Certified Specialty: No 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</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

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**REGISTERED PHYSICAL  
THERAPIST**

---


**BLOCKER, NIRIT**


Provider ID: 206360

Provider Gender: Female

License Number: PT30272

NPI: 1457689309


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Hebrew

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

---

**REGISTERED PHYSICAL  
THERAPIST**

---

**CHAVARRIA, JESSICA**

Provider ID: 417937

Provider Gender: Female


License Number: PT292351


NPI: 1407391808

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

---

**REGISTERED PHYSICAL  
THERAPIST**

---

**CONCORS, ANDREW**

Provider ID: 417937

Provider Gender: Male


License Number: PT12930


NPI: 1578706743

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

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**REGISTERED PHYSICAL  
THERAPIST**

---

**CUMMINGS, GEORGE**


Provider ID: 417937

Provider Gender: Male

License Number: PT295173

NPI: 1497236384


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

---

**REGISTERED PHYSICAL  
THERAPIST**

---

**DAHMS, MADELYNN**

Provider ID: 206360


Provider Gender: Female

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## C. 初級保健名錄

License Number: PT295463

NPI: 1245712702

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Sign Language


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL THERAPIST**

#### **FIELDING, JOSEPH**

Provider ID: 417937

Provider Gender: Male


License Number: PT40975

NPI: 1235577560


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL THERAPIST**


#### **HAPKE, ELENA**

Provider ID: 417937

Provider Gender: Female


License Number: PT292613

NPI: 1003354895


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL THERAPIST**


#### **HERMES, MARY**

Provider ID: 206360

Provider Gender: Female

License Number: PT24707

NPI: 1518028547

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL THERAPIST**

#### **IRIZARRY, NICOLE**

Provider ID: 206360

Provider Gender: Female

License Number: PT33914

NPI: 1003088063


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

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## C. 初級保健名錄


<p>PROVIDER</p>	<p>4094 4TH AVE SAN DIEGO, CA 92103</p>	<p>PROVIDER</p>
<p><b>REGISTERED PHYSICAL THERAPIST</b></p>	<p>Phone: (619) 515-2545 After Hours Phone: (619) 515-2545</p>	<p><b>REGISTERED PHYSICAL THERAPIST</b></p>
<p><b>MAHONEY, KAITLYN</b></p>	<p>Website: www.fhcsd.org</p>	<p><b>VAN DYKE, JASON</b></p>
<p>Provider ID: 417937</p>	<p>Medi-Cal Open Panel: Yes</p>	<p>Provider ID: 417937</p>
<p>Provider Gender: Female</p>	<p>Min/Max Age: 0\None</p>	<p>Provider Gender: Male</p>
<p>License Number: PT296559</p>	<p>American Sign Language (ASL):</p>	<p>License Number: PT25155</p>
<p>NPI: 1114583176</p>	<p>N</p>	<p>NPI: 1487658720</p>
<p>Provider English Spoken: Y</p>	<p>Accessibility: CONTACT</p>	<p>Provider English Spoken: Y</p>
<p>Cultural Competency: N</p>	<p>PROVIDER</p>	<p>Provider Language(s)</p>
<p>Board Certified Specialty: No</p>	<p>Hours: M-TH 8AM-9PM</p>	<p>Spoken: Spanish</p>
<p>4094 4TH AVE</p>	<p>F 8AM-5PM</p>	<p>Cultural Competency: N</p>
<p>SAN DIEGO, CA 92103</p>	<p><b>REGISTERED PHYSICAL THERAPIST</b></p>	<p>Board Certified Specialty: No</p>
<p>Phone: (619) 515-2545</p>	<p><b>SCHMIDT, BRYAN</b></p>	<p>4094 4TH AVE</p>
<p>After Hours Phone: (619) 515-2545</p>	<p>Provider ID: 417937</p>	<p>SAN DIEGO, CA 92103</p>
<p>Website: www.fhcsd.org</p>	<p>Provider Gender: Male</p>	<p>Phone: (619) 515-2545</p>
<p>Medi-Cal Open Panel: Yes</p>	<p>License Number: PT28061</p>	<p>After Hours Phone: (619) 515-2545</p>
<p>Min/Max Age: 0\None</p>	<p>NPI: 1780685032</p>	<p>Website: www.fhcsd.org</p>
<p>American Sign Language (ASL):</p>	<p>Provider English Spoken: Y</p>	<p>Medi-Cal Open Panel: Yes</p>
<p>N</p>	<p>Provider Language(s)</p>	<p>Min/Max Age: 0\None</p>
<p>Accessibility: CONTACT</p>	<p>Spoken: Spanish</p>	<p>American Sign Language (ASL):</p>
<p>PROVIDER</p>	<p>Cultural Competency: N</p>	<p>N</p>
<p>Hours: M-F</p>	<p>Board Certified Specialty: No</p>	<p>Accessibility: CONTACT</p>
<p>8:30AM-5:30PM</p>	<p>4094 4TH AVE</p>	<p>PROVIDER</p>
<p><b>REGISTERED PHYSICAL THERAPIST</b></p>	<p>SAN DIEGO, CA 92103</p>	<p>Hours: M-TH 8AM-9PM</p>
<p><b>REGISTERED PHYSICAL THERAPIST</b></p>	<p>Phone: (619) 515-2545</p>	<p>F 8AM-5PM</p>
<p><b>MIGNEA, DAVID</b></p>	<p>After Hours Phone: (619) 515-2545</p>	<p><b>RHEUMATOLOGY</b></p>
<p>Provider ID: 417937</p>	<p>Website: www.fhcsd.org</p>	<p><b>OGANDO, SHEENA</b></p>
<p>Provider Gender: Male</p>	<p>Medi-Cal Open Panel: Yes</p>	<p>Provider ID: 206363</p>
<p>License Number: PT293536</p>	<p>Min/Max Age: 0\None</p>	<p>Provider Gender: Female</p>
<p>NPI: 1043736879</p>	<p>American Sign Language (ASL):</p>	<p>License Number: A142743</p>
<p>Provider English Spoken: Y</p>	<p>N</p>	<p>NPI: 1649564295</p>
<p>Cultural Competency: N</p>	<p>Accessibility: CONTACT</p>	<p>Provider English Spoken: Y</p>
<p>Board Certified Specialty: No</p>	<p>4094 4TH AVE</p>	<p>Provider Language(s)</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄


*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: JOHN MUIR MEDICAL CENTER WALNUT CREEK CAMPUS*  
*Board Certified Specialty: No*

 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*


*American Sign Language (ASL): N*

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-5:30PM


### RHEUMATOLOGY

#### **REDDY, DANA**

*Provider ID: 206363*  
*Provider Gender: Female*  
*License Number: A115598*  
*NPI: 1144538778*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, ENCINITAS*


*Board Certified Specialty: No*

 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*


*American Sign Language (ASL): N*

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM




### RHEUMATOLOGY

#### **REDDY, DANA**

*Provider ID: 403583*  
*Provider Gender: Female*  
*License Number: A115598*  
*NPI: 1144538778*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, ENCINITAS*

*Board Certified Specialty: No*

 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619) 233-8500

 Website: N/A  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5:30PM




### SPEECH PATHOLOGIST


#### **WILLIAMS, JESSICA**

*Provider ID: 206360*  
*Provider Gender: Female*  
*License Number: SP27677*  
*NPI: 1932680006*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 Accessibility: CONTACT PROVIDER

### **SAN MARCOS**

#### CERTIFIED NURSE

#### PRACTITIONER

#### **BINETTE, DONYA**

*Provider ID: 206426*

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## C. 初級保健名錄


Provider Gender: Female  
License Number: NP95001653  
NPI: 1427325166

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**

#### **BINETTE, DONYA**

Provider ID: 206426



Provider Gender: Female


License Number: NP95001653  
NPI: 1427325166

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**

#### **BINETTE, DONYA**

Provider ID: 206426



Provider Gender: Female


License Number: NP95001653  
NPI: 1427325166

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**

#### **DOAN, CHINH**



Provider ID: 206426


Provider Gender: Female  
License Number: NP18874  
NPI: 1083845069

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**

#### **DOAN, CHINH**

Provider ID: 206426



Provider Gender: Female

License Number: NP18874  
NPI: 1083845069

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N



Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

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## C. 初級保健名錄

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER




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### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **DOAN, CHINH**

Provider ID: 206426  
 Provider Gender: Female  
 License Number: NP18874  
 NPI: 1083845069  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N  
 Board Certified Specialty: No

 150 VALPREDA RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

---



### **CERTIFIED NURSE** **PRACTITIONER**




---

#### **FODDA, RAMI**

Provider ID: 614511

Provider Gender: Male  
 License Number: NP18788  
 NPI: 1164660452  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No

 1595 GRAND AVE STE 106  
 SAN MARCOS, CA 92078  
 Phone: (760) 736-6767  
 Fax: (760) 736-6744

 After Hours Phone: (760)  
 736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER



---

### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **FODDA, RAMI**

Provider ID: 614511  
 Provider Gender: Male  
 License Number: NP18788  
 NPI: 1164660452  
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 Spoken: Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No

 1595 GRAND AVE STE 106  
 SAN MARCOS, CA 92078  
 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)  
 736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

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### **CERTIFIED NURSE** **PRACTITIONER**

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 Board Certified Specialty: No

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 Fax: (760) 736-6744

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 736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
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 Accessibility: CONTACT  
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## C. 初級保健名錄

### **CERTIFIED NURSE PRACTITIONER**


#### **FREEMAN, WANDA**

Provider ID: 206426

Provider Gender: Female

License Number: NP95003903

NPI: 1659504264


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


#### **FREEMAN, WANDA**

Provider ID: 206426

Provider Gender: Female

License Number: NP95003903

NPI: 1659504264


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

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 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


#### **FREEMAN, WANDA**

Provider ID: 206426

Provider Gender: Female

License Number: NP95003903

NPI: 1659504264


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

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 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **HENLEY, MEARA**


Provider ID: 206426

Provider Gender: Female

License Number: NP95002545

NPI: 1538319645

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **HENLEY, MEARA**

Provider ID: 206426

Provider Gender: Female

License Number: NP95002545

NPI: 1538319645

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD

SAN MARCOS, CA 92069

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## C. 初級保健名錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---


**HENLEY, MEARA**

Provider ID: 206426

Provider Gender: Female

License Number: NP95002545

NPI: 1538319645


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---


**KOUSARI, JHALEH**

Provider ID: 206426

Provider Gender: Female

License Number: NP20893

NPI: 1811262405

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---


**KOUSARI, JHALEH**

Provider ID: 206426

Provider Gender: Female

License Number: NP20893

NPI: 1811262405

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**KOUSARI, JHALEH**

Provider ID: 206426

Provider Gender: Female

License Number: NP20893

NPI: 1811262405

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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## C. 初級保健名錄

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

**MACIAS, ALISSA**

Provider ID: 206426

Provider Gender: Female


License Number: NP21368


NPI: 1952658445

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 150 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

**MACIAS, ALISSA**

Provider ID: 206426


Provider Gender: Female


License Number: NP21368

NPI: 1952658445

Provider English Spoken: Y  
Cultural Competency: N

 150 VALPREDA RD  
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736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

**MACIAS, ALISSA**

Provider ID: 206426


Provider Gender: Female


License Number: NP21368


NPI: 1952658445

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
N

 150 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED REGISTERED**

### **NURSE MIDWIFE**

**BELANGER, TANYA**

Provider ID: 206426

Provider Gender: Female

License Number: NM235844


NPI: 1407287469


Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

 150 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

### **CERTIFIED REGISTERED NURSE MIDWIFE**

**BELANGER, TANYA**

Provider ID: 206426

Provider Gender: Female

License Number: NM235844

NPI: 1407287469

Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PALOMAR  
MEDICAL CENTER


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## C. 初級保健名錄

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767


 After Hours Phone: (760)  
736-6767


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

### CERTIFIED REGISTERED

#### NURSE MIDWIFE

#### **BELANGER, TANYA**

Provider ID: 206426

Provider Gender: Female

License Number: NM235844


NPI: 1407287469

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

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736-6767


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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

### CERTIFIED REGISTERED

#### NURSE MIDWIFE



#### **KELLY, KATHERINE**

Provider ID: 206426

Provider Gender: Female

License Number: NM235997

NPI: 1801134275


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED REGISTERED

#### NURSE MIDWIFE


#### **KELLY, KATHERINE**

Provider ID: 206426

Provider Gender: Female

License Number: NM235997

NPI: 1801134275

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: PALOMAR  
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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED REGISTERED

#### NURSE MIDWIFE

#### **KELLY, KATHERINE**


Provider ID: 206426

Provider Gender: Female

License Number: NM235997

NPI: 1801134275

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish





Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 150 VALPREDA RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**



#### **MATIAS, JULIE**



Provider ID: 206426  
Provider Gender: Female  
License Number: 20A15159  
NPI: 1083094510  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

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 After Hours Phone: (760)  
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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**



#### **MATIAS, JULIE**



Provider ID: 206426  
Provider Gender: Female  
License Number: 20A15159  
NPI: 1083094510  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No




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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **MATIAS, JULIE**



Provider ID: 206426  
Provider Gender: Female  
License Number: 20A15159  
NPI: 1083094510  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No







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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **NATH, DEVARSHI**

Provider ID: 206426  
Provider Gender: Male  
License Number: C54157  
NPI: 1275630618  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Bengali  
Cultural Competency: N  
Board Certified Specialty: No

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SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
SA 8AM-5PM

### **FAMILY PRACTICE**

#### **NATH, DEVARSHI**

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## C. 初級保健名錄

Provider ID: 614511

Provider Gender: Male

License Number: C54157

NPI: 1275630618


Provider English Spoken: Y

Provider Language(s)  
Spoken: Bengali

Cultural Competency: N

Board Certified Specialty: No

 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

 Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **NATH, DEVARSHI**

Provider ID: 206426

Provider Gender: Male

License Number: C54157

NPI: 1275630618


Provider English Spoken: Y

Provider Language(s)  
Spoken: Bengali

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767


After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

### **FAMILY PRACTICE**

#### **NATH, DEVARSHI**

Provider ID: 206426

Provider Gender: Male

License Number: C54157

NPI: 1275630618


Provider English Spoken: Y

Provider Language(s)  
Spoken: Bengali


Cultural Competency: N

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

### **FAMILY PRACTICE**

#### **NATH, DEVARSHI**

Provider ID: 614511

Provider Gender: Male

License Number: C54157

NPI: 1275630618


Provider English Spoken: Y

Provider Language(s)  
Spoken: Bengali

Cultural Competency: N

Board Certified Specialty: No

 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

 Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **NATH, DEVARSHI**

Provider ID: 614511

Provider Gender: Male

License Number: C54157

NPI: 1275630618

Provider English Spoken: Y

Provider Language(s)  
Spoken: Bengali

Cultural Competency: N

Board Certified Specialty: No

 1595 GRAND AVE STE 106

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## C. 初級保健名錄

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☎ Fax: (760) 736-6744  
🕒 After Hours Phone: (760) 736-6767  
🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

**SAFI, ROOZCHEHR**  
Provider ID: 206426  
Provider Gender: Female  
License Number: A116562  
NPI: 1659563641  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Farsi  
Cultural Competency: N  
Board Certified Specialty: No  
📍 150 VALPRED A RD  
SAN MARCOS, CA 92069  
☎ Phone: (760) 736-6767  
🕒 After Hours Phone: (760) 736-6767  
🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

**SAFI, ROOZCHEHR**  
Provider ID: 206426  
Provider Gender: Female  
License Number: A116562  
NPI: 1659563641  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Farsi  
Cultural Competency: N  
Board Certified Specialty: No  
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🕒 After Hours Phone: (760) 736-6767  
🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

**SAFI, ROOZCHEHR**  
Provider ID: 206426  
Provider Gender: Female  
License Number: A116562  
NPI: 1659563641  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Farsi  
Cultural Competency: N  
Board Certified Specialty: No  
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🕒 After Hours Phone: (760) 736-6767  
🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

**WILLIE, KADEN**  
Provider ID: 206426  
Provider Gender: Male  
License Number: 20A17306  
NPI: 1790133767  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Portuguese  
Cultural Competency: N  
Board Certified Specialty: No  
📍 150 VALPRED A RD  
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☎ Phone: (760) 736-6767  
🕒 After Hours Phone: (760) 736-6767  
🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

**WILLIE, KADEN**  
Provider ID: 206426

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## C. 初級保健名錄

*Provider Gender: Male*  
*License Number: 20A17306*  
*NPI: 1790133767*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Portuguese*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
 *After Hours Phone: (760) 736-6767*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

**WILLIE, KADEN**  
*Provider ID: 206426*  
*Provider Gender: Male*  
*License Number: 20A17306*  
*NPI: 1790133767*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Portuguese*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
 *After Hours Phone: (760) 736-6767*  
 *Website: www.ihpsocal.org*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **FQHC**

**TRUECARE,**  
*Provider ID: 614511*  
*NPI: 1598484255*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
 1595 GRAND AVE STE 106  
 SAN MARCOS, CA 92078  
 *Phone: (760) 736-6767*  
 *Fax: (760) 736-6744*  
 *After Hours Phone: (760) 736-6767*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

### **FQHC**

**TRUECARE,**  
*Provider ID: 614511*  
*NPI: 1811617939*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
 1595 GRAND AVE STE 106  
 SAN MARCOS, CA 92078  
 *Phone: (760) 736-6767*

*Fax: (760) 736-6744*  
 *After Hours Phone: (760) 736-6767*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

### **FQHC**




**TRUECARE,**  
*Provider ID: 614511*  
*NPI: 1245246917*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
 1595 GRAND AVE STE 106  
 SAN MARCOS, CA 92078  
 *Phone: (760) 736-6767*  
 *Fax: (760) 736-6744*  
 *After Hours Phone: (760) 736-6767*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

### **FQHC**

**TRUECARE,**  
*Provider ID: 206426*  
*NPI: 1245246917*

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## C. 初級保健名錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
 150 VALPREDA RD  
 SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-8740*  
 *After Hours Phone: (760)*  
*736-6767*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*  
*SA 8AM-5PM*

### **FQHC**



**TRUECARE,**  
*Provider ID: 206426*  
*NPI: 1811617939*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
 150 VALPREDA RD  
 SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-8740*  
 *After Hours Phone: (760)*  
*736-6767*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*

SA 8AM-5PM

### **FQHC**

**TRUECARE,**  
*Provider ID: 206426*  
*NPI: 1598484255*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
 150 VALPREDA RD  
 SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-8740*  
 *After Hours Phone: (760)*  
*736-6767*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*  
*SA 8AM-5PM*







### **GENERAL PRACTICE**

**WITCZAK, IZABELA**  
*Provider ID: 206426*  
*Provider Gender: Female*  
*License Number: A71311*  
*NPI: 1184735201*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Polish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MEMORIAL HOSPITAL*  
*ENCINITAS*

*Board Certified Specialty: No*


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 SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
 *After Hours Phone: (760)*  
*736-6767*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*

### **GENERAL PRACTICE**

**WITCZAK, IZABELA**  
*Provider ID: 206426*  
*Provider Gender: Female*  
*License Number: A71311*  
*NPI: 1184735201*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Polish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MEMORIAL HOSPITAL*  
*ENCINITAS*  
*Board Certified Specialty: No*  
 150 VALPREDA RD  
 SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
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*736-6767*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

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## C. 初級保健名錄

N  
 *Accessibility: CONTACT PROVIDER*

### GENERAL PRACTICE

#### **WITCZAK, IZABELA**

*Provider ID: 206426*

*Provider Gender: Female*

*License Number: A71311*

*NPI: 1184735201*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Polish*

*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*


*MEMORIAL HOSPITAL*

*ENCINITAS*

*Board Certified Specialty: No*

 150 VALPRED A RD  
 SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### INTERNAL MEDICINE

#### **PONIACHIK, SAMUEL**

*Provider ID: 206426*

*Provider Gender: Male*

*License Number: G74757*

*NPI: 1467485078*


*Provider English Spoken: Y*


*Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

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 SAN MARCOS, CA 92069

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 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### INTERNAL MEDICINE

#### **PONIACHIK, SAMUEL**

*Provider ID: 206426*

*Provider Gender: Male*

*License Number: G74757*

*NPI: 1467485078*


*Provider English Spoken: Y*


*Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

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 SAN MARCOS, CA 92069

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 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### INTERNAL MEDICINE

#### **PONIACHIK, SAMUEL**

*Provider ID: 206426*

*Provider Gender: Male*

*License Number: G74757*

*NPI: 1467485078*


*Provider English Spoken: Y*


*Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 150 VALPRED A RD  
 SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### OBSTETRICS / GYNECOLOGY

#### **MOSTOFIAN, EIMANEH**

*Provider ID: 206426*

*Provider Gender: Female*

*License Number: A97181*

*NPI: 1154477628*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Farsi, Spanish*


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## C. 初級保健名錄

*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER*

*Board Certified Specialty: No*

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

 *After Hours Phone: (760)  
736-6767*


 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM  
SA 8AM-5PM*

### **OBSTETRICS / GYNECOLOGY**


#### **MOSTOFIAN, EIMANEH**

*Provider ID: 206426*

*Provider Gender: Female*

*License Number: A97181*

*NPI: 1154477628*

 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Farsi, Spanish*

*Cultural Competency: N*


*Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER*

*Board Certified Specialty: No*

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*


 *After Hours Phone: (760)  
736-6767*

 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM  
SA 8AM-5PM*

### **OBSTETRICS / GYNECOLOGY**


#### **MOSTOFIAN, EIMANEH**

*Provider ID: 206426*

*Provider Gender: Female*

*License Number: A97181*

*NPI: 1154477628*

 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Farsi, Spanish*


*Cultural Competency: N*


*Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER*

*Board Certified Specialty: No*

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

 *After Hours Phone: (760)  
736-6767*


 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*

*PROVIDER*

 *Hours: M-F 8AM-5PM  
SA 8AM-5PM*

### **OBSTETRICS / GYNECOLOGY**

#### **POUNTNEY, MARLENE**

*Provider ID: 206426*

*Provider Gender: Female*

*License Number: A93248*

*NPI: 1174703680*

 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*

*Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER*

*Board Certified Specialty: No*

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*


 *After Hours Phone: (760)  
736-6767*

 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **POUNTNEY, MARLENE**

*Provider ID: 206426*

*Provider Gender: Female*

*License Number: A93248*

*NPI: 1174703680*

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## C. 初級保健名錄

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, PALOMAR  
 MEDICAL CENTER

Board Certified Specialty: No

150 VALPRED A RD  
 SAN MARCOS, CA 92069

Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767

Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **POUNTNEY, MARLENE**

Provider ID: 206426

Provider Gender: Female

License Number: A93248

NPI: 1174703680

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, PALOMAR  
 MEDICAL CENTER

Board Certified Specialty: No

150 VALPRED A RD  
 SAN MARCOS, CA 92069

Phone: (760) 736-6767 N

After Hours Phone: (760)  
 736-6767

Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **SCHWEIKERT, SUZANNE**

Provider ID: 206426

Provider Gender: Female

License Number: A60958

NPI: 1477560142

Provider English Spoken: Y

Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL, TRI  
 CITY MEDICAL CTR, SHARP  
 MARY BIRCH HOSP FOR  
 WOMEN AND NEWBORNS,  
 PALOMAR MEDICAL CENTER  
 Board Certified Specialty: No

150 VALPRED A RD  
 SAN MARCOS, CA 92069

Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767

Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8AM-5PM  
 SA 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **SCHWEIKERT, SUZANNE**

Provider ID: 206426

Provider Gender: Female

License Number: A60958

NPI: 1477560142

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL, TRI  
 CITY MEDICAL CTR, SHARP  
 MARY BIRCH HOSP FOR  
 WOMEN AND NEWBORNS,  
 PALOMAR MEDICAL CENTER  
 Board Certified Specialty: No

150 VALPRED A RD  
 SAN MARCOS, CA 92069

Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767

Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8AM-5PM  
 SA 8AM-5PM

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## C. 初級保健名錄

### **OBSTETRICS / GYNECOLOGY**

#### **SCHWEIKERT, SUZANNE**

Provider ID: 206426

Provider Gender: Female

License Number: A60958

NPI: 1477560142

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, TRI  
CITY MEDICAL CTR, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
PALOMAR MEDICAL CENTER

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-5PM

### **PEDIATRICS**

#### **MALHOTRA, ARATI**

Provider ID: 206426

Provider Gender: Female

License Number: A63903

NPI: 1215135306

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **MALHOTRA, ARATI**

Provider ID: 206426

Provider Gender: Female

License Number: A63903

NPI: 1215135306

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **MALHOTRA, ARATI**

Provider ID: 206426

Provider Gender: Female

License Number: A63903

NPI: 1215135306

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No


150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

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## C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

---

### **PEDIATRICS**

---

#### **MATIAS, JULIE**

*Provider ID: 661065*

*Provider Gender: Female*

*NPI: 1083094510*

*Provider English Spoken: Y*


*Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*


 150 VALPRED A RD

SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

*Fax: (760) 736-6797*

 *After Hours Phone: (760) 736-6767*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

---

### **PEDIATRICS**

---

#### **MONAHAN, CAROLYN**

*Provider ID: 50425*

*Provider Gender: Female*

*NPI: 1619973666*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: PALOMAR*


*MEDICAL CENTER*

*Board Certified Specialty: Yes*

 1582 W SAN MARCOS

BLVD STE 203

SAN MARCOS, CA 92078

 *Phone: (760) 744-6710*

*Fax: (760) 744-6156*

 *After Hours Phone: (760) 744-6710*

 *Website: N/A*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

---

### **PEDIATRICS**

---

#### **POSADAS, EMERITO**

*Provider ID: 303661*

*Provider Gender: Male*

*NPI: 1720093198*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Spanish, Tagalog*

*Cultural Competency: N*

*Hospital Affiliation: TRI CITY*


*MEDICAL CTR, PALOMAR*

*MEDICAL CENTER*

*Board Certified Specialty: No*

 150 VALPRED A RD

SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

*Fax: (760) 566-1501*

 *After Hours Phone: (760) 736-6767*

 *Website: N/A*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-6PM*

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### **PEDIATRICS**

---

#### **POSADAS, EMERITO**

*Provider ID: 206426*

*Provider Gender: Male*

*License Number: A48980*

*NPI: 1720093198*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Spanish, Tagalog*

*Cultural Competency: N*

*Hospital Affiliation: TRI CITY*


*MEDICAL CTR, PALOMAR*


*MEDICAL CENTER*

*Board Certified Specialty: No*

 150 VALPRED A RD

SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

---

### **PEDIATRICS**

---

#### **POSADAS, EMERITO**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

Provider ID: 206426  
Provider Gender: Male  
License Number: A48980  
NPI: 1720093198  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **POSADAS, EMERITO**

Provider ID: 206426

Provider Gender: Male

License Number: A48980

NPI: 1720093198

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **QUINTERO, CAROLYN**

Provider ID: 614767

Provider Gender: Female

NPI: 1023033156

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-6PM  
SA 8AM-5PM

### **PEDIATRICS**

#### **SEBIANE, MARIA**

Provider ID: 206426

Provider Gender: Female

License Number: G71182

NPI: 1740295229

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **SEBIANE, MARIA**

Provider ID: 206426

Provider Gender: Female

License Number: G71182

NPI: 1740295229

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## C. 初級保健名錄

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER

Board Certified Specialty: No  
 150 VALPREDA RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **SEBIANE, MARIA**

Provider ID: 206426  
Provider Gender: Female  
License Number: G71182  
NPI: 1740295229

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER  
Board Certified Specialty: No

150 VALPREDA RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767  
 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **SOCHA, TRACI**

Provider ID: 428861  
Provider Gender: Female  
NPI: 1669478616  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No  
 1582 W SAN MARCOS  
BLVD STE 203  
SAN MARCOS, CA 92078  
 Phone: (760) 744-6710  
Fax: (760) 744-6156

After Hours Phone: (760)  
744-6710  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-4:45PM

### PHYSICIANS ASSISTANT

#### **BERNARDO, RACHELLE**

Provider ID: 614511  
Provider Gender: Female  
License Number: PA17718  
NPI: 1821237678

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No  
 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### **BERNARDO, RACHELLE**

Provider ID: 614511  
Provider Gender: Female  
License Number: PA17718  
NPI: 1821237678

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

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## C. 初級保健名錄

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

📍 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

☎ Phone: (760) 736-6767

🕒 After Hours Phone: (760)  
736-6767

🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

**BERNARDO, RACHELLE**

Provider ID: 614511

Provider Gender: Female

License Number: PA17718

NPI: 1821237678

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

📍 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

☎ Phone: (760) 736-6767

🕒 After Hours Phone: (760)  
736-6767

🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

**BLAKESPEAR, JEREMY**

Provider ID: 206426

Provider Gender: Male

License Number: PA19825

NPI: 1750474177

☐ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 150 VALPRED A RD  
SAN MARCOS, CA 92069

☎ Phone: (760) 736-6767

🕒 After Hours Phone: (760)  
736-6767

🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

**BLAKESPEAR, JEREMY**

Provider ID: 206426

Provider Gender: Male

License Number: PA19825

NPI: 1750474177

☐ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 150 VALPRED A RD

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🕒 After Hours Phone: (760)  
736-6767

🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

**BLAKESPEAR, JEREMY**

Provider ID: 206426

Provider Gender: Male

License Number: PA19825

NPI: 1750474177

☐ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 150 VALPRED A RD  
SAN MARCOS, CA 92069

☎ Phone: (760) 736-6767

🕒 After Hours Phone: (760)  
736-6767

🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER


### **PHYSICIANS ASSISTANT**

**CHISWICK, GARY**

Provider ID: 206426

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

Provider Gender: Male  
License Number: PA22667  
NPI: 1174964001  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767  
 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CHISWICK, GARY**

Provider ID: 206426  
Provider Gender: Male  
License Number: PA22667  
NPI: 1174964001  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CHISWICK, GARY**





Provider ID: 206426  
Provider Gender: Male  
License Number: PA22667  
NPI: 1174964001  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767  
 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**




#### **KOSEL, MATTHEW**

Provider ID: 206426  
Provider Gender: Male  
License Number: PA17101

NPI: 1316947302  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767  
 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER


































### **PHYSICIANS ASSISTANT**

#### **KOSEL, MATTHEW**

Provider ID: 206426  
Provider Gender: Male  
License Number: PA17101  
NPI: 1316947302  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767  
 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<i>PROVIDER</i>	736-6767	<i>Provider Gender: Female</i>
<b>PHYSICIANS ASSISTANT</b>	 Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a>	<i>License Number: PA53036</i>
<b>KOSEL, MATTHEW</b>	<i>Medi-Cal Open Panel: Yes</i>	<i>NPI: 1922471192</i>
<i>Provider ID: 206426</i>	<i>Min/Max Age: 0\None</i>	 <i>Provider English Spoken: Y</i>
<i>Provider Gender: Male</i>	<i>American Sign Language (ASL): N</i>	<i>Cultural Competency: N</i>
<i>License Number: PA17101</i>	 <i>Accessibility: CONTACT PROVIDER</i>	<i>Board Certified Specialty: No</i>
<i>NPI: 1316947302</i>	 <i>Hours: M-F 8AM-5PM SA 8AM-5PM</i>	 150 VALPRED A RD
 <i>Provider English Spoken: Y</i>		SAN MARCOS, CA 92069
<i>Cultural Competency: N</i>		 <i>Phone: (760) 736-6767</i>
<i>Board Certified Specialty: No</i>		 <i>After Hours Phone: (760) 736-6767</i>
 150 VALPRED A RD	<b>PHYSICIANS ASSISTANT</b>	 Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a>
SAN MARCOS, CA 92069	<b>RUSSO, KRISTA</b>	<i>Medi-Cal Open Panel: Yes</i>
 <i>Phone: (760) 736-6767</i>	<i>Provider ID: 206426</i>	<i>Min/Max Age: 0\None</i>
 <i>After Hours Phone: (760) 736-6767</i>	<i>Provider Gender: Female</i>	<i>American Sign Language (ASL): N</i>
 Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a>	<i>License Number: PA53036</i>	 <i>Accessibility: CONTACT PROVIDER</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>NPI: 1922471192</i>	 <i>Hours: M-F 8AM-5PM SA 8AM-5PM</i>
<i>Min/Max Age: 0\None</i>	 <i>Provider English Spoken: Y</i>	
<i>American Sign Language (ASL): N</i>	<i>Cultural Competency: N</i>	<i>Board Certified Specialty: No</i>
 <i>Accessibility: CONTACT PROVIDER</i>	 150 VALPRED A RD	<b>PHYSICIANS ASSISTANT</b>
	SAN MARCOS, CA 92069	<b>SPENCE, JAMIE</b>
	 <i>Phone: (760) 736-6767</i>	<i>Provider ID: 206426</i>
	 <i>After Hours Phone: (760) 736-6767</i>	<i>Provider Gender: Female</i>
	 Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a>	<i>License Number: PA21723</i>
<b>PHYSICIANS ASSISTANT</b>	<i>Medi-Cal Open Panel: Yes</i>	<i>NPI: 1518133032</i>
<b>RUSSO, KRISTA</b>	<i>Min/Max Age: 0\None</i>	 <i>Provider English Spoken: Y</i>
<i>Provider ID: 206426</i>	<i>American Sign Language (ASL): N</i>	 <i>Provider Language(s) Spoken: Spanish</i>
<i>Provider Gender: Female</i>	 <i>Accessibility: CONTACT PROVIDER</i>	<i>Cultural Competency: N</i>
<i>License Number: PA53036</i>	 <i>Hours: M-F 8AM-5PM SA 8AM-5PM</i>	<i>Board Certified Specialty: No</i>
<i>NPI: 1922471192</i>		 150 VALPRED A RD
 <i>Provider English Spoken: Y</i>		SAN MARCOS, CA 92069
<i>Cultural Competency: N</i>		 <i>Phone: (760) 736-6767</i>
<i>Board Certified Specialty: No</i>		 <i>After Hours Phone: (760) 736-6767</i>
 150 VALPRED A RD	<b>PHYSICIANS ASSISTANT</b>	 Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a>
SAN MARCOS, CA 92069	<b>RUSSO, KRISTA</b>	
 <i>Phone: (760) 736-6767</i>	<i>Provider ID: 206426</i>	
 <i>After Hours Phone: (760) 736-6767</i>		

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### PHYSICIANS ASSISTANT


#### SPENCE, JAMIE

Provider ID: 206426

Provider Gender: Female

License Number: PA21723

NPI: 1518133032


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760) 736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### PHYSICIANS ASSISTANT

#### SPENCE, JAMIE

Provider ID: 206426

Provider Gender: Female

License Number: PA21723

NPI: 1518133032


 Provider English Spoken: Y N


 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760) 736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### PHYSICIANS ASSISTANT


#### TAHRIRI, BAHAREH

Provider ID: 206426

Provider Gender: Female

License Number: PA51867

NPI: 1295147387


 Provider English Spoken: Y


 Provider Language(s) Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760) 736-6767

 Website: www.ihpsocal.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

---

### PHYSICIANS ASSISTANT

#### TAHRIRI, BAHAREH


Provider ID: 206426

Provider Gender: Female

License Number: PA51867

NPI: 1295147387


 Provider English Spoken: Y


 Provider Language(s) Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760) 736-6767

 Website: www.ihpsocal.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

---

### PHYSICIANS ASSISTANT

#### TAHRIRI, BAHAREH

Provider ID: 206426

Provider Gender: Female

License Number: PA51867

NPI: 1295147387

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## C. 初級保健名錄

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi  
 Cultural Competency: N  
 Board Certified Specialty: No  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-5PM

### SAN YSIDRO

#### CARDIOVASCULAR DISEASE

##### PONCE, SONIA

Provider ID: 206292  
 Provider Gender: Female  
 License Number: A145008  
 NPI: 1164659033  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS  
 MERCY HOSPITAL  
 Board Certified Specialty: No

4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

#### CERTIFIED NURSE PRACTITIONER

##### CELIZ, ADRIANA

Provider ID: 227469  
 Provider Gender: Female  
 License Number: NP95004315  
 NPI: 1972956514

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

#### CERTIFIED NURSE PRACTITIONER

##### CHAUSSE CASTRO, EKATERINA

Provider ID: 227469  
 Provider Gender: Female  
 License Number: NP95018617  
 NPI: 1154040418

Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

#### CERTIFIED NURSE PRACTITIONER

##### GARCIA, TEDAYSHIA

Provider ID: 206292  
 Provider Gender: Female  
 License Number: NP95003355  
 NPI: 1659730778

Provider English Spoken: Y

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## C. 初級保健名錄

*Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**GUADARRAMA, IGNACIO**

*Provider ID: 227469*  
*Provider Gender: Male*  
*License Number: NP95003671*  
*NPI: 1821331174*

*Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: https://www.syhealth.org/locations*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**HACINAS, REYNALDO**

*Provider ID: 206292*  
*Provider Gender: Male*  
*License Number: NP95003024*  
*NPI: 1215304860*

*Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**IBARRA, MARTHA**

*Provider ID: 206292*  
*Provider Gender: Female*

*License Number: NP12112*  
*NPI: 1114957289*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA*

*Board Certified Specialty: No*  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5:30PM SA 8:30AM-2PM*

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**IBARRA, MARTHA**

*Provider ID: 227469*  
*Provider Gender: Female*  
*License Number: NP12112*  
*NPI: 1114957289*

*Provider English Spoken: Y*  
 *Provider Language(s)*

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## C. 初級保健名錄


*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA*

*Board Certified Specialty: No*

 3364 BEYER BLVD

SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*


 *After Hours Phone: (619) 662-4100*

 *Website: <https://www.syhealth.org/locations>*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE PRACTITIONER**

#### **KANTAS, PARIS**

*Provider ID: 206292*

*Provider Gender: Male*

*License Number: NP18661*

*NPI: 1114329612*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR*


*Board Certified Specialty: No*

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE PRACTITIONER**

#### **ORDINANZA, MYLENE**

*Provider ID: 227469*

*Provider Gender: Female*

*License Number: NP95019995*


*NPI: 1265019061*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Board Certified Specialty: No*

 3364 BEYER BLVD

SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*


 *Website: <https://www.syhealth.org/locations>*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **PITTMAN, LILIANA**

*Provider ID: 227469*

*Provider Gender: Female*

*License Number: NP95017732*


*NPI: 1326599002*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Board Certified Specialty: No*

 3364 BEYER BLVD

SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: <https://www.syhealth.org/locations>*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE PRACTITIONER**

#### **SANCHEZ, MYRNA**

*Provider ID: 227469*

*Provider Gender: Female*

*License Number: NP95003721*


*NPI: 1548614506*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 3364 BEYER BLVD



SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)*

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## C. 初級保健名錄


662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER



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### **CERTIFIED NURSE PRACTITIONER**

---

#### **VAZQUEZ-ERLBECK, MARTHA**

Provider ID: 227469  
Provider Gender: Female  
License Number: NP95001960  
NPI: 1669865960  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

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### **CHIROPRACTOR**


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#### **OCHOA, RAUL**

Provider ID: 206292

Provider Gender: Male  
License Number: DC33693  
NPI: 1518401827  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

---





### **ENDOCRINOLOGY METABOLISM DIABETES**

---

#### **CRUZ, MICHAEL**

Provider ID: 206292  
Provider Gender: Male  
License Number: A138772  
NPI: 1265851133  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL  
Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER






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### **FAMILY PRACTICE**

---

#### **ALGHAMDI, ASMA**

Provider ID: 227469  
Provider Gender: Female  
License Number: A167529  
NPI: 1316310840  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

<p><b>FAMILY PRACTICE</b></p> <p><b>ALVAREZ-ESTRADA, MIGUEL</b>            Provider ID: 206292            Provider Gender: Male            License Number: A157505            NPI: 1588197826</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL            Board Certified Specialty: No   4004 BEYER BLVD SAN YSIDRO, CA 92173   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL            Board Certified Specialty: No   4050 BEYER BLVD SAN YSIDRO, CA 92173   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://syhealth.org/clinics/maternal-child-health-center">syhealth.org/clinics/maternal-child-health-center</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8:30AM-5PM</p>	<p><b>MEMORIAL HOSPITAL</b>            Board Certified Specialty: No   4004 BEYER BLVD SAN YSIDRO, CA 92173   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5:30PM SA 8:30AM-2PM</p>
<p><b>FAMILY PRACTICE</b></p> <p><b>ALVAREZ-ESTRADA, MIGUEL</b>            Provider ID: 227411            Provider Gender: Male            License Number: A157505            NPI: 1588197826</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>ARRIETA, NOEMI</b>            Provider ID: 206292            Provider Gender: Female            License Number: 20A11153            NPI: 1912223496</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>BAUM, PETER</b>            Provider ID: 227411            Provider Gender: Male            License Number: 20A14949            NPI: 1174919971</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No   4050 BEYER BLVD SAN YSIDRO, CA 92173   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://syhealth.org/clinics/maternal-child-health-center">syhealth.org/clinics/maternal-child-health-center</a></p>

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## C. 初級保健名錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): License Number: A138474

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-5PM

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### FAMILY PRACTICE


#### BORSAN, COSMIN

Provider ID: 206292

Provider Gender: Male

License Number: 20A17643

NPI: 1679060255


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Romanian


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

---

### FAMILY PRACTICE

#### CAMPOS, MELISSA

Provider ID: 227411

Provider Gender: Female

License Number: A138474

NPI: 1427475318

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### FAMILY PRACTICE


#### CARRIEDO CENICEROS, MARIA

Provider ID: 206292

Provider Gender: Female

License Number: A78373

NPI: 1295746618


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 Fax: (619) 205-6341

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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### FAMILY PRACTICE

#### CASTILLO, STEPHANIE

Provider ID: 206292

Provider Gender: Female


License Number: A159673


NPI: 1902330723


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes



Min/Max Age: 0\None

American Sign Language (ASL):

N

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## C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM*

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### **FAMILY PRACTICE**

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#### **CEVALLOS, JAMES**

*Provider ID: 206292*  
*Provider Gender: Male*  
*License Number: A55469*  
*NPI: 1720181829*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA*  
*Board Certified Specialty: No*  
 *4004 BEYER BLVD  
SAN YSIDRO, CA 92173*  
 *Phone: (619) 662-4100*  
*Fax: (619) 205-6341*  
 *After Hours Phone: (619)  
662-4100*  
 *Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT PROVIDER*

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### **FAMILY PRACTICE**

---

#### **CORONADO, MYRNA**

*Provider ID: 206292*






*Provider Gender: Female*  
*License Number: A112627*  
*NPI: 1710147566*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 *4004 BEYER BLVD  
SAN YSIDRO, CA 92173*  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)  
662-4100*  
 *Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT PROVIDER*

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### **FAMILY PRACTICE**

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#### **CORONADO, MYRNA**

*Provider ID: 227411*  
*Provider Gender: Female*  
*License Number: A112627*  
*NPI: 1710147566*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 *4050 BEYER BLVD  
SAN YSIDRO, CA 92173*  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*

662-4100

 *Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT PROVIDER*

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### **FAMILY PRACTICE**

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#### **DALUGDUGAN, ESTHER**

*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: A112511*  
*NPI: 1962662718*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Tagalog*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP  
CHULA VISTA MED CTR*  
*Board Certified Specialty: No*  
 *4004 BEYER BLVD  
SAN YSIDRO, CA 92173*  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)  
662-4100*  
 *Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT PROVIDER*

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## C. 初級保健名錄

<p><b>FAMILY PRACTICE</b></p> <p><b>ESTRADA, JOHANNA</b>            Provider ID: 206292            Provider Gender: Female            License Number: A127188            NPI: 1255698155</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL            Board Certified Specialty: No</p> <p> 4004 BEYER BLVD            SAN YSIDRO, CA 92173   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5:30PM            SA 8:30AM-2PM</p>	<p>Provider ID: 206292            Provider Gender: Female            License Number: A125329            NPI: 1780979120</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL            Board Certified Specialty: No</p> <p> 4004 BEYER BLVD            SAN YSIDRO, CA 92173   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5:30PM            SA 8:30AM-2PM</p>	<p>Board Certified Specialty: No</p> <p> 3364 BEYER BLVD            SAN YSIDRO, CA 92173   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
<p><b>FAMILY PRACTICE</b></p> <p><b>HEINRICI, ALEKA</b></p>	<p><b>FAMILY PRACTICE</b></p> <p><b>HENDRIX, JEFFERSON</b>            Provider ID: 227469            Provider Gender: Male            License Number: A32571            NPI: 1235142738</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>HERNANDEZ, RALPH</b>            Provider ID: 227469            Provider Gender: Male            License Number: C42207            NPI: 1285782151</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No</p> <p> 3364 BEYER BLVD            SAN YSIDRO, CA 92173   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>

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## C. 初級保健名錄

<i>PROVIDER</i>	<i>Hospital Affiliation: SCRIPPS</i>	<i>Medi-Cal Open Panel: Yes</i>
<b><u>FAMILY PRACTICE</u></b>	<i>MERCY HOSPITAL CHULA VISTA</i>	<i>Min/Max Age: 0\None</i>
<b>HERNANDEZ, RALPH</b>	<i>Board Certified Specialty: No</i>	<i>American Sign Language (ASL): N</i>
<i>Provider ID: 206292</i>	 <i>4004 BEYER BLVD</i>	 <i>Accessibility: CONTACT PROVIDER</i>
<i>Provider Gender: Male</i>	<i>SAN YSIDRO, CA 92173</i>	 <i>Hours: SU 10AM-4PM</i>
<i>License Number: C42207</i>	 <i>Phone: (619) 662-4100</i>	<i>M-F 8:30AM-5:30PM</i>
<i>NPI: 1285782151</i>	 <i>After Hours Phone: (619) 662-4100</i>	<i>SA 8AM-2:30PM</i>
 <i>Provider English Spoken: Y</i>	 <i>Website: www.syhealth.org /clinics/san- ysidro- health - center</i>	
 <i>Provider Language(s) Spoken: Spanish</i>		
<i>Cultural Competency: N</i>	<i>Medi-Cal Open Panel: Yes</i>	<b><u>FAMILY PRACTICE</u></b>
<i>Board Certified Specialty: No</i>	<i>Min/Max Age: 0\None</i>	<b>LEE, JOSEPH</b>
 <i>4004 BEYER BLVD</i>	<i>American Sign Language (ASL): N</i>	<i>Provider ID: 206292</i>
<i>SAN YSIDRO, CA 92173</i>	 <i>Accessibility: CONTACT PROVIDER</i>	<i>Provider Gender: Male</i>
 <i>Phone: (619) 662-4100</i>		<i>License Number: A164201</i>
 <i>After Hours Phone: (619) 662-4100</i>		<i>NPI: 1417480948</i>
 <i>Website: www.syhealth.org /clinics/san- ysidro- health - center</i>		 <i>Provider English Spoken: Y</i>
<i>Medi-Cal Open Panel: Yes</i>	<b><u>FAMILY PRACTICE</u></b>	<i>Cultural Competency: N</i>
<i>Min/Max Age: 0\None</i>	<b>LARA, LESLEY</b>	<i>Hospital Affiliation: ST ELIZABETH HOSP</i>
<i>American Sign Language (ASL): N</i>	<i>Provider ID: 206292</i>	<i>Board Certified Specialty: No</i>
 <i>Accessibility: CONTACT PROVIDER</i>	<i>Provider Gender: Female</i>	 <i>4004 BEYER BLVD</i>
	<i>License Number: A173435</i>	<i>SAN YSIDRO, CA 92173</i>
	<i>NPI: 1184112682</i>	 <i>Phone: (619) 662-4100</i>
	 <i>Provider English Spoken: Y</i>	<i>Fax: (619) 205-6341</i>
	 <i>Provider Language(s) Spoken: Spanish</i>	 <i>After Hours Phone: (619) 662-4100</i>
	<i>Cultural Competency: N</i>	 <i>Website: www.syhealth.org /clinics/san- ysidro- health - center</i>
	<i>Board Certified Specialty: No</i>	<i>Medi-Cal Open Panel: Yes</i>
	 <i>4004 BEYER BLVD</i>	<i>Min/Max Age: 0\None</i>
	<i>SAN YSIDRO, CA 92173</i>	<i>American Sign Language (ASL): N</i>
	 <i>Phone: (619) 662-4100</i>	 <i>Accessibility: CONTACT PROVIDER</i>
	 <i>After Hours Phone: (619) 662-4100</i>	 <i>Hours: M-F 8AM-5:30PM</i>
	 <i>Website: www.syhealth.org /clinics/san- ysidro- health - center</i>	
<b><u>FAMILY PRACTICE</u></b>		
<b>KAUFHOLD, ANNE</b>		
<i>Provider ID: 206292</i>		
<i>Provider Gender: Female</i>		
<i>License Number: A88893</i>		
<i>NPI: 1164508073</i>		
 <i>Provider English Spoken: Y</i>		
 <i>Provider Language(s) Spoken: Arabic, Spanish</i>		
<i>Cultural Competency: N</i>		

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## C. 初級保健名錄

SA 8:30AM-2PM

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### **FAMILY PRACTICE**

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#### **LEE, JOSEPH**

Provider ID: 227469

Provider Gender: Male

License Number: A164201

NPI: 1417480948

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: ST

ELIZABETH HOSP

Board Certified Specialty: No

3364 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)

662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

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### **FAMILY PRACTICE**

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#### **LEPEZ, DAVID**

Provider ID: 206292

Provider Gender: Male

License Number: A130348

NPI: 1205196029

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

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### **FAMILY PRACTICE**

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#### **LEUTE, ERIC**

Provider ID: 206292

Provider Gender: Male

License Number: A80832

NPI: 1720171507

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5:30PM SA 8:30AM-2PM

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### **FAMILY PRACTICE**

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#### **MOYA, MARY**

Provider ID: 206292

Provider Gender: Female

License Number: A80185

NPI: 1093844417

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

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## C. 初級保健名錄

- center  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **NAVARRO, VANESSA**


Provider ID: 227469

Provider Gender: Female

License Number: A113624

NPI: 1952563421

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Filipino, Spanish,  
Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA, SHARP CHULA VISTA

MED CTR

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **NGUYEN, CARIE**

Provider ID: 206292

Provider Gender: Female

License Number: A106103

NPI: 1174781132


 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **FAMILY PRACTICE**


#### **NIKZAD, JASON**

Provider ID: 206292

Provider Gender: Male

License Number: 20A12653

NPI: 1508121674

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Farsi, Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **FAMILY PRACTICE**

#### **ORTEGA, LUIS**

Provider ID: 206292

Provider Gender: Male

License Number: A180886

NPI: 1558924936

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL



Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄


 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **FAMILY PRACTICE**

#### **ORTIZ, KENNETH**

Provider ID: 206292

Provider Gender: Male

License Number: A156607

NPI: 1356761571


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **ORTIZ ILIZALITURRI, ANA**

Provider ID: 206292

Provider Gender: Female

License Number: A178949

NPI: 1316407026

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **ORTIZ ILIZALITURRI, ANA**

Provider ID: 227411

Provider Gender: Female

License Number: A178949

NPI: 1316407026


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100


 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-5PM

### **FAMILY PRACTICE**

#### **RAJAIPOUR, NEGIN**

Provider ID: 206292

Provider Gender: Female

License Number: A145480

NPI: 1508286709

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

Cultural Competency: N  
Hospital Affiliation: CHULA  
VISTA COMM HOSP  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **FAMILY PRACTICE**







#### **RAJAIPOUR, NEGIN**

Provider ID: 227469  
Provider Gender: Female  
License Number: A145480  
NPI: 1508286709  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi  
Cultural Competency: N  
Hospital Affiliation: CHULA  
VISTA COMM HOSP  
Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)

662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**






#### **RITTER, STEVEN**

Provider ID: 206292  
Provider Gender: Male  
License Number: 20A7435  
NPI: 1356556021  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**




#### **ROJAS, STEVEN**

Provider ID: 206292

Provider Gender: Male  
License Number: A132982  
NPI: 1801230297  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM






### **FAMILY PRACTICE**

#### **ROSENBAUM, HERBERT**

Provider ID: 206292  
Provider Gender: Male  
License Number: A169694  
NPI: 1922532712  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

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## C. 初級保健名錄

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5:30PM  
 SA 8:30AM-2PM

### **FAMILY PRACTICE**

#### **SALEM, RAMSEY**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: A158364  
 NPI: 1245401298  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **SHAHTAJI, ALAN**



Provider ID: 206292  
 Provider Gender: Male  
 License Number: 20A11087  
 NPI: 1972751089  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
 Board Certified Specialty: No

Board Certified Specialty: No

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER



### **FAMILY PRACTICE**


#### **SNYDER, CHRISTOPHER**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: 20A7502  
 NPI: 1922041235  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: PIH Hospital - Downey, JOHN F KENNEDY MEMORIAL HOSP, CEDARS SINAI MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, EISENHOWER MEDICAL CTR, GROSSMONT HOSPITAL  
 Board Certified Specialty: No

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173



 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER




### **FAMILY PRACTICE**

#### **STALEY, MICHAELA**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: A157772  
 NPI: 1912438250  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **SWEET, PATRICK**

Provider ID: 206292

Provider Gender: Male

License Number: A101827

NPI: 1457407702

Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: HOAG HOSPITAL IRVINE, SCRIPPS MERCY HOSPITAL CHULA VISTA, GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL,

DESERT REGIONAL MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, PIONEERS MEMORIAL HOSPITAL, PIONEERS MEMORIAL HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173


 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N


 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
 SA 8:30AM-2PM

### **FAMILY PRACTICE**

#### **TALAVERA, GREGORY**

Provider ID: 206292

Provider Gender: Male



License Number: A40061


NPI: 1740337161

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100


 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU  
 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **TREJO, RAUL**

Provider ID: 206292

Provider Gender: Male

License Number: A77936



NPI: 1174534184


Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **UTZ, JACK**

Provider ID: 206292

Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

License Number: A183145

NPI: 1194353094

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **VAN HOLLEBEKE, RACHEL**

Provider ID: 206292

Provider Gender: Female

License Number: A177337

NPI: 1497217756

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **FAMILY PRACTICE**

#### **VELASQUEZ, SHARON**

Provider ID: 206292

Provider Gender: Female

License Number: A71304

NPI: 1972732584

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FQHC**

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR,**

Provider ID: 227411

NPI: 1558852947

Provider English Spoken: Y  
Cultural Competency: N

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-1967

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### **FQHC**

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER,**


Provider ID: 206292

NPI: 1952364747

Provider English Spoken: Y  
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄



 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5:30PM  
 SA 8:30AM-2PM






### FQHC

**SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS,**  
 Provider ID: 227469  
 NPI: 1801438239  
 Provider English Spoken: Y  
 Cultural Competency: N  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 600-4870  
 After Hours Phone: (619)  
 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

PROVIDER  
 Hours: M-F 8AM-5PM





### GENERAL PRACTICE

**REYNAGA, JOSUE**  
 Provider ID: 206292  
 Provider Gender: Male  
 License Number: A181644  
 NPI: 1356929111  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MERCY  
 HOSPITAL  
 Board Certified Specialty: No



 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5:30PM  
 SA 8:30AM-2PM

### GENERAL PRACTICE

**TEJEDA, FRANCISCO**  
 Provider ID: 206292

Provider Gender: Male  
 License Number: A66885  
 NPI: 1407940075  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### GYNECOLOGY

**CALDERON, JORGE**  
 Provider ID: 206292  
 Provider Gender: Male  
 License Number: A40480  
 NPI: 1407800881  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, PARADISE VALLEY  
 HOSPITAL, LOMPOC VALLEY  
 MEDICAL CENTER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **INFECTIOUS DISEASE**

#### **PROMER, KATHERINE**

Provider ID: 206292

Provider Gender: Female

License Number: A131952

NPI: 1306280607

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, SCRIPPS MEMORIAL

HOSPITAL, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)

662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **INTERNAL MEDICINE**

#### **ALDOUS, JEANNETTE**

Provider ID: 206292

Provider Gender: Female

License Number: A101017

NPI: 1073650339

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**

#### **CARPENTER, ROBERT**

Provider ID: 206292

Provider Gender: Male

License Number: 20A10964

NPI: 1356343040

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **INTERNAL MEDICINE**

#### **CHEN, TSUH YIN**

Provider ID: 206292

Provider Gender: Female

License Number: C55563

NPI: 1093803520

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## C. 初級保健名錄

<p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Portuguese, Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</p> <p>Board Certified Specialty: No</p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> Phone: (619) 662-4100</p> <p>Fax: (619) 205-6341</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>	<p>CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL</p> <p>Board Certified Specialty: No</p> <p> 3364 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a></p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>	<p>/clinics/san-ysidro-health-center</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>
<hr/>		
<b>INTERNAL MEDICINE</b>		
<hr/>		
<p><b>CHOW, MAN HUNG</b></p> <p>Provider ID: 227469</p> <p>Provider Gender: Female</p> <p>License Number: G66745</p> <p>NPI: 1225149115</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Chinese, Mandarin</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: PARADISE VALLEY HOSPITAL, SHARP</p>	<p><b>DE LA ROSA, JOSE</b></p> <p>Provider ID: 206292</p> <p>Provider Gender: Male</p> <p>License Number: A49267</p> <p>NPI: 1689646572</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL</p> <p>Board Certified Specialty: No</p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: <a href="http://www.syhealth.org">www.syhealth.org</a></p>	<p><b>DILLON, BENEDICT</b></p> <p>Provider ID: 227411</p> <p>Provider Gender: Male</p> <p>License Number: A11118</p> <p>NPI: 1710142708</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, CHULA VISTA COMM HOSP</p> <p>Board Certified Specialty: No</p> <p> 4050 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: <a href="http://syhealth.org/clinics/maternal-child-health-center">syhealth.org/clinics/maternal-child-health-center</a></p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL):</p>

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## C. 初級保健名錄

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p><b>INTERNAL MEDICINE</b></p> <p><b>HURST, MICHAEL</b> <i>Provider ID: 206292</i> <i>Provider Gender: Male</i> <i>License Number: 20A8081</i> <i>NPI: 1205893104</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: SUTTER TRACY COMMUNITY HOSP, SCRIPPS MEMORIAL HOSPITAL</i> <i>Board Certified Specialty: No</i></p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-8PM SA 8AM-2PM</i></p> <hr/> <p><b>INTERNAL MEDICINE</b></p> <p><b>KAUFER, DAVID</b></p>	<p><i>Provider ID: 206292</i> <i>Provider Gender: Male</i> <i>License Number: G80107</i> <i>NPI: 1710082789</i></p> <p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i></p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5:30PM SA 8:30AM-2PM</i></p> <hr/> <p><b>INTERNAL MEDICINE</b></p> <p><b>KAUFER, DAVID</b> <i>Provider ID: 227469</i> <i>Provider Gender: Male</i> <i>License Number: G80107</i> <i>NPI: 1710082789</i></p> <p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i></p> <p> 3364 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i></p>	<p> <i>Website: https://www.syhealth.org/locations</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p><b>INTERNAL MEDICINE</b></p> <p><b>LAMANTIA, MICHELE</b> <i>Provider ID: 206292</i> <i>Provider Gender: Female</i> <i>License Number: G71855</i> <i>NPI: 1124176102</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i></p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p><b>INTERNAL MEDICINE</b></p> <p><b>MAY, LOUIS</b> <i>Provider ID: 206292</i></p>
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## C. 初級保健名錄

*Provider Gender: Male*  
*License Number: A138568*  
*NPI: 1720497514*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: EISENHOWER MEDICAL CTR*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **INTERNAL MEDICINE**

**PARK, DANIEL**  
*Provider ID: 206292*  
*Provider Gender: Male*  
*License Number: A99433*  
*NPI: 1538371844*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL*  
*Board Certified Specialty: No*

4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5:30PM SA 8:30AM-2PM*

### **INTERNAL MEDICINE**

**POAST, JENNIFER**  
*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: 20A8245*  
*NPI: 1164435681*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

*Accessibility: CONTACT PROVIDER*

### **INTERNAL MEDICINE**

**RAMIREZ SANCHEZ, CLAUDIA**  
*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: A160493*  
*NPI: 1659720555*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **INTERNAL MEDICINE**

**SALERNO, MARIANA**  
*Provider ID: 206292*  
*Provider Gender: Female*

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## C. 初級保健名錄

License Number: A131021  
 NPI: 1598921645  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Providence  
 St. Joseph Hospital Eureka  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE**

**SCHNEIDER-MUNOZ, MARGARITA**  
 Provider ID: 206292  
 Provider Gender: Female  
 License Number: G81461  
 NPI: 1821299520  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100

After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE**

**SHEIKH MOHAMED, AMIRA**  
 Provider ID: 227469  
 Provider Gender: Female  
 License Number: A153975  
 NPI: 1831583079  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, French, Hindi, Italian, Urdu  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **INTERNAL MEDICINE**

**SY, RAMON**  
 Provider ID: 227469  
 Provider Gender: Male  
 License Number: A51843  
 NPI: 1982617403  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL, PARADISE VALLEY HOSPITAL  
 Board Certified Specialty: No  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE**

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## C. 初級保健名錄

### **VELAZQUEZ CAMARENA, MARIA**

Provider ID: 206292

Provider Gender: Female

License Number: A56153

NPI: 1518965714

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**

### **WEN, AKI YEN CHANG**

Provider ID: 227411

Provider Gender: Male

License Number: 20A12555

NPI: 1205126505

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **INTERVENTIONAL**

### **CARDIOLOGY**

### **MOUSSAVIAN, MEHRAN**

Provider ID: 206292

Provider Gender: Male

License Number: 20A7241

NPI: 1689788234

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, TRI

CITY MEDICAL CTR, SHARP

MEMORIAL HOSPITAL,

ALVARADO HOSPITAL LLC,

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,

Adventist Health and Rideout

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

### **BERGGREN, ERICA**

Provider ID: 227411

Provider Gender: Female

License Number: C158543

NPI: 1912159674

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS GREEN

HOSPITAL, SCRIPPS MERCY





HOSPITAL CHULA VISTA,

SCRIPPS MERCY HOSPITAL

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## C. 初級保健名錄


Board Certified Specialty: No


 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8:30AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **CARR, MIANDA**

Provider ID: 206292

Provider Gender: Female

License Number: A104660

NPI: 1083815823

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ST

JOSEPHS MEDICAL CENTER,


SCRIPPS MERCY HOSPITAL


CHULA VISTA, SCRIPPS


MERCY HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health](http://www.syhealth.org/clinics/san-ysidro-health)

- center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **CARR, MIANDA**

Provider ID: 227411

Provider Gender: Female

License Number: A104660

NPI: 1083815823

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ST

JOSEPHS MEDICAL CENTER,


SCRIPPS MERCY HOSPITAL


CHULA VISTA, SCRIPPS


MERCY HOSPITAL

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **CARSON, LATISA**

Provider ID: 206292

Provider Gender: Female

License Number: A72235

NPI: 1245229129

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP


CHULA VISTA MED CTR

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DANESHMAND, SHAHRAM**

Provider ID: 227411

Provider Gender: Male

License Number: A63844







NPI: 1891867412

 Provider English Spoken: Y







 Provider Language(s)  
Spoken: Farsi, Spanish



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA*  
*Board Certified Specialty: No*  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-1948  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5PM

### **OBSTETRICS / GYNECOLOGY**

**DANESHMAND, SHAHRAM**  
*Provider ID: 206292*  
*Provider Gender: Male*  
*License Number: A63844*  
*NPI: 1891867412*  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi, Spanish  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **OBSTETRICS / GYNECOLOGY**

#### **DINH, MY**

*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: 20A9907*  
*NPI: 1316146996*  
 Provider English Spoken: Y  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DINH, MY**

*Provider ID: 227411*  
*Provider Gender: Female*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## C. 初級保健名錄


License Number: 20A9907


NPI: 1316146996


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **GOLDSTEIN, EDWARD**

Provider ID: 227411

Provider Gender: Male

License Number: G20087

NPI: 1982617494

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL


CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL,


SCRIPPS MERCY HOSPITAL


Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-1948

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **GOMEZ, DANIELA**

Provider ID: 227411

Provider Gender: Female


License Number: A175006


NPI: 1255878997


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8:30AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **GOMEZ, DANIELA**

Provider ID: 206292

Provider Gender: Female


License Number: A175006

NPI: 1255878997


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **OBSTETRICS / GYNECOLOGY**

#### **JENKINS, ENCHANTA**

Provider ID: 227411

Provider Gender: Female

License Number: C143625

NPI: 1285604702

 Provider English Spoken: Y  
Cultural Competency: N



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## C. 初級保健名錄

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### OBSTETRICS / GYNECOLOGY

**MAJERSKI GONZALEZ,  
MANDY**

Provider ID: 227411

Provider Gender: Female


License Number: A113914




NPI: 1982812392

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173


 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8:30AM-5PM

### OBSTETRICS / GYNECOLOGY


**MENDEZ, DIEGO**

Provider ID: 227411

Provider Gender: Male

License Number: A47906

NPI: 1437181922

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N





Hospital Affiliation: MERCY  
GENERAL HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, BAKERSFIELD

MEMORIAL HOSP, SHARP  
MEMORIAL HOSPITAL,  
Adventist Health Bakersfield,

SCRIPPS MERCY HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL, KERN  
MEDICAL CENTER

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### OBSTETRICS / GYNECOLOGY

**SEFA-BOAKYE, KOFI**

Provider ID: 206292

Provider Gender: Male

License Number: G59670

NPI: 1902993660

 Provider English Spoken: Y




 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SHARP CORONADO HOSP

AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

/clinics/san-ysidro-health  
-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **SHORT, ABIADÉ**

Provider ID: 206292

Provider Gender: Male

License Number: A114893

NPI: 1750559589

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL, SHARP

CHULA VISTA MED CTR,


SCRIPPS MERCY HOSPITAL


CHULA VISTA, SCRIPPS


MERCY HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OPHTHALMOLOGY**

#### **MANI, NASRIN**

Provider ID: 227469

Provider Gender: Female

License Number: A40473

NPI: 1023061314

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Faroese,  
Farsi, Persian, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL, UCSD


MEDICAL CTR, SHARP CHULA


VISTA MED CTR, GROSSMONT


HOSPITAL

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [https://www.syhealth.org/locations](http://www.syhealth.org/locations)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OPHTHALMOLOGY**

#### **SKAF, AYHAM**

Provider ID: 227469

Provider Gender: Male

License Number: A120584

NPI: 1285888628

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: EL

CENTRO REGIONAL MEDICAL


CENTER, SHARP MEMORIAL


HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [https://www.syhealth.org/locations](http://www.syhealth.org/locations)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **ACEVEDO, SUSANA**

Provider ID: 227411

Provider Gender: Female

License Number: A74960

NPI: 1801971569





Provider English Spoken: Y

Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**


#### **BARBADILLO, FERDINAND**

Provider ID: 227411

Provider Gender: Male

License Number: A49307

NPI: 1982662193

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog


Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR


Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-1948

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**


#### **BARBADILLO, FERDINAND**

Provider ID: 206292

Provider Gender: Male

License Number: A49307

NPI: 1982662193

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish, Tagalog


Cultural Competency: N


Hospital Affiliation: SHARP


CHULA VISTA MED CTR

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU  
8:30AM-5:30PM

### **PEDIATRICS**

#### **CABARLO, JEHRIB**

Provider ID: 227411

Provider Gender: Male

License Number: 20A8516

NPI: 1770661340

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **CHAIT LLAMAS, LWBBA**

Provider ID: 227411

Provider Gender: Female

License Number: A138938

NPI: 1134567530

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIONEERS

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### MEMORIAL HOSPITAL

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### PEDIATRICS

### FUJII, CINDY

Provider ID: 227411

Provider Gender: Female

License Number: G52183

NPI: 1871664821

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

#### PEDIATRICS

### GHAHREMANI, SIMIN

Provider ID: 206292

Provider Gender: Female

License Number: C51110

NPI: 1508904657

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

#### PEDIATRICS

### HERMAN, ANDREA

Provider ID: 227411

Provider Gender: Female

License Number: A72721

NPI: 1518970037

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR, SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-1948

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### PEDIATRICS

### NISSAN, BETI

Provider ID: 206292

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

License Number: A64487

NPI: 1396705299

Provider English Spoken: Y

Provider Language(s)

Spoken: Farsi, Persian

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, HOLLYWOOD

PRESBYTERIAN MED CTR,

SHARP MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)

662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

- center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5:30PM

SA 8:30AM-2PM

### PEDIATRICS

#### **PIANSAY, MARIA CORAZON**

Provider ID: 206292

Provider Gender: Female

License Number: A93785

NPI: 1669680351

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)

662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

- center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### **RODRIGUEZ, ALDO**

Provider ID: 227411

Provider Gender: Male

License Number: A134995

NPI: 1508209651

Provider English Spoken: Y

Provider Language(s)

Spoken: Portuguese,

Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

4050 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)

662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

s/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### **RUELAS, ROBERTO**

Provider ID: 227411

Provider Gender: Male

License Number: A170141

NPI: 1194257386

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

4050 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)

662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

s/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

PEDIATRICS	
<p><b>SAHMS, TIMOTHY</b>            Provider ID: 206292            Provider Gender: Male            License Number: G51462            NPI: 1780697276</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO            Board Certified Specialty: No</p> <p> 4004 BEYER BLVD            SAN YSIDRO, CA 92173   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO            Board Certified Specialty: No</p> <p> 4050 BEYER BLVD            SAN YSIDRO, CA 92173   Phone: (619) 662-4100            Fax: (619) 205-1948   After Hours Phone: (619) 662-4100   Website: <a href="http://syhealth.org/clinics/maternal-child-health-center">syhealth.org/clinics/maternal-child-health-center</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
PEDIATRICS	
<p><b>SAHMS, TIMOTHY</b>            Provider ID: 227411            Provider Gender: Male            License Number: G51462            NPI: 1780697276</p>	<p> Provider English Spoken: Y            Cultural Competency: N            Board Certified Specialty: No</p> <p> 4050 BEYER BLVD            SAN YSIDRO, CA 92173   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100</p>
PEDIATRICS	
<p><b>SHAHIDYAZDANI, TINA</b>            Provider ID: 227411            Provider Gender: Female            License Number: A94813            NPI: 1891924858</p> <p> Provider English Spoken: Y            Cultural Competency: N            Board Certified Specialty: No</p> <p> 4050 BEYER BLVD            SAN YSIDRO, CA 92173   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100</p>	<p> Website: <a href="http://syhealth.org/clinics/maternal-child-health-center">syhealth.org/clinics/maternal-child-health-center</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8:30AM-5PM</p>
PEDIATRICS	
<p><b>TAYLOR, TASHA</b>            Provider ID: 227411</p>	

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Provider 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


Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-1948

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://www.syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **BUCKNER, JOSEPH**

Provider ID: 206292

Provider Gender: Male

License Number: PA18363

NPI: 1215909205

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173



Phone: (619) 662-4100



After Hours Phone: (619)  
662-4100



Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **GI, HUNG**

Provider ID: 206292

Provider Gender: Male

License Number: PA16994

NPI: 1023207404


Provider English Spoken: Y


Provider Language(s)  
Spoken: Chinese, French,  
Spanish

Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100



Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

### **PHYSICIANS ASSISTANT**

#### **HARMIS, NATASHA**

Provider ID: 227469

Provider Gender: Female

License Number: PA58672


NPI: 1013516996


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **PHYSICIANS ASSISTANT**

#### **KAMOTO, LYNN**

Provider ID: 206292

Provider Gender: Female

License Number: PA17162

NPI: 1447326459

Provider English Spoken: Y



Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No


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## C. 初級保健名錄

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER



### **PHYSICIANS ASSISTANT**

#### **PORTO MADURSKI, KRISTINE**

Provider ID: 227411  
Provider Gender: Female  
License Number: PA16269  
NPI: 1053403782  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**



#### **ROSS, COLLIN**

Provider ID: 206292  
Provider Gender: Male  
License Number: PA16058  
NPI: 1629182050  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **SHARPE, NORMA**

Provider ID: 206292  
Provider Gender: Female  
License Number: PA20490  
NPI: 1619100237  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD

SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **SMITH, DOUGLAS**

Provider ID: 206292  
Provider Gender: Male  
License Number: PA12304  
NPI: 1902016611  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

### **PHYSICIANS ASSISTANT**

#### **SUNA SITTO, MOHEEN**

Provider ID: 227469

Provider Gender: Female

License Number: PA22855

NPI: 1497196729

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **TRUJILLO, MIGUEL**

Provider ID: 206292

Provider Gender: Male

License Number: PA15656

NPI: 1285806794

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PODIATRIST**

#### **MANCHEL, BRUCE**

Provider ID: 227469

Provider Gender: Male

License Number: DPM2930

NPI: 1790890788

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR

Board Certified Specialty: No

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PODIATRIST**

#### **MANCHEL, BRUCE**

Provider ID: 206292

Provider Gender: Male

License Number: DPM2930

NPI: 1790890788

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

N

Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL**

### **THERAPIST**

#### **CLARK, SKYLAR**

Provider ID: 227469

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Provider Gender: Female  
License Number: PT302385  
NPI: 1457089187  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

### **REGISTERED PHYSICAL THERAPIST**

**TORRES, JOANN**  
Provider ID: 206292  
Provider Gender: Female  
License Number: PT296607  
NPI: 1134732522  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health](http://www.syhealth.org/clinics/san-ysidro-health)

- center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **SPEECH PATHOLOGIST**

**HILL, CARLA**  
Provider ID: 206292  
Provider Gender: Female  
License Number: SP9075  
NPI: 1043950751  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health](http://www.syhealth.org/clinics/san-ysidro-health)  
- center

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **SURGERY GENERAL**

**OKWUOSA, CHRIS**  
Provider ID: 206292  
Provider Gender: Male  
License Number: A170738

NPI: 1114336260  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Providence  
St Mary Medical Center  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health](http://www.syhealth.org/clinics/san-ysidro-health)  
- center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **SANTEE**

### **PEDIATRICS**

**ARLATA, TAMANTHA**  
Provider ID: 615945  
Provider Gender: Female  
NPI: 1568721934  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

Board Certified Specialty: No

9600 CUYAMACA ST STE 101

SANTEE, CA 92071

Phone: (619) 749-2150

Fax: (619) 456-9744

After Hours Phone: (619) 749-2150

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### **MANGINE, REGINA**

Provider ID: 366456

Provider Gender: Female

NPI: 1417177577

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, GROSSMONT

HOSPITAL, SHARP MARY

BIRCH HOSP FOR WOMEN

AND NEWBORNS

Board Certified Specialty: No

9600 CUYAMACA ST STE 101

SANTEE, CA 92071

Phone: (619) 749-2150

Fax: (619) 456-9744

After Hours Phone: (619)

749-2150

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

### **SPRING VALLEY**

#### CERTIFIED NURSE

#### PRACTITIONER

#### **LEONARD, BEVERLY**

Provider ID: 206361

Provider Gender: Female

License Number: NP10943

NPI: 1285772392

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

8788 JAMACHA RD

SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619) 515-2555

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

#### CERTIFIED NURSE

### PRACTITIONER

#### **WILLIAMS, TAKISHA**

Provider ID: 206361

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

8788 JAMACHA RD

SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619) 515-2555

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### **BACHARACH, REBECCA**

Provider ID: 206361

Provider Gender: Female

License Number: 20A15459

NPI: 1225442643

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

8788 JAMACHA RD



SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄



515-2555  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

---

### **FAMILY PRACTICE**



#### **CARDONES, ARTHUR**

Provider ID: 206361  
Provider Gender: Male  
License Number: A55932  
NPI: 1962436451

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N

Board Certified Specialty: No

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619)  
515-2555



 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

---




### **FAMILY PRACTICE**


#### **CONSTANTINO, STEPHANIE**



Provider ID: 206361  
Provider Gender: Female

License Number: A149063  
NPI: 1366824971  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619)  
515-2555


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M 8:30AM-5:30PM  
TU 8:30AM-7PM  
W-F 8:30AM-5:30PM


---


### **FAMILY PRACTICE**

#### **ROSE, PATRICIA**

Provider ID: 206361  
Provider Gender: Female  
License Number: A76059  
NPI: 1588677314  
 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619)


515-2555  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M 8:30AM-5:30PM  
TU 8:30AM-7PM  
W-F 8:30AM-5:30PM




---



### **FQHC**

#### **GROSSMONT SPRING VALLEY**

##### **FAMILY HLTH CTRS INC,**

Provider ID: 206361  
NPI: 1508801069  
 Provider English Spoken: Y  
Cultural Competency: N

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
Fax: (619) 462-5584  
 After Hours Phone: (619)  
515-2555

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

---

### **OBSTETRICS / GYNECOLOGY**

#### **ALIMONOS, LYSISTRATI**

Provider ID: 206361  
Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

License Number: 20A14919

NPI: 1619397031

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)  
515-2555

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-7PM

W-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**

Provider ID: 206361

Provider Gender: Female

License Number: A68463

NPI: 1376663831

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS

Board Certified Specialty: No

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)  
515-2555

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **CARTER, KHALIL**

Provider ID: 206361

Provider Gender: Male

License Number: A113001

NPI: 1225231582

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR

Board Certified Specialty: No

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)  
515-2555

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-7PM

W-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**

Provider ID: 206361

Provider Gender: Female

License Number: A118095

NPI: 1073701041

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

Board Certified Specialty: No

 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

American Sign Language (ASL): Provider ID: 206361

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-7PM  
W-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **CHAKRABARTI, PRIYA**

Provider ID: 206361

Provider Gender: Female

License Number: A163464

NPI: 1326531401

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)  
515-2555


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider Gender: Male


License Number: A108228


NPI: 1629277322

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)  
515-2555

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **DORUELO, ASHLEY**

Provider ID: 206361

Provider Gender: Female

License Number: A178499

NPI: 1033613732

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp


Grossmont Hospital

Board Certified Specialty: No

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)  
515-2555

 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **FOLCH TORRES-AGUIAR, BEATRIZ**


Provider ID: 206361

Provider Gender: Female

License Number: A148014

NPI: 1457794752

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Yue  
Chinese


Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

*American Sign Language (ASL): Provider Gender: Female*  
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**


#### **HANLEY, LAUREN**

*Provider ID: 206361*

*Provider Gender: Female*

*License Number: C174771*

*NPI: 1053392035*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL, Sharp*

*Grossmont Hospital*

*Board Certified Specialty: No*

 *8788 JAMACHA RD  
SPRING VALLEY, CA 91977*

 *Phone: (619) 515-2555*

 *After Hours Phone: (619)  
515-2555*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*


### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

*Provider ID: 206361*

*License Number: A72005*

*NPI: 1649208711*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*


*CORONADO HOSP AND  
HEALTHCARE CTR, SCRIPPS*


*MERCY HOSPITAL,*

*GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

 *8788 JAMACHA RD  
SPRING VALLEY, CA 91977*

 *Phone: (619) 515-2555*

 *After Hours Phone: (619)  
515-2555*


 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 8:30AM-5:30PM  
TU 8:30AM-7PM*

*W-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**


#### **LOEFFLER, ALLISON**

*Provider ID: 206361*

*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 Specialty: No*

 *8788 JAMACHA RD  
SPRING VALLEY, CA 91977*

 *Phone: (619) 515-2555*


 *After Hours Phone: (619)  
515-2555*


 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 8:30AM-5:30PM  
TU 8:30AM-7PM  
W-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA DEL**

*Provider ID: 206361*

*Provider Gender: Female*

*License Number: A114181*

*NPI: 1740514249*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

### GROSSMONT HOSPITAL

Board Certified Specialty: No

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU 8:30AM-7PM  
W-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206361

Provider Gender: Male

License Number: A154298

NPI: 1710316450

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

Board Certified Specialty: No

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

Provider ID: 206361

Provider Gender: Female

License Number: A164859

NPI: 1952751711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 206361

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

Provider ID: 206361

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## C. 初級保健名錄

HEALTHCARE CTR,  
GROSSMONT HOSPITAL,  
DESERT REGIONAL MED CTR  
Board Certified Specialty: No

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555  
After Hours Phone: (619)  
515-2555

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU 8:30AM-7PM  
W-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 206361

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

8788 JAMACHA RD

SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

### **PEDIATRICS**

#### **JI, AMANDA**

Provider ID: 206361

Provider Gender: Female

License Number: A169342

NPI: 1750745493

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **TRAN, TU-UYEN**

Provider ID: 206361

Provider Gender: Female

License Number: PA54588

NPI: 1598293748

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU 8:30AM-7PM  
W-F 8:30AM-5:30PM

### **VALLEY CENTER**

### **CLINIC OUTPATIENT**

#### **NEIGHBORHOOD**

#### **HEALTHCARE,**

Provider ID: 519918






NPI: 1437335148

Provider English Spoken: Y  
Cultural Competency: N

28477 LIZARD ROCKS RD



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 blueshieldca.com/promise/medi-cal。此提供者目錄中的資訊可能會更改。






## C. 初級保健名錄

VALLEY CENTER, CA 92082  
 Phone: (760) 742-9919  
 Fax: (360) 462-2750  
 After Hours Phone: (760) 742-9919  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**



#### **AYON MARTINEZ, CARLOS**






Provider ID: 519918  
 Provider Gender: Male  
 License Number: A114419  
 NPI: 1154583128  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No

 28477 LIZARD ROCKS RD  
 VALLEY CENTER, CA 92082  
 Phone: (760) 742-9919  
 After Hours Phone: (760) 742-9919  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**



#### **CASTANER, ZALYA**

Provider ID: 519918  
 Provider Gender: Female  
 License Number: A139490  
 NPI: 1487072179  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: PALOMAR MEDICAL CENTER  
 Board Certified Specialty: No  
 28477 LIZARD ROCKS RD  
 VALLEY CENTER, CA 92082

 Phone: (760) 742-9912  
 After Hours Phone: (760) 742-9912  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **SCHULTZ, JAMES**


Provider ID: 519918  
 Provider Gender: Male  
 License Number: G61829  
 NPI: 1356376164  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Greek, Spanish  
 Cultural Competency: N  
 Hospital Affiliation:

**SOUTHWEST HEALTHCARE**  
**INLAND VALLEY HOSPITAL,**  
**SOUTHWEST HEALTHCARE**  
**RANCHO SPRINGS HOSPITAL,**  
**PALOMAR MEDICAL CENTER**  
 Board Certified Specialty: No  
 28477 LIZARD ROCKS RD  
 VALLEY CENTER, CA 92082  
 Phone: (760) 742-9919  
 After Hours Phone: (760) 742-9919  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **FQHC**


#### **NEIGHBORHOOD**


#### **HEALTHCARE,**

Provider ID: 519918  
 NPI: 1437335148  
 Provider English Spoken: Y  
 Cultural Competency: N  
 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*


### PEDIATRICS

#### **CRAYCHEE, LEO**

*Provider ID: 71887*

*Provider Gender: Male*

*NPI: 1265432710*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

 28714 VALLEY CENTER RD  
STE L  
VALLEY CENTER, CA 92082

 *Phone: (760) 749-7770*

*Fax: (760) 751-9988*

 *After Hours Phone: (760) 749-7770*


 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:30AM-5PM*

### PHYSICIANS ASSISTANT


#### **AGUEY, OMAR**

*Provider ID: 519918*

*Provider Gender: Male*

*License Number: PA18708*

*NPI: 1851479372*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

 *Phone: (760) 742-9919*

 *After Hours Phone: (760) 742-9919*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

### **VISTA**

### CERTIFIED NURSE PRACTITIONER


#### **HALGEDAHL, YI**

*Provider ID: 400339*

*Provider Gender: Female*

*License Number: NP95006826*

*NPI: 1619246907*


 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Mandarin*


*Cultural Competency: N*

*Board Certified Specialty: No*

 134 GRAPEVINE RD  
VISTA, CA 92083

 *Phone: (760) 631-5000*

 *After Hours Phone: (760) 631-5000*


 *Website: www.vistacommunityclinic.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 8AM-5PM  
TU 10:30AM-7:30PM  
W-F 8AM-5PM*

### CERTIFIED NURSE PRACTITIONER

#### **SCHAEPE, RHODORA**

*Provider ID: 400339*

*Provider Gender: Female*

*License Number: RN410247*

*NPI: 1700974789*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 134 GRAPEVINE RD  
VISTA, CA 92083

 *Phone: (760) 631-5000*

 *After Hours Phone: (760) 631-5000*

 *Website: www.vistacommunityclinic.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

**PROVIDER**  
Hours: M 8AM-5PM  
TU 10:30AM-7:30PM  
W-F 8AM-5PM

### **CERTIFIED NURSE PRACTITIONER**

#### **SCHAEPE, RHODORA**

Provider ID: 400339  
Provider Gender: Female  
License Number: NP7791  
NPI: 1700974789  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (760) 631-5000  
After Hours Phone: (760)  
631-5000  
Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M 8AM-5PM  
TU 10:30AM-7:30PM  
W-F 8AM-5PM

### **CERTIFIED NURSE PRACTITIONER**

#### **WILLIAMS, JINA**

Provider ID: 400339

Provider Gender: Female  
License Number: NP95020624  
NPI: 1225500259  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (760) 631-5000  
After Hours Phone: (760)  
631-5000  
Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**

#### **JU, NATHANIEL**

Provider ID: 400339  
Provider Gender: Male  
License Number: DC32054  
NPI: 1972883882  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Chinese  
Cultural Competency: N  
Board Certified Specialty: No  
134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (760) 631-5000  
After Hours Phone: (760)  
631-5000  
Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **NGUYEN, DANIELA**

Provider ID: 664798  
Provider Gender: Female  
NPI: 1891069662  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 12\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM






### **FQHC**

#### **VCC DURIAN,**





Provider ID: 411518  
NPI: 1851300123  
Provider English Spoken: Y  
Cultural Competency: N  
105 DURIAN ST STE A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄








VISTA, CA 92083  
 Phone: (844) 308-5003  
 Fax: (760) 414-3892  
 After Hours Phone: (844) 308-5003  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5PM

### FQHC


**VISTA COMMUNITY CLINIC GRAPEVINE,**  
 Provider ID: 400339  
 NPI: 1851300123  
 Provider English Spoken: Y  
 Cultural Competency: N  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8AM-5PM  
 TU 10:30AM-7:30PM








W-F 8AM-5PM

### GENERAL PRACTICE


**RONAN, KEVIN**  
 Provider ID: 400339  
 Provider Gender: Male  
 License Number: G77176  
 NPI: 1225017353  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS  
 Board Certified Specialty: No  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### PEDIATRICS

**AMANI, RAMIN**  
 Provider ID: 79901  
 Provider Gender: Male  
 NPI: 1659366292  
 Provider English Spoken: Y

 Provider Language(s) Spoken: Farsi, Persian, Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 950 CIVIC CENTER DR STE A  
 VISTA, CA 92083  
 Phone: (760) 439-4839  
 Fax: (760) 439-4841  
 After Hours Phone: (760) 439-4839  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TU 9AM-4PM  
 W 9AM-0PM  
 TH-F 9AM-4PM

### PEDIATRICS

**AMBO, STANLEY**  
 Provider ID: 52269  
 Provider Gender: Male  
 NPI: 1891735676  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO  
 Board Certified Specialty: No  
 2067 W VISTA WAY STE 180

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

VISTA, 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): Provider Gender: Female

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


### PEDIATRICS

#### **ASSELIN, LYNETTE**

Provider ID: 65507

Provider Gender: Female

NPI: 1053484568

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: TRI CITY

MEDICAL CTR

Board Certified Specialty: No

 2067 W VISTA WAY STE 280

VISTA, CA 92083

 Phone: (760) 941-3630

Fax: (760) 941-1214

 After Hours Phone: (760) 941-3630

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): Provider ID: 100779

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-6PM SA 9AM-1PM


### PEDIATRICS

#### **BEDROSIAN, DIANE**

Provider ID: 80272

Provider Gender: Female

NPI: 1447323951

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: TRI CITY

MEDICAL CTR

Board Certified Specialty: No


 2067 W VISTA WAY STE 280

VISTA, CA 92083

 Phone: (760) 941-3630

Fax: (760) 941-1214

 After Hours Phone: (760) 941-3630

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-6PM SA 9AM-1PM

### PEDIATRICS

#### **CASTRO, JORGE**

Provider ID: 100779

Provider Gender: Male

NPI: 1326082868

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL

ENCINITAS, RADY CHILDRENS

HOSPITAL SAN DIEGO

Board Certified Specialty: No

 2067 W VISTA WAY STE 180  
 VISTA, CA 92083

 Phone: (760) 945-3434

Fax: (760) 945-6761

 After Hours Phone: (760) 945-3434


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### **HARTFORD, NICOLE**

Provider ID: 411518


Provider Gender: Female


License Number: 20A14390

NPI: 1346530466

 Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

 105 DURIAN ST STE A  
 VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## C. 初級保健名錄

631-5000  
Website: [www.vistacommu-  
nityclinic.org](http://www.vistacommu-<br/>nityclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

**KARP, MICHAEL**  
Provider ID: 95672  
Provider Gender: Male  
NPI: 1295808632  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR  
Board Certified Specialty: No  
2067 W VISTA WAY STE  
280  
VISTA, CA 92083  
Phone: (760) 941-3630  
Fax: (760) 941-1214  
After Hours Phone: (760)  
941-3630  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-6PM  
SA 9AM-1PM

### **PEDIATRICS**

**KRAK, MICHAEL**  
Provider ID: 23455  
Provider Gender: Male  
NPI: 1003989419  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, TRI CITY MEDICAL  
CTR  
Board Certified Specialty: Yes  
2067 W VISTA WAY STE  
280  
VISTA, CA 92083  
Phone: (760) 941-3630  
Fax: (760) 941-1214  
After Hours Phone: (760)  
941-3630  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-6PM  
SA 9AM-1PM

### **PEDIATRICS**

**LUSCHWITZ, BRIAN**  
Provider ID: 400339  
Provider Gender: Male  
License Number: A60517  
NPI: 1205868510  
Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR  
Board Certified Specialty: No  
134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (760) 631-5000  
After Hours Phone: (760)  
631-5000  
Website: [www.vistacommu-  
nityclinic.org](http://www.vistacommu-<br/>nityclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M 8AM-5PM  
TU 10:30AM-7:30PM  
W-F 8AM-5PM

### **PEDIATRICS**

**NAUDIN, VERONICA**  
Provider ID: 84118  
Provider Gender: Female  
NPI: 1093755878  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Board Certified Specialty: No  
2067 W VISTA WAY STE 180

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## C. 初級保健名錄

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VISTA, CA 92083  
☎ Phone: (760) 945-3434  
Fax: (760) 945-6761  
📞 After Hours Phone: (760) 945-3434  
🌐 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
SA 8AM-0PM

---

### **PEDIATRICS**

---

#### **PERTL, URSULA**

Provider ID: 593894  
Provider Gender: Female  
NPI: 1609947464  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, RADY CHILDRENS  
HOSPITAL SAN DIEGO,  
CHILDRENS HOSP OF LOS  
ANGELES  
Board Certified Specialty: No  
📍 2067 W VISTA WAY STE 180  
VISTA, CA 92083  
☎ Phone: (760) 945-3434  
Fax: (760) 945-6761  
📞 After Hours Phone: (760) 945-3434  
🌐 Website: N/A

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: SU 10AM-2PM  
M-F 8AM-5PM  
SA 8AM-0PM

---

### **PHYSICIANS ASSISTANT**

---

#### **WEAVER, APRIL**

Provider ID: 400339  
Provider Gender: Female  
License Number: PA20775  
NPI: 1063552800  
☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
📍 134 GRAPEVINE RD  
VISTA, CA 92083  
☎ Phone: (760) 631-5000  
📞 After Hours Phone: (760) 631-5000  
🌐 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-TH 9AM-2PM  
F 8AM-5PM  
SA 8AM-4PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

### ALPINE

#### OPTOMETRIST

##### AOTO, KIM

Provider ID: 268720

Board Certified Specialty: No

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (800) 898-2020

Fax: (844) 897-3788

After Hours Phone: (800)  
898-2020

Provider Gender: Female

NPI: 1780935650

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### BRAWLEY

#### PEDIATRIC CARDIOLOGY

##### SILVA SEPULVEDA, JOSE

Provider ID: 256218

Board Certified Specialty: No

207 W LEGION RD  
BRAWLEY, CA 92227

Phone: (760) 351-3291

After Hours Phone: (760)  
351-3291

Provider Gender: Male

NPI: 1417222472

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

#### SURGERY PEDIATRIC

##### THANGARAJAH, HARIHARAN

Provider ID: 256195

Board Certified Specialty: No

207 W LEGION RD  
BRAWLEY, CA 92227

Phone: (760) 351-7643

After Hours Phone: (760)  
351-7643

Provider Gender: Male

NPI: 1598979593

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### CAMPO

#### FAMILY PRACTICE

##### BAUM, PETER

Provider ID: 296383

Board Certified Specialty: No

1388 BUCKMAN SPRINGS  
RD  
CAMPO, CA 91906

Phone: (619) 662-4100

Fax: (619) 824-9071

After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1174919971

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER


Hours: SU 10AM-4PM

M-F 8:30AM-5:30PM

SA 8AM-2:30PM

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## D. 專業提供者目錄

 Website: N/A  
IPA: IHP of Southern Cal-PHP


### FAMILY PRACTICE

#### **ROGERS, MATTHEW**

Provider ID: 294843

Board Certified Specialty: No

 1388 BUCKMAN SPRINGS RD  
CAMPO, CA 91906


 Phone: (619) 662-4100

Fax: (619) 824-9071

 After Hours Phone: (619) 662-4100

Provider Gender: Male

NPI: 1639606130

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **CARLSBAD**

### CERTIFIED NURSE PRACTITIONER


#### **HOOPER, BONNIE**

Provider ID: 275252


Board Certified Specialty: No

 6010 HIDDEN VALLEY RD

STE 120  
CARLSBAD, CA 92011


 Phone: (760) 884-5990

Fax: (760) 448-4404

 After Hours Phone: (760) 884-5990

Provider Gender: Female

NPI: 1821062878

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### CERTIFIED NURSE PRACTITIONER


#### **RICE, ELIZABETH**

Provider ID: 304664

Board Certified Specialty: No

 6010 HIDDEN VALLEY RD  
STE 200

CARLSBAD, CA 92011


 Phone: (760) 631-3000

Fax: (760) 631-3016

 After Hours Phone: (760) 631-3000

Provider Gender: Female

NPI: 1902470537

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### HEARING AID DEALER / SUPPLIER

#### **DAVIS, KELLE**


Provider ID: 268654

Board Certified Specialty: No

 1820 MARRON RD STE 102  
CARLSBAD, CA 92008

 Phone: (760) 434-0125

Fax: (760) 434-4531

 After Hours Phone: (760) 434-0125

Provider Gender: Female

NPI: 1902853344


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8:30AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### NEUROLOGY

#### **YOSHII-CONTRERAS, JUNE**

Provider ID: 296589

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## D. 專業提供者目錄

**Board Certified Specialty:** No  
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: 1437441763

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL,

PALOMAR MEDICAL CENTER,

TRI CITY MEDICAL CTR,

SCRIPPS MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **OTOLARYNGOLOGY**

**DONALDSON, CHADWICK**

Provider ID: 268146

Board Certified Specialty: No

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **PHYSICIANS ASSISTANT**

**HERMANSON, KATHLEEN**

Provider ID: 269004

Board Certified Specialty: No

6010 HIDDEN VALLEY RD  
STE 200

CARLSBAD, CA 92011

Phone: (760) 631-3000

Fax: (760) 631-3016

After Hours Phone: (760)  
631-3000

Provider Gender: Female

NPI: 1598160343

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-4PM

Website: N/A

IPA: Community Care IPA LLC

### **PHYSICIANS ASSISTANT**

**INOCELDA, ANDREW**

Provider ID: 269089

Board Certified Specialty: No

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

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## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

---


### **PHYSICIANS ASSISTANT**


---

#### **SHIMIZU, KELSIE MIDORI**

Provider ID: 296819

Board Certified Specialty: No

 2390 FARADAY AVE  
CARLSBAD, CA 92008

 Phone: (858) 909-0770

Fax: (858) 909-0880

 After Hours Phone: (858)  
909-0770

Provider Gender: Female

NPI: 1972107811

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: KECK  
HOSPITAL OF USC, USC

KENNETH NORRIS JR

CANCER HOSPITAL, USC

VERDUGO HILLS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---


### **PHYSICIANS ASSISTANT**


---

#### **WILAND, WINONA**

Provider ID: 296809

Board Certified Specialty: No

 2390 FARADAY AVE  
CARLSBAD, CA 92008

 Phone: (858) 909-0770

Fax: (858) 909-0880

 After Hours Phone: (858)  
909-0770

Provider Gender: Female

NPI: 1043967383

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **REGISTERED PHYSICAL**

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#### **THERAPIST**


---

#### **AMBROSE, CHRISTOPHER**

Provider ID: 248010

Board Certified Specialty: No

 3070 MADISON ST  
CARLSBAD, CA 92008

 Phone: (760) 434-6100

Fax: (760) 471-5139

 After Hours Phone: (760)  
591-7750

Provider Gender: Male

NPI: 1114977535

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 8\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 7AM-7PM

TU 7AM-5PM

W 7AM-7PM

TH 7AM-5PM

F 7AM-7PM

 Website: N/A

IPA: Community Care IPA LLC

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### **REGISTERED PHYSICAL**

---


#### **THERAPIST**


---

#### **BOUTELLE, DAVID**

Provider ID: 248307

Board Certified Specialty: No

 3070 MADISON ST  
CARLSBAD, CA 92008

 Phone: (760) 434-6100

Fax: (760) 471-5139

 After Hours Phone: (760)  
434-6100

Provider Gender: Male

NPI: 1063461101

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

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## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M 7AM-7PM  
TU 7AM-5PM  
W 7AM-7PM  
TH 7AM-5PM  
F 7AM-7PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC*

### **REGISTERED PHYSICAL THERAPIST**

#### **MCGEE, JACQUELINE**

*Provider ID: 252472*  
*Board Certified Specialty: No*  
 *3070 MADISON ST  
CARLSBAD, CA 92008*  
 *Phone: (760) 434-6100*  
*Fax: (760) 434-4583*  
 *After Hours Phone: (760)  
434-6100*  
*Provider Gender: Female*  
*NPI: 1194217133*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 8\None*  
*American Sign Language (ASL):  
N*



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 7AM-6PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC*




### **SURGERY NEUROLOGICAL**

#### **BEN-HAIM, SHARONA**

*Provider ID: 244069*


*Board Certified Specialty: No*  
 *6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011*  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)  
926-8273*  
*Provider Gender: Female*  
*NPI: 1942469663*





 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Hebrew, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **SURGERY NEUROLOGICAL**

#### **BLASKIEWICZ, DONALD**

*Provider ID: 270283*  
*Board Certified Specialty: No*  
 *6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011*  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*  
*NPI: 1215176839*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


### **SURGERY NEUROLOGICAL**

#### **MURTHY, NIKHIL**

*Provider ID: 299996*  
*Board Certified Specialty: No*  
 *6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011*  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)  
926-8273*  
*Provider Gender: Male*  
*NPI: 1710371273*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*

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## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


*IPA: UCSD Medical Group*


### **SURGERY NEUROLOGICAL**


#### **PHAM, MARTIN**

*Provider ID: 203510*

*Board Certified Specialty: No*

 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

 *Phone: (619) 543-5540*

 *After Hours Phone: (619) 543-5540*

*Provider Gender: Male*

*NPI: 1609130921*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY*


*THORNTON, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

### **CHULA VISTA**


#### **ANESTHESIOLOGY PAIN MANAGEMENT**

#### **DAIRO, BRANDON**

*Provider ID: 299879*

*Board Certified Specialty: No*

 340 4TH AVE STE 19  
CHULA VISTA, CA 91910

 *Phone: (619) 761-5308*

*Fax: (619) 591-1910*

 *After Hours Phone: (619) 761-5308*

*Provider Gender: Male*

*NPI: 1689092470*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS*


*MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\100*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*


#### **ANESTHESIOLOGY PAIN MANAGEMENT**

#### **DAIRO, BRANDON**

*Provider ID: 300088*

*Board Certified Specialty: No*

 340 4TH AVE STE 19  
CHULA VISTA, CA 91910

 *Phone: (619) 761-5308*

*Fax: (619) 591-1910*

 *After Hours Phone: (619) 761-5308*

*Provider Gender: Male*

*NPI: 1689092470*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS*


*MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*


### **CARDIOVASCULAR DISEASE**

#### **LERNER, JONATHAN**

*Provider ID: 303445*

*Board Certified Specialty: No*

 765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911

 *Phone: (619) 616-2100*

*Fax: (619) 616-2104*

 *After Hours Phone: (619) 616-2100*

*Provider Gender: Male*




*NPI: 1962899823*

 *Provider English Spoken: Y*

 *Provider Language(s)*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC

### **CERTIFIED ACUPUNCTURIST**








#### **LAM, KHANH**

Provider ID: 295381  
Board Certified Specialty: No  
 340 4TH AVE STE 19  
CHULA VISTA, CA 91910  
 Phone: (619) 761-5308  
Fax: (619) 591-1910  
 After Hours Phone: (619)  
761-5308  
Provider Gender: Male  
NPI: 1649594979  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese, French,  
Vietnamese  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP


### **CERTIFIED ACUPUNCTURIST**



#### **WILCOX, WENONAH**


Provider ID: 290591  
Board Certified Specialty: No  
 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: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **CERTIFIED NURSE PRACTITIONER**

#### **BRAYTENBAH, MELANIE**





Provider ID: 268746  
Board Certified Specialty: No  
 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911

 Phone: (619) 421-3361  
Fax: (619) 869-4378  
 After Hours Phone: (619)  
421-3361

Provider Gender: Female  
NPI: 1508370875  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP,  
Imperial Health Holdings  
Medical Group-SD

### **CERTIFIED NURSE PRACTITIONER**

#### **BRAYTENBAH, MELANIE**

Provider ID: 262342  
Board Certified Specialty: No  
 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
 Phone: (619) 421-3361  
Fax: (619) 869-4378  
 After Hours Phone: (619)  
421-3361  
Provider Gender: Female  
NPI: 1508370875  
 Provider English Spoken: Y  
Cultural Competency: N

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## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Imperial Health Holdings

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

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### **CERTIFIED NURSE PRACTITIONER**

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#### **BRAYTENBAH, MELANIE**

Provider ID: 295830

Board Certified Specialty: No

 752 MEDICAL CENTER CT  
STE 302

CHULA VISTA, CA 91911

 Phone: (619) 421-3361

Fax: (619) 869-4378

 After Hours Phone: (619)  
421-3361

Provider Gender: Female

NPI: 1508370875


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

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### **CERTIFIED NURSE PRACTITIONER**

---


#### **CARAPIA, FABIOLA**

Provider ID: 295918

Board Certified Specialty: No

 340 4TH AVE STE 4

CHULA VISTA, CA 91910

 Phone: (619) 427-1144

Fax: (619) 427-1185

 After Hours Phone: (619)  
427-1144

Provider Gender: Female

NPI: 1184905994

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

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### **CERTIFIED NURSE PRACTITIONER**

---


#### **CARAPIA, FABIOLA**

Provider ID: 54496


Board Certified Specialty: No

 340 4TH AVE STE 4

CHULA VISTA, CA 91910

 Phone: (619) 427-1144

Fax: (619) 427-1185

 After Hours Phone: (619)  
427-1144

Provider Gender: Female

NPI: 1184905994

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

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### **CERTIFIED NURSE PRACTITIONER**

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#### **CARRION GELABERT, ANA**

Provider ID: 302402

Board Certified Specialty: No

 450 FOURTH AVESTE 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。








## D. 專業提供者目錄



*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-6PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

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### **CERTIFIED NURSE** **PRACTITIONER**

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**DE DIOS, SARAH**  
*Provider ID: 302418*  
*Board Certified Specialty: No*  
 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: 1528632742*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT*



**PROVIDER**  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP, UCSD Medical Group*

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### **CERTIFIED NURSE** **PRACTITIONER**

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**GUADARRAMA, IGNACIO**  
*Provider ID: 262418*  
*Board Certified Specialty: No*  
 1323 3RD AVE  
CHULA VISTA, CA 91911  
 *Phone: (619) 409-6900*  
*Fax: (619) 409-6901*  
 *After Hours Phone: (619) 409-6900*  
*Provider Gender: Male*  
*NPI: 1821331174*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*









 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP, Imperial Health Holdings Medical Group-SD*

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### **CERTIFIED NURSE** **PRACTITIONER**

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**GUADARRAMA, IGNACIO**

*Provider ID: 300304*  
*Board Certified Specialty: No*  
 880 THIRD AVE STE A  
CHULA VISTA, CA 91911  
 *Phone: (619) 662-4100*  
*Fax: (619) 618-2035*  
 *After Hours Phone: (619) 662-4100*  
*Provider Gender: Male*  
*NPI: 1821331174*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: SU 10AM-4PM*  
*M-F 8:30AM-7:30PM*  
*SA 8AM-2:30PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP, Imperial Health Holdings Medical Group-SD*

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### **CERTIFIED NURSE** **PRACTITIONER**

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**KANTAS, PARIS**  
*Provider ID: 293297*  
*Board Certified Specialty: No*  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
*Fax: (619) 425-1184*

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## D. 專業提供者目錄

☎ After Hours Phone: (619) 662-4100

Provider Gender: Male

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: 2\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: SU 10AM-4PM  
M-F 8:30AM-5:30PM  
SA 8AM-2:30PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**LANE, KIMBERLY**

Provider ID: 301598

Board Certified Specialty: No

📍 752 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911

☎ Phone: (619) 397-4500

Fax: (858) 429-7931

☎ After Hours Phone: (619)  
397-4500

Provider Gender: Female

NPI: 1457670119

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### EMERGENCY MEDICINE

**DILLMAN, ARIANA**

Provider ID: 290495

Board Certified Specialty: Yes

📍 333 H ST STE 2080  
CHULA VISTA, CA 91910

☎ Phone: (619) 662-4100

Fax: (661) 205-6305

☎ After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1497067862

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: BEVERLY  
HOSPITAL, TRI CITY MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:30AM-5:30PM  
SA 8AM-2:30PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### EMERGENCY MEDICINE

**EINSTEIN, ERIC**

Provider ID: 290482

Board Certified Specialty: No

📍 333 H ST STE 2080  
CHULA VISTA, CA 91910

☎ Phone: (619) 662-4100

Fax: (619) 205-6305

☎ After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1154683787

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: CORONA  
REGIONAL MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:30AM-5:30PM  
SA 8AM-2:30PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### EMERGENCY MEDICINE

**FRENCH, TONIANNE**

Provider ID: 290538

Board Certified Specialty: No

📍 333 H ST STE 2080  
CHULA VISTA, CA 91910

☎ Phone: (619) 662-4100

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Fax: (619) 205-6305

☎ After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1770578411

☑ Provider English Spoken: Y  
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: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:30AM-5:30PM  
SA 8AM-2:30PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **EMERGENCY MEDICINE**

#### **GALASSO, MADISON**

Provider ID: 290477

Board Certified Specialty: No

📍 333 H ST STE 2080  
CHULA VISTA, CA 91910

☎ Phone: (619) 662-4100

Fax: (619) 205-6305

☎ After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1053766766

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:30AM-5:30PM  
SA 8AM-2:30PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **EMERGENCY MEDICINE**

#### **GRIESINGER, MICHAEL**

Provider ID: 290537

Board Certified Specialty: No

📍 333 H ST STE 2080  
CHULA VISTA, CA 91910

☎ Phone: (619) 662-4100

Fax: (619) 205-6305

☎ After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1336556604

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Adventist  
Health Bakersfield

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:30AM-5:30PM

SA 8AM-2:30PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **EMERGENCY MEDICINE**

#### **HARRELL-BURDER, BEVERLY**

Provider ID: 295890

Board Certified Specialty: No

📍 333 H ST STE 2080  
CHULA VISTA, CA 91910

☎ Phone: (619) 662-4100

☎ After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1619907581

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **EMERGENCY MEDICINE**

#### **PHAM, LILY**

Provider ID: 304935

Board Certified Specialty: No

📍 386 E H ST STE 202  
CHULA VISTA, CA 91910

☎ Phone: (858) 966-1720

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Fax: (858) 966-1725

☎ After Hours Phone: (858) 966-1720

Provider Gender: Female

NPI: 1811423072

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

### **EMERGENCY MEDICINE**

#### **QUENZER, FAITH**

Provider ID: 290637

Board Certified Specialty: No

📍 333 H ST STE 2080

CHULA VISTA, CA 91910

☎ Phone: (619) 662-4100

Fax: (619) 205-6305

☎ After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1295112670

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR, UNIVERSITY

HSP OF SAN DIEGO CO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:30AM-5:30PM

SA 8:30AM-2:30PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP,

UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **REARDON, JACQUELINE**

Provider ID: 290673

Board Certified Specialty: No

📍 333 H ST STE 2080

CHULA VISTA, CA 91910

☎ Phone: (619) 662-4100

Fax: (619) 205-6305

☎ After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1417928557

☐ Provider English Spoken: Y  
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: CONTACT PROVIDER

🕒 Hours: SU 10AM-4PM

M-F 8:30AM-5:30PM

SA 8AM-2:30PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **EMERGENCY MEDICINE**

#### **ROXAS, ROGER**

Provider ID: 290600

Board Certified Specialty: No

📍 333 H ST STE 2080

CHULA VISTA, CA 91910

☎ Phone: (619) 662-4100

Fax: (619) 205-6305

☎ After Hours Phone: (619) 662-4100

Provider Gender: Male

NPI: 1578910840

☐ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:30AM-5:30PM
























SA 8AM-2:30PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP


























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## D. 專業提供者目錄

<hr/> <b>ENDOCRINOLOGY</b> <b>METABOLISM DIABETES</b> <hr/>	 After Hours Phone: (619) 662-4100	Medi-Cal Open Panel: Yes
<b>CARRILLO, MARITZA</b>	Provider Gender: Female	Min/Max Age: 0\None
Provider ID: 290970	NPI: 1639478811	American Sign Language (ASL): N
Board Certified Specialty: No	 Provider English Spoken: Y	 Accessibility: CONTACT PROVIDER
 678 3RD AVE	Cultural Competency: N	 Hours: M-F
CHULA VISTA, CA 91910	Hospital Affiliation: SCRIPPS	8:30AM-5:30PM
 Phone: (619) 662-4100	MERCY HOSPITAL, SCRIPPS	SA 8AM-2:30PM
Fax: (619) 425-1184	MERCY HOSPITAL CHULA VISTA	 Website: N/A
 After Hours Phone: (619) 662-4100	Medi-Cal Open Panel: Yes	IPA: IHP of Southern Cal-PHP
662-4100	Min/Max Age: 0\19	
Provider Gender: Female	American Sign Language (ASL): N	<hr/> <b>FAMILY PRACTICE</b> <hr/>
NPI: 1649628587	 Accessibility: CONTACT PROVIDER	<b>LOZANO, JUAN</b>
 Provider English Spoken: Y	 Hours: M-F 8AM-5PM	Provider ID: 303517
Cultural Competency: N	 Website: N/A	Board Certified Specialty: No
Hospital Affiliation: SCRIPPS	IPA: Rady Childrens Health Network	 1637 THIRD AVE STE B
MEMORIAL HOSPITAL		CHULA VISTA, CA 91911
Medi-Cal Open Panel: Yes		 Phone: (619) 662-4100
Min/Max Age: 0\None		Fax: (619) 205-1376
American Sign Language (ASL): N		 After Hours Phone: (619) 662-4100
 Accessibility: CONTACT PROVIDER	<hr/> <b>FAMILY PRACTICE</b> <hr/>	662-4100
 Hours: M-F 8AM-8PM	<b>HERNANDEZ, RALPH</b>	Provider Gender: Male
SA 8AM-4PM	Provider ID: 300230	NPI: 1396373619
 Website: N/A	Board Certified Specialty: No	 Provider English Spoken: Y
IPA: IHP of Southern Cal-PHP	 880 3RD AVE STE A	Cultural Competency: N
	CHULA VISTA, CA 91911	Hospital Affiliation: SCRIPPS
	 Phone: (619) 662-4100	MEMORIAL HOSPITAL
	Fax: (619) 618-2035	Medi-Cal Open Panel: Yes
	 After Hours Phone: (619) 662-4100	Min/Max Age: 0\None
	662-4100	American Sign Language (ASL): N
	Provider Gender: Male	 Accessibility: CONTACT PROVIDER
	NPI: 1285782151	 Hours: M-F 8AM-5PM
	 Provider English Spoken: Y	 Website: N/A
	 Provider Language(s) Spoken: Spanish	IPA: IHP of Southern Cal-PHP
	Cultural Competency: N	



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄






<p><b>FAMILY PRACTICE</b></p> <p><b>LOZANO, JUAN</b>            Provider ID: 305471            Board Certified Specialty: No   1637 THIRD AVE STE B-F-H-I            CHULA VISTA, CA 91911   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100            Provider Gender: Male            NPI: 1396373619   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: IHP of Southern Cal-PHP</p>	<p>NPI: 1972732584   Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8:30AM-5:30PM SA 8AM-2:30PM   Website: N/A            IPA: IHP of Southern Cal-PHP</p>	<p>MEMORIAL HOSPITAL ENCINITAS, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MERCY HOSPITAL CHULA VISTA, UNIVERSITY OF CALIFORNIA IRVINE MED CTR, UCSD MEDICAL CTR, UCSD MEDICAL CTR, SCRIPPS MERCY HOSPITAL            Medi-Cal Open Panel: Yes            Min/Max Age: 18\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: IHP of Southern Cal-PHP</p>
<p><b>FAMILY PRACTICE</b></p> <p><b>VELASQUEZ, SHARON</b>            Provider ID: 299164            Board Certified Specialty: No   678 3RD AVE            CHULA VISTA, CA 91910   Phone: (619) 662-4100            Fax: (619) 425-1184   After Hours Phone: (619) 662-4100            Provider Gender: Female</p>	<p><b>GASTROENTEROLOGY</b></p> <p><b>NOVO, MEGAN</b>            Provider ID: 296068            Board Certified Specialty: No   296 H ST STE 301            CHULA VISTA, CA 91910   Phone: (619) 266-3332            Fax: (619) 266-6000   After Hours Phone: (619) 266-3332            Provider Gender: Female            NPI: 1770961971   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: PARADISE VALLEY HOSPITAL, TRI CITY MEDICAL CTR, SCRIPPS</p>	<p><b>GASTROENTEROLOGY</b></p> <p><b>SHAFFER, KATHERINE</b>            Provider ID: 305510            Board Certified Specialty: No   296 H ST STE 301            CHULA VISTA, CA 91910   Phone: (619) 266-3332   After Hours Phone: (619) 266-3332            Provider Gender: Female            NPI: 1336405695   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, PARADISE</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄









VALLEY HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### GASTROENTEROLOGY

**WIENER, GREGORY**  
 Provider ID: 257480  
 Board Certified Specialty: Yes  
 353 CHURCH AVE STE A  
 CHULA VISTA, CA 91910  
 Phone: (619) 585-8883  
 Fax: (619) 585-8892  
 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: CONTACT PROVIDER  
 Hours: M-TH  
 8:30AM-4:30PM  
 F 8:30AM-3PM  
 Website: N/A  
 IPA: BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT

### GENERAL PRACTICE




**SAMI, REMAN**  
 Provider ID: 295214  
 Board Certified Specialty: No  
 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: 1295362242  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### HEARING AID DEALER /

### SUPPLIER


**ANDERSON, ELAINE**  
 Provider ID: 268688  
 Board Certified Specialty: No  
 310 3RD AVE STE C11  
 CHULA VISTA, CA 91910  
 Phone: (619) 426-0841  
 Fax: (619) 426-9197  
 After Hours Phone: (619)  
 426-0841  
 Provider Gender: Female  
 NPI: 1063558856  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### HEARING AID DEALER / SUPPLIER


**DAVIS, KELLE**  
 Provider ID: 268651  
 Board Certified Specialty: No  
 310 3RD AVE STE C11  
 CHULA VISTA, CA 91910  
 Phone: (619) 426-0841  
 Fax: (619) 426-9197  
 After Hours Phone: (619)  
 426-0841  
 Provider Gender: Female  
 NPI: 1902853344

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## D. 專業提供者目錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:30AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC*


### HEMATOLOGY / ONCOLOGY

#### **ITURBE-ALESSIO, IGNACIO**


*Provider ID: 297145*

*Board Certified Specialty: No*

 855 3RD AVE STE 3330  
 CHULA VISTA, CA 91911


 *Phone: (619) 745-1031*


*Fax: (619) 745-1032*

 *After Hours Phone: (619) 745-1031*

*Provider Gender: Male*

*NPI: 1972513695*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish, Tagalog*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR,*

*SCRIPPS MERCY HOSPITAL*

*CHULA VISTA, SCRIPPS*


*MERCY HOSPITAL*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,*

*IHP of Southern Cal-PHP*


### HEMATOLOGY / ONCOLOGY

#### **ITURBE-ALESSIO, IGNACIO**

*Provider ID: 295662*

*Board Certified Specialty: No*

 855 3RD AVE STE 3330  
 CHULA VISTA, CA 91911


 *Phone: (619) 745-1031*

*Fax: (619) 745-1032*

 *After Hours Phone: (619) 745-1031*

*Provider Gender: Male*

*NPI: 1972513695*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish, Tagalog*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR,*

*SCRIPPS MERCY HOSPITAL*

*CHULA VISTA, SCRIPPS*


*MERCY HOSPITAL*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,*

*IHP of Southern Cal-PHP*

### HEMATOLOGY / ONCOLOGY


#### **JOHNSON, KENNETH**

*Provider ID: 262288*

*Board Certified Specialty: No*

 769 MEDICAL CENTER CT  
 STE 202

CHULA VISTA, CA 91911

 *Phone: (619) 482-8430*

*Fax: (619) 482-8005*

 *After Hours Phone: (619) 482-8430*

*Provider Gender: Male*

*NPI: 1063527711*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR,*

*SHARP MEMORIAL HOSPITAL,*


*PARADISE VALLEY HOSPITAL*


*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 9AM-5PM*

 *Website: N/A*

*IPA: Imperial Health Holdings*

*Medical Group-SD*

### HEMATOLOGY / ONCOLOGY

#### **MOOLANI, RAMESH**

*Provider ID: 295976*

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## D. 專業提供者目錄

*Board Certified Specialty: No*

855 3RD AVE STE 3330  
CHULA VISTA, CA 91911

Phone: (619) 745-1031

Fax: (619) 745-1032

After Hours Phone: (619)  
745-1031

Provider Gender: Male

NPI: 1437272010

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, LOMA LINDA  
UNIVERSITY MED CTR  
MURRIETA, SHARP CHULA  
VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### HEMATOLOGY / ONCOLOGY

#### **MOOLANI, RAMESH**

Provider ID: 297928

Board Certified Specialty: No

855 3RD AVE STE 3330  
CHULA VISTA, CA 91911

Phone: (619) 745-1031

Fax: (619) 745-1032

After Hours Phone: (619)  
745-1031

Provider Gender: Male

NPI: 1437272010

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, LOMA LINDA  
UNIVERSITY MED CTR  
MURRIETA, SHARP CHULA  
VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### INTERNAL MEDICINE

#### **NAIDZIONAK, ULADZISLAW**

Provider ID: 290568

Board Certified Specialty: No

750 MEDICAL CENTER CT  
STE 9

CHULA VISTA, CA 91911

Phone: (619) 421-6922

Fax: (619) 421-5569

After Hours Phone: (619)  
421-6922

Provider Gender: Male

NPI: 1023246212

Provider English Spoken: Y

Provider Language(s)  
Spoken: Russian

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS  
MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 9AM-4PM

TU 9AM-5PM

W 9AM-4PM

TH-F 9AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### INTERVENTIONAL

#### CARDIOLOGY

#### **MOHAMEDALI, BURHAN**

Provider ID: 245576

Board Certified Specialty: No

765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911

Phone: (619) 616-2100

Fax: (619) 616-2104




After Hours Phone: (619)  
616-2100

Provider Gender: Male

NPI: 1831393289




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Swahili  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 Adventist Health and Rideout  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY




#### **NAGHI, JESSE**

Provider ID: 247625  
 Board Certified Specialty: No  
 752 MEDICAL CENTER CT  
 STE 207  
 CHULA VISTA, CA 91911  
 Phone: (619) 867-0557  
 Fax: (619) 867-0558  
 After Hours Phone: (619)  
 867-0557  
 Provider Gender: Male  
 NPI: 1386896736  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Bulgarian,  
 Russian, Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MEMORIAL  
 HOSPITAL, GROSSMONT  
 HOSPITAL, SHARP MEMORIAL  
 HOSPITAL, ALVARADO  
 HOSPITAL LLC, SHARP CHULA  
 VISTA MED CTR, SHARP  
 CHULA VISTA MED CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY




#### **ROUGH, STEVEN**

Provider ID: 302985  
 Board Certified Specialty: No  
 754 MEDICAL CENTER CT  
 STE 101  
 CHULA VISTA, CA 91911  
 Phone: (619) 434-4288  
 Fax: (619) 434-4315  
 After Hours Phone: (619)  
 434-4288  
 Provider Gender: Male  
 NPI: 1386821460  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SHARP MEMORIAL HOSPITAL,  
 ALVARADO HOSP MED CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP,  
 Imperial Health Holdings  
 Medical Group-SD



### INTERVENTIONAL CARDIOLOGY

#### **ROUGH, STEVEN**

Provider ID: 298442  
 Board Certified Specialty: No  
 754 MEDICAL CENTER CT  
 STE 101  
 CHULA VISTA, CA 91911  
 Phone: (619) 434-4288  
 Fax: (619) 434-4315  
 After Hours Phone: (619)  
 434-4288  
 Provider Gender: Male  
 NPI: 1386821460  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,




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## D. 專業提供者目錄




SHARP MEMORIAL HOSPITAL,  
ALVARADO HOSP MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP,  
Imperial Health Holdings  
Medical Group-SD

### INTERVENTIONAL CARDIOLOGY

#### **SHEREV, DIMITRI**




Provider ID: 268950  
Board Certified Specialty: No  
 752 MEDICAL CENTER CT  
STE 207  
CHULA VISTA, CA 91911  
 Phone: (619) 867-0557  
Fax: (619) 867-0558  
 After Hours Phone: (619)  
867-0557  
Provider Gender: Male  
NPI: 1154323996  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Bulgarian, Russian,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL,




ALVARADO COMMUNITY  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
ALVARADO HOSPITAL LLC,  
SHARP CHULA VISTA MED  
CTR, SHARP CHULA VISTA  
MED CTR, TRI CITY MEDICAL  
CTR, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### INTERVENTIONAL CARDIOLOGY


#### **SUDHAKAR, DEEPTHI**

Provider ID: 296051  
Board Certified Specialty: No  
 765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
 Phone: (619) 616-2100  
Fax: (619) 616-2104  
 After Hours Phone: (619)  
616-2100  
Provider Gender: Female  
NPI: 1811307051

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 15\99  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### INTERVENTIONAL CARDIOLOGY

#### **SUDHAKAR, DEEPTHI**


Provider ID: 295846  
Board Certified Specialty: No  
 765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
 Phone: (619) 616-2100  
Fax: (619) 616-2104  
 After Hours Phone: (619)  
616-2100  
Provider Gender: Female  
NPI: 1811307051  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

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上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PPH

### MATERNAL AND FETAL MEDICINE


#### **MCCULLOUGH, DEIRDRE**

Provider ID: 277263

Board Certified Specialty: No

 386 E H ST STE 202

CHULA VISTA, CA 91910

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1639153018

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
Sharp Grossmont Hospital,  
SHARP MEMORIAL HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network

### MATERNAL AND FETAL MEDICINE


#### **MELBER, DORA**

Provider ID: 296993

Board Certified Specialty: No

 386 E H ST STE 202

CHULA VISTA, CA 91910


 Phone: (858) 966-6710


Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1124413026

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hungarian,  
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### MATERNAL AND FETAL MEDICINE


#### **REIMERS, REBECCA**

Provider ID: 294653

Board Certified Specialty: No

 386 E H ST STE 202

CHULA VISTA, CA 91910

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1801207634

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### MATERNAL AND FETAL MEDICINE

#### **RICHARDSON, ALVIE**

Provider ID: 264687

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## D. 專業提供者目錄

Board Certified Specialty: No

📍 386 E H ST STE 202  
CHULA VISTA, CA 91910

☎ Phone: (858) 966-6710

Fax: (858) 966-6711

🕒 After Hours Phone: (858)  
966-6710

Provider Gender: Male

NPI: 1154305977

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, Sharp Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### MATERNAL AND FETAL MEDICINE

#### **WESTERMANN, MELISSA**

Provider ID: 242523

Board Certified Specialty: No

📍 386 E H ST STE 202  
CHULA VISTA, CA 91910

☎ Phone: (858) 966-6710

Fax: (858) 966-6711

🕒 After Hours Phone: (858)

966-6710

Provider Gender: Female

NPI: 1760730758

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
EARL AND LORRAINE MILLER  
CHILDRENS HSP, LONG  
BEACH MEMORIAL MED CTR,  
UNIVERSITY OF CALIFORNIA

IRVINE MED CTR, SHARP  
MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,

Sharp Grossmont Hospital,  
Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### NEONATAL / PERINATAL MEDICINE

#### **FLEMING, SARAH**

Provider ID: 205646

Board Certified Specialty: No

📍 435 H ST  
CHULA VISTA, CA 91910

☎ Phone: (619) 691-7000

🕒 After Hours Phone: (619)  
691-7000

Provider Gender: Female

NPI: 1679809826

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### NEONATAL / PERINATAL MEDICINE

#### **MATOBA, NANA**

Provider ID: 297976

Board Certified Specialty: No

📍 435 H ST  
CHULA VISTA, CA 91910

☎ Phone: (619) 691-7000

Fax: (619) 260-7055

🕒 After Hours Phone: (619)  
691-7000

Provider Gender: Female

NPI: 1801952197




🗨 Provider English Spoken: Y

🗨 Provider Language(s)  
Spoken: Japanese

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。





## D. 專業提供者目錄




*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*

*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **NEONATAL / PERINATAL MEDICINE**

#### **NIEMI, ANNA-KAISA**




*Provider ID: 262159*  
*Board Certified Specialty: No*  
 435 H ST  
CHULA VISTA, CA 91910  
 *Phone: (858) 966-5818*  
*Fax: (858) 966-7483*  
 *After Hours Phone: (858) 966-5818*  
*Provider Gender: Female*  
*NPI: 1497941397*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*

*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **NEONATAL / PERINATAL MEDICINE**

#### **NYMAN, KATHERINE**

*Provider ID: 301823*  
*Board Certified Specialty: No*  
 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*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*


### **NEONATAL / PERINATAL MEDICINE**

#### **SPEZIALE, MARK**

*Provider ID: 304829*  
*Board Certified Specialty: No*  
 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*  
 *Accessibility: CONTACT PROVIDER*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### **NEPHROLOGY**

**HOREISH, ADAM**


Provider ID: 99947

Board Certified Specialty: No

 340 4TH AVE STE 4  
CHULA VISTA, CA 91910


 Phone: (619) 427-1144


Fax: (619) 427-1185

 After Hours Phone: (619) 427-1144

Provider Gender: Male

NPI: 1760461206

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N


Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL,  
PARADISE VALLEY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD


### **NEPHROLOGY**

**HOREISH, ADAM**


Provider ID: 99947

Board Certified Specialty: No

 340 4TH AVE STE 4  
CHULA VISTA, CA 91910


 Phone: (619) 427-1144


Fax: (619) 427-1185

 After Hours Phone: (619) 427-1144

Provider Gender: Male

NPI: 1760461206

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL,  
PARADISE VALLEY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD


### **NEPHROLOGY**

**HOREISH, ADAM**


Provider ID: 290100

Board Certified Specialty: No

 340 4TH AVE STE 4  
CHULA VISTA, CA 91910

 Phone: (619) 427-1144


Fax: (619) 427-1185

 After Hours Phone: (619) 427-1144

Provider Gender: Male

NPI: 1760461206

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL,  
PARADISE VALLEY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

### **NEPHROLOGY**

**MOOLANI, UJJALA**

Provider ID: 296069



Board Certified Specialty: No

 752 MEDICAL CENTER CT  
STE 302

CHULA VISTA, CA 91911



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## D. 專業提供者目錄

 Phone: (619) 421-3361  
 Fax: (619) 869-4378

 After Hours Phone: (619) 421-3361


Provider Gender: Female  
 NPI: 1528221421


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi, Sindhi,  
 Spanish, Urdu

Cultural Competency: N  
 Hospital Affiliation: 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: CONTACT  
 PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A


IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP



### NEPHROLOGY

#### MOOLANI, UJJALA

Provider ID: 295915



Board Certified Specialty: No

 752 MEDICAL CENTER CT  
 STE 302  
 CHULA VISTA, CA 91911

 Phone: (619) 421-3361  
 Fax: (619) 869-4378

 After Hours Phone: (619) 421-3361

Provider Gender: Female  
 NPI: 1528221421


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi, Sindhi,  
 Spanish, Urdu

Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA

Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP



### NEPHROLOGY


#### PATEL, AMAR

Provider ID: 245639



Board Certified Specialty: No

 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910

 Phone: (619) 427-1144  
 Fax: (619) 427-1185

 After Hours Phone: (619) 427-1144

Provider Gender: Male  
 NPI: 1821359605


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Gujarati, Spanish

Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA

Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC



### NEPHROLOGY

#### PHAM, JENNIFER

Provider ID: 302863



Board Certified Specialty: No

 340 FOURTH AVE STE 4  
 CHULA VISTA, CA 91910

 Phone: (619) 427-1144  
 Fax: (619) 427-1185

 After Hours Phone: (619) 427-1144

Provider Gender: Female  
 NPI: 1235629932

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SHARP  
 CHULA VISTA MED CTR




Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None

American Sign Language (ASL):

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## D. 專業提供者目錄

N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **NEPHROLOGY**

#### **VIDEEN, JOHN**






*Provider ID: 65646*  
*Board Certified Specialty: No*  
 752 MEDICAL CENTER CT  
 STE 302  
 CHULA VISTA, CA 91911  
 *Phone: (619) 421-3361*  
*Fax: (619) 869-4378*  
 *After Hours Phone: (619) 421-3361*  
*Provider Gender: Male*  
*NPI: 1043318199*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, PARADISE VALLEY HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL):*




N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9AM-5PM*  
 *Website: N/A*

*IPA: Community Care IPA LLC, Imperial Health Holdings Medical Group-SD*  
*IHP of Southern Cal-PHP, Imperial Health Holdings Medical Group-SD*

### **NEPHROLOGY**

#### **VIDEEN, JOHN**






*Provider ID: 262286*  
*Board Certified Specialty: No*  
 752 MEDICAL CENTER CT  
 STE 302  
 CHULA VISTA, CA 91911  
 *Phone: (619) 421-3361*  
*Fax: (619) 869-4378*  
 *After Hours Phone: (619) 421-3361*  
*Provider Gender: Male*  
*NPI: 1043318199*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, PARADISE VALLEY HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*




N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP,*

*Imperial Health Holdings Medical Group-SD*

### **NEPHROLOGY**























#### **VIDEEN, JOHN**

*Provider ID: 290110*  
*Board Certified Specialty: No*  
 752 MEDICAL CENTER CT  
 STE 302  
 CHULA VISTA, CA 91911  
 *Phone: (619) 421-3361*  
*Fax: (619) 869-4378*  
 *After Hours Phone: (619) 421-3361*  
*Provider Gender: Male*  
*NPI: 1043318199*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, PARADISE VALLEY HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, Imperial Health Holdings Medical Group-SD*









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## D. 專業提供者目錄

<b>NEPHROLOGY</b>		<b>N</b>	
<b>YUAN, HENRY</b>		 <i>Accessibility: CONTACT PROVIDER</i>	<i>Provider ID: 127244</i>
<i>Provider ID: 268551</i>		 <i>Hours: M-F 9AM-5PM</i>	<i>Board Certified Specialty: No</i>
<i>Board Certified Specialty: No</i>		 <i>Website: N/A</i>	 750 MEDICAL CENTER CT STE 6 CHULA VISTA, CA 91911
 340 4TH AVE STE 4 CHULA VISTA, CA 91910		<i>IPA: Community Care IPA LLC</i>	 <i>Phone: (619) 337-7900</i>
 <i>Phone: (619) 427-1144</i>			<i>Fax: (619) 337-7902</i>
<i>Fax: (619) 427-1185</i>		<b>NEUROLOGY</b>	 <i>After Hours Phone: (619) 337-7900</i>
 <i>After Hours Phone: (619) 427-1144</i>		<b>HOSSEIN ZADEH MALEKI, ANA</b>	<i>Provider Gender: Male</i>
<i>Provider Gender: Male</i>		<i>Provider ID: 304999</i>	<i>NPI: 1902973472</i>
<i>NPI: 1043442379</i>		<i>Board Certified Specialty: No</i>	 <i>Provider English Spoken: Y</i>
 <i>Provider English Spoken: Y</i>		 450 FOURTH AVE STE 215 CHULA VISTA, CA 91910	 <i>Provider Language(s) Spoken: Arabic, Farsi, French, German, Pushto, Spanish</i>
 <i>Provider Language(s) Spoken: Chinese, Mandarin</i>		 <i>Phone: (619) 425-3840</i>	<i>Cultural Competency: N</i>
<i>Cultural Competency: N</i>		<i>Fax: (619) 485-5440</i>	<i>Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR</i>
<i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL, Providence St Joseph Hospital, Providence St Jude Medical Center, SOUTH COAST GLOBAL MEDICAL CENTER INC, ENCOMPASS HEALTH REHABILITATION HOSPITAL OF TUSTIN, Foothill Regional Medical Center, Foothill Regional Medical Center, KINDRED HOSPITAL BREA, KINDRED HOSPITAL LA MIRADA, KINDRED HOSPITAL SANTA ANA</i>		 <i>After Hours Phone: (619) 425-3840</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>Medi-Cal Open Panel: Yes</i>		<i>Provider Gender: Female</i>	<i>Min/Max Age: 0\None</i>
<i>Min/Max Age: 0\None</i>		<i>NPI: 1316471485</i>	<i>American Sign Language (ASL): N</i>
<i>American Sign Language (ASL): N</i>		 <i>Provider English Spoken: Y</i>	 <i>Accessibility: CONTACT PROVIDER</i>
 <i>Provider Language(s) Spoken: Arabic, Persian</i>		 <i>Provider Language(s) Spoken: Arabic, Persian</i>	 <i>Hours: M-F 8AM-5PM</i>
<i>Cultural Competency: N</i>		<i>Cultural Competency: N</i>	 <i>Website: N/A</i>
<i>Hospital Affiliation: TEMECULA VALLEY HOSPITAL INC</i>		<i>Hospital Affiliation: TEMECULA VALLEY HOSPITAL INC</i>	<i>IPA: Community Care IPA LLC</i>
<i>Medi-Cal Open Panel: Yes</i>		<i>Medi-Cal Open Panel: Yes</i>	<b>NEUROLOGY</b>
<i>Min/Max Age: 0\None</i>		<i>Min/Max Age: 0\None</i>	<b>SORIA LOPEZ, JOSE</b>
<i>American Sign Language (ASL): N</i>		<i>American Sign Language (ASL): N</i>	<i>Provider ID: 295744</i>
		<b>NEUROLOGY</b>	<i>Board Certified Specialty: No</i>
		<b>MOHAMMAD, AHMAD SHAH</b>	



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## D. 專業提供者目錄

 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
 Phone: (619) 425-3840  
Fax: (619) 485-5440  
 After Hours Phone: (619)  
425-3840  
Provider Gender: Male  
NPI: 1225474034  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
TEMECULA VALLEY HOSPITAL  
INC  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-6PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **OBSTETRICS / GYNECOLOGY**




#### **ATIGA, SCHUBERT**

Provider ID: 268953  
Board Certified Specialty: Yes  
 752 MEDICAL CENTER CT  
STE 106  
CHULA VISTA, CA 91911  
 Phone: (619) 482-8406

Fax: (619) 482-6656  
 After Hours Phone: (619)  
482-8406  
Provider Gender: Male  
NPI: 1033138714  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
PARADISE VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH 8AM-5PM  
F 8AM-0PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **OBSTETRICS / GYNECOLOGY**





#### **ATIGA, SCHUBERT**

Provider ID: 290331  
Board Certified Specialty: Yes  
 752 MEDICAL CENTER CT  
STE 106  
CHULA VISTA, CA 91911  
 Phone: (619) 482-8406  
Fax: (619) 482-6656  
 After Hours Phone: (619)  
482-8406  
Provider Gender: Male  
NPI: 1033138714

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
PARADISE VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 13\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH 8AM-5PM  
F 8AM-0PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP




### **OCCUPATIONAL THERAPIST**

#### **MORRIS, SHEILA**

Provider ID: 268926  
Board Certified Specialty: No  
 1020 TIERRA DEL REY STE  
A-1  
CHULA VISTA, CA 91910  
 Phone: (619) 585-7104  
Fax: (619) 585-7106  
 After Hours Phone: (619)  
585-7104  
Provider Gender: Female  
NPI: 1689039877  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):






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## D. 專業提供者目錄

N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 7AM-6PM SA 7AM-2PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC*

### **OPHTHALMOLOGY**




#### **BRYANT, DUANE**



*Provider ID: 244753*  
*Board Certified Specialty: No*  
 342 F ST  
 CHULA VISTA, CA 91910  
 *Phone: (619) 422-1471*  
*Fax: (619) 422-0450*  
 *After Hours Phone: (619) 422-1471*  
*Provider Gender: Male*  
*NPI: 1023117124*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 13\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M 8AM-5PM TU 7AM-5PM*


*W 8AM-5PM*  
*TH-F 7AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*

### **OPHTHALMOLOGY**

#### **BRYANT, DUANE**







*Provider ID: 297630*  
*Board Certified Specialty: No*  
 342 F ST  
 CHULA VISTA, CA 91910  
 *Phone: (619) 422-1471*  
*Fax: (619) 422-0450*  
 *After Hours Phone: (619) 422-1471*  
*Provider Gender: Male*  
*NPI: 1023117124*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M 8AM-5PM TU 7AM-5PM W 8AM-5PM TH-F 7AM-5PM*

 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*

### **OPHTHALMOLOGY**

#### **HO, AMIEE**

*Provider ID: 297633*  
*Board Certified Specialty: No*  
 342 F ST  
 CHULA VISTA, CA 91910  
 *Phone: (619) 422-1471*  
*Fax: (619) 422-0450*  
 *After Hours Phone: (619) 422-1471*  
*Provider Gender: Female*  
*NPI: 1396009478*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Chinese*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **OPTOMETRIST**

#### **CHAIN, PEI CHI**

*Provider ID: 297621*  
*Board Certified Specialty: No*  
 342 F ST  
 CHULA VISTA, CA 91910  
 *Phone: (619) 422-1471*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Fax: (619) 422-2025

☎ After Hours Phone: (619) 422-1471

Provider Gender: Female

NPI: 1730676727

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Mandarin

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **KOO, ANITA**

Provider ID: 304830

Board Certified Specialty: No

📍 678 3RD AVE

CHULA VISTA, CA 91910

☎ Phone: (619) 662-4100

☎ After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1669825667

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT

#### **PROVIDER**

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **KOO, ANITA**

Provider ID: 304537

Board Certified Specialty: No

📍 835 THIRD AVE STE A

CHULA VISTA, CA 91911

☎ Phone: (619) 425-7755

Fax: (619) 425-2138

☎ After Hours Phone: (619) 425-7755

Provider Gender: Female

NPI: 1669825667

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **MASCARENO, EFRAIN**

Provider ID: 268680

Board Certified Specialty: No

📍 440 4TH AVE STE 9

CHULA VISTA, CA 91910

☎ Phone: (619) 427-2020

Fax: (866) 254-5707

☎ After Hours Phone: (619)

427-2020

Provider Gender: Male

NPI: 1457507279

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-6PM

🌐 Website: N/A

IPA: Community Care IPA LLC, Imperial Health Holdings Medical Group-SD

### **OPTOMETRIST**

#### **MASCARENO, EFRAIN**

Provider ID: 268679

Board Certified Specialty: No

📍 2260 OTAY LAKES RD STE 111

CHULA VISTA, CA 91915

☎ Phone: (619) 421-5550

Fax: (866) 254-5707

☎ After Hours Phone: (619) 421-5550

Provider Gender: Male

NPI: 1457507279

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT

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## D. 專業提供者目錄

**PROVIDER**  
🕒 Hours: M-F 9AM-6PM  
🌐 Website: N/A  
IPA: Community Care IPA LLC,  
Imperial Health Holdings  
Medical Group-SD

### **OPTOMETRIST**

**MASCARENO, EFRAIN**  
Provider ID: 262228  
Board Certified Specialty: No  
📍 2260 OTAY LAKES RD STE  
111  
CHULA VISTA, CA 91915  
📞 Phone: (619) 421-5550  
Fax: (866) 254-5707  
📞 After Hours Phone: (619)  
421-5550  
Provider Gender: Male  
NPI: 1457507279  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 9AM-6PM  
🌐 Website: N/A  
IPA: Community Care IPA LLC,  
Imperial Health Holdings  
Medical Group-SD

### **OPTOMETRIST**

**MASCARENO, EFRAIN**  
Provider ID: 262229

Board Certified Specialty: No  
📍 440 4TH AVE STE 9  
CHULA VISTA, CA 91910  
📞 Phone: (619) 427-2020  
Fax: (866) 254-5707  
📞 After Hours Phone: (619)  
427-2020

Provider Gender: Male  
NPI: 1457507279  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 9AM-6PM  
🌐 Website: N/A  
IPA: Community Care IPA LLC,  
Imperial Health Holdings  
Medical Group-SD

### **OPTOMETRIST**

**NGUYEN, THU**  
Provider ID: 125032  
Board Certified Specialty: No  
📍 342 F ST  
CHULA VISTA, CA 91910  
📞 Phone: (619) 422-1471  
Fax: (619) 422-0450  
📞 After Hours Phone: (619)  
422-1471

Provider Gender: Female  
NPI: 1326323627  
📄 Provider English Spoken: Y  
📄 Provider Language(s)

Spoken: Spanish, Tagalog,  
Vietnamese  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 13\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP,  
Imperial Health Holdings  
Medical Group-SD


### **OPTOMETRIST**


**NGUYEN, THU**  
Provider ID: 298022  
Board Certified Specialty: No  
📍 342 F ST  
CHULA VISTA, CA 91910  
📞 Phone: (619) 422-1471  
Fax: (619) 422-0450  
📞 After Hours Phone: (619)  
422-1471

Provider Gender: Female  
NPI: 1326323627  
📄 Provider English Spoken: Y  
📄 Provider Language(s)  
Spoken: Spanish, Tagalog,  
Vietnamese  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

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上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP,  
Imperial Health Holdings  
Medical Group-SD*

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### **OPTOMETRIST**

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#### **NGUYEN, THU**

*Provider ID: 265518*

*Board Certified Specialty: No*

 *342 F ST*

*CHULA VISTA, CA 91910*

 *Phone: (619) 422-1471*


*Fax: (619) 422-0450*

 *After Hours Phone: (619)  
422-1471*

*Provider Gender: Female*

*NPI: 1326323627*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish, Tagalog,  
Vietnamese*

*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP,  
Imperial Health Holdings*

*Medical Group-SD*

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### **OPTOMETRIST**

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#### **RICHARDSON, JULIA**

*Provider ID: 297645*

*Board Certified Specialty: No*

 *342 F ST*

*CHULA VISTA, CA 91910*


 *Phone: (619) 422-1471*

*Fax: (619) 422-2025*

 *After Hours Phone: (619)  
422-1471*

*Provider Gender: Female*

*NPI: 1770154528*

 *Provider English Spoken: Y*


*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

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### **OPTOMETRIST**

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#### **SCOVILL, ALEXANDRA**

*Provider ID: 297625*

*Board Certified Specialty: No*

 *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):*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

---

### **OPTOMETRIST**

---


#### **TRAN, JESSICA**

*Provider ID: 304888*

*Board Certified Specialty: No*

 *340 FOURTH AVE STE 19*

*CHULA VISTA, CA 91910*

 *Phone: (619) 761-5308*

*Fax: (619) 591-1910*

 *After Hours Phone: (619)  
761-5308*

*Provider Gender: Female*

*NPI: 1457922957*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*

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## D. 專業提供者目錄

### OTOLARYNGOLOGY

#### **MCCALLION, PATRICK**

Provider ID: 290541

Board Certified Specialty: No

765 MEDICAL CENTER CT  
STE 210

CHULA VISTA, CA 91911

Phone: (619) 482-0565

Fax: (619) 482-2775

After Hours Phone: (619)  
482-0565

Provider Gender: Male

NPI: 1134144454

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
ALVARADO HOSPITAL LLC

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP,  
Imperial Health Holdings  
Medical Group-SD

### OTOLARYNGOLOGY

#### **SAEZ, NEIL**

Provider ID: 302432

Board Certified Specialty: No

765 MEDICAL CENTER CT  
STE 210

CHULA VISTA, CA 91911

Phone: (619) 482-0565

Fax: (619) 482-2775

After Hours Phone: (619)  
482-0565

Provider Gender: Male

NPI: 1518456508

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### PEDIATRIC EMERGENCY

#### MEDICINE

#### **AGHILI, ROXANA**

Provider ID: 303782

Board Certified Specialty: No

386 E H ST STE 202

CHULA VISTA, CA 91910

Phone: (858) 966-1720

Fax: (858) 966-1725

After Hours Phone: (858)  
966-1720

Provider Gender: Female

NPI: 1851927883

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: KAISER  
FOUNDATION HOSPITAL SAN

DIEGO, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1PM-10PM  
M-F 4PM-10PM

SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY

#### MEDICINE

#### **BETTY, MARYANN**

Provider ID: 245751

Board Certified Specialty: No

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: 1285014498

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

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## D. 專業提供者目錄

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE

**DEVERA, GEMMIE**

Board Certified Specialty: No

 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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE

**GORHAM, LAURA**

Provider ID: 275787

Board Certified Specialty: No

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 Phone: (858) 966-1720

Fax: (858) 966-1725

 After Hours Phone: (858)  
966-1720

Provider Gender: Female

NPI: 1316162324

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY


### MEDICINE

**GROSS, MATTHEW**

Provider ID: 297176

Board Certified Specialty: No

 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: 1942223664

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE

**MENDES, CHANTAL**


Provider ID: 295669

Board Certified Specialty: No

 386 E H ST STE 202  
CHULA VISTA, CA 91910

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## D. 專業提供者目錄


 Phone: (858) 966-1720

Fax: (858) 966-1725

 After Hours Phone: (858) 966-1720

Provider Gender: Female

NPI: 1134681265

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network

---

### PEDIATRIC EMERGENCY MEDICINE


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#### **MINKA, GENEVIEVE**

Provider ID: 289468


Board Certified Specialty: No

 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: 1689646689

 Provider English Spoken: Y

 Provider Language(s) Spoken: French

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN


DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network

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### PEDIATRIC EMERGENCY MEDICINE


---

#### **OZAKI, YOSHIHIRO**

Provider ID: 241923

Board Certified Specialty: No

 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: 1467898239

 Provider English Spoken: Y

 Provider Language(s) Spoken: Japanese

Cultural Competency: N


Hospital Affiliation: VALLEY CHILDRENS HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

---

### PEDIATRIC EMERGENCY MEDICINE


---


#### **VAIDYA, KAMALA**

Provider ID: 289411

Board Certified Specialty: No

 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


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## D. 專業提供者目錄

American Sign Language (ASL): **RICHARDSON, HENRY**

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRICS

**ROWHANI, NAGHMEH**

Provider ID: 306065

Board Certified Specialty: No

 280 E ST  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 426-2170

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1992876759

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\17

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: IHP of Southern Cal-PHP

### PHYSICAL MEDICINE / REHABILITATION

Provider ID: 295275

Board Certified Specialty: No

 340 4TH AVE STE 19  
CHULA VISTA, CA 91910

 Phone: (760) 607-5350

Fax: (760) 607-5365

 After Hours Phone: (760)  
607-5350

Provider Gender: Male

NPI: 1407052459

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, PALOMAR MEDICAL  
CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PHYSICIANS ASSISTANT

**BEITTER, KEERSTIN**

Provider ID: 300093

Board Certified Specialty: No

 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: Female

NPI: 1477129302

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT


**DOUGHERTY, CLARA**

Provider ID: 301592

Board Certified Specialty: No

 752 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911

 Phone: (619) 397-4500

Fax: (858) 429-7931

 After Hours Phone: (619)  
397-4500

Provider Gender: Female

NPI: 1609987619

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### PHYSICIANS ASSISTANT

#### GI, HUNG

Provider ID: 302126

Board Certified Specialty: No

 280 E ST  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100


Fax: (619) 662-4196

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1023207404

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Chinese, French,  
Spanish


Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PHYSICIANS ASSISTANT

#### GUTH, CARA


Provider ID: 299110

Board Certified Specialty: No

 480 4TH AVE STE 501  
CHULA VISTA, CA 91910

 Phone: (619) 425-9510

Fax: (619) 425-0539

 After Hours Phone: (619)  
425-9510

Provider Gender: Female

NPI: 1992177182

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 21\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PHYSICIANS ASSISTANT

#### INDA, PRISCILLA


Provider ID: 265072

Board Certified Specialty: No

 450 4TH AVE STE 215  
CHULA VISTA, CA 91910

 Phone: (619) 434-0204


Fax: (619) 337-0191

 After Hours Phone: (619)  
434-0204

Provider Gender: Female

NPI: 1679008379

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Russian,  
Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### PHYSICIANS ASSISTANT

#### VARGAS, CHRISTOPHER

Provider ID: 295945

Board Certified Specialty: No

 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

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## D. 專業提供者目錄

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT




#### VARGAS, CHRISTOPHER

Provider ID: 295828  
Board Certified Specialty: No  
 2452 FENTON ST STE C203  
CHULA VISTA, CA 91914  
 Phone: (619) 600-5309  
Fax: (619) 655-4700  
 After Hours Phone: (619)  
600-5309  
Provider Gender: Male  
NPI: 1922505775

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP




### PHYSICIANS ASSISTANT

#### VARGAS, CHRISTOPHER

Provider ID: 268744  
Board Certified Specialty: No  
 2452 FENTON ST STE C203  
CHULA VISTA, CA 91914  
 Phone: (619) 600-5309  
Fax: (619) 655-4700  
 After Hours Phone: (619)  
600-5309  
Provider Gender: Male  
NPI: 1922505775



Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT




#### WRIGHT, DEREK

Provider ID: 302389  
Board Certified Specialty: No  
 340 FOURTH AVE STE 19  
CHULA VISTA, CA 91910  
 Phone: (619) 761-5308  
Fax: (619) 591-1910

 After Hours Phone: (619)  
761-5308

Provider Gender: Male  
NPI: 1629674858  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### PODIATRIST

#### DAVIDSON, JOHN

Provider ID: 129545  
Board Certified Specialty: No  
 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




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## D. 專業提供者目錄


 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F 9AM-4:30PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC*




### PODIATRIST

**READ, TRENTON**  
*Provider ID: 296655*  
*Board Certified Specialty: No*  
 855 3RD AVE STE 1100  
CHULA VISTA, CA 91911  
 *Phone: (619) 631-4033*  
*Fax: (619) 880-5057*  
 *After Hours Phone: (619)  
631-4033*  
*Provider Gender: Male*  
*NPI: 1952963431*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F 9AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health  
Network*









### PSYCHOLOGIST

**BAYLON, ALDO**  
*Provider ID: 290243*  
*Board Certified Specialty: No*  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
*Fax: (619) 425-6941*  
 *After Hours Phone: (619)  
662-4100*  
*Provider Gender: Male*  
*NPI: 1649429150*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F 8AM-8PM  
SA 8AM-4PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### PSYCHOLOGIST

**CELAYA, PATRICIA**  
*Provider ID: 294875*  
*Board Certified Specialty: No*

 678 3RD AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
*Fax: (619) 425-1184*  
 *After Hours Phone: (619)  
662-4100*  
*Provider Gender: Female*  
*NPI: 1952656902*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F 8AM-8PM  
SA 8AM-4PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### PSYCHOLOGIST

**GALLO, LINDA**  
*Provider ID: 296782*  
*Board Certified Specialty: No*  
 780 BAY BLVD STE 200  
CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
*Fax: (619) 240-7852*  
 *After Hours Phone: (619)  
662-4100*  
*Provider Gender: Female*  
*NPI: 1427773621*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*


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## D. 專業提供者目錄

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **PSYCHOLOGIST**

#### **GOULD, HILARY**

Provider ID: 290467

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 271-0260

 After Hours Phone: (619)  
662-4100

Provider Gender: Female


NPI: 1104297696


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 10AM-4PM  
M-F 8:30AM-5:30PM  
SA 8AM-2:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **PSYCHOLOGIST**

#### **WIJAYARATNE, IMANIE**


Provider ID: 290092

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 271-0260

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1932358355


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **RADIATION ONCOLOGY**

#### **CARMONA, RUBEN**

Provider ID: 303101

Board Certified Specialty: No

 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  
Cultural Competency: N


Hospital Affiliation: SHARP


CHULA VISTA MED CTR, Sharp  
Grossmont Hospital, SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

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### **RADIATION ONCOLOGY**

#### **COLEMAN, LORI**

Provider ID: 206393

Board Certified Specialty: No

 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

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## D. 專業提供者目錄

American Sign Language (ASL): IPA: Community Care IPA LLC  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### RADIATION ONCOLOGY

#### **VOLPP, PAUL**

Provider ID: 221102

Board Certified Specialty: No

 769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911

 Phone: (619) 502-5851

Fax: (619) 502-5865

 After Hours Phone: (619)  
502-5851

Provider Gender: Male

NPI: 1225186232

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
GROSSMONT HOSPITAL,  
PALOMAR MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 19\100

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


### RADIATION ONCOLOGY

#### **WEINSTEIN, GEOFFREY**

Provider ID: 200538

Board Certified Specialty: No

 769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911


 Phone: (619) 502-5851

Fax: (619) 502-5865

 After Hours Phone: (619)  
502-5851

Provider Gender: Male

NPI: 1841233947

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
SHARP CHULA VISTA MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 19\100

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### REGISTERED PHYSICAL

#### THERAPIST


#### **CHENG, BRANDON**

Provider ID: 304529

Board Certified Specialty: No

 1392 E PALOMAR ST STE  
503

CHULA VISTA, CA 91913

 Phone: (619) 482-3000

Fax: (619) 482-3001

 After Hours Phone: (619)  
482-3000

Provider Gender: Male

NPI: 1336894724

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 7AM-7PM  
F 7AM-5PM

SA 8AM-1PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### REGISTERED PHYSICAL

#### THERAPIST


#### **DAGOSTINO, JACQUELINE**

Provider ID: 301377

Board Certified Specialty: No

 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: 1710457379

 Provider English Spoken: Y

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## D. 專業提供者目錄








Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

**DAGOSTINO, JACQUELINE**  
Provider ID: 243632  
Board Certified Specialty: No  
 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: 1710457379  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,







IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST



**DORSEY, KYLE**  
Provider ID: 301422  
Board Certified Specialty: No  
 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: 1790334316  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 7AM-7PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

**DORSEY, KYLE**  
Provider ID: 286987  
Board Certified Specialty: No  
 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: 1790334316  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 7AM-7PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

**HERMAN, RACHEL**  
Provider ID: 286656  
Board Certified Specialty: No  
 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: 1477121762  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None


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## D. 專業提供者目錄

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST


**HERMAN, RACHEL**

Provider ID: 301376

Board Certified Specialty: No

 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: 1477121762

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST


### THERAPIST

**JAIN, ALEXANDRA**

Provider ID: 305150

Board Certified Specialty: No

 880 THIRD AVE STE A  
CHULA VISTA, CA 91911


 Phone: (619) 205-4585

Fax: (619) 271-3183

 After Hours Phone: (619) 205-4585

Provider Gender: Female

NPI: 1063170603

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 55\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

**JIMENEZ, ANDREA**

Provider ID: 299889


Board Certified Specialty: No

 1392 E PALOMAR ST STE 503

CHULA VISTA, CA 91913

 Phone: (619) 482-3000

Fax: (619) 482-3001

 After Hours Phone: (619)

482-3000

Provider Gender: Female

NPI: 1699357525

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

482-3000

Provider Gender: Female

NPI: 1407440670

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 7AM-7PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST


**KARANDE, PRACHI**

Provider ID: 287100

Board Certified Specialty: No

 1392 E PALOMAR ST STE 503

CHULA VISTA, CA 91913

 Phone: (619) 482-3000

Fax: (619) 482-3001

 After Hours Phone: (619) 482-3000

Provider Gender: Female

NPI: 1699357525

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes


























Min/Max Age: 16\None

American Sign Language (ASL):

N




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p> <hr/> <p><b><u>REGISTERED PHYSICAL THERAPIST</u></b></p> <hr/> <p><b>KARANDE, PRACHI</b></p> <p>Provider ID: 301380</p> <p>Board Certified Specialty: No</p> <p> 1392 E PALOMAR ST STE 503 CHULA VISTA, CA 91913</p> <p> Phone: (619) 482-3000</p> <p>Fax: (619) 482-3001</p> <p> After Hours Phone: (619) 482-3000</p> <p>Provider Gender: Female</p> <p>NPI: 1699357525</p> <p> Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p>	<p><b>NGUYEN, TIA</b></p> <p>Provider ID: 305014</p> <p>Board Certified Specialty: No</p> <p> 1392 E PALOMAR ST STE 503 CHULA VISTA, CA 91913</p> <p> Phone: (619) 482-3000</p> <p>Fax: (619) 482-3001</p> <p> After Hours Phone: (619) 482-3000</p> <p>Provider Gender: Female</p> <p>NPI: 1457136269</p> <p> Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p>	<p>482-3000</p> <p>Provider Gender: Female</p> <p>NPI: 1457136269</p> <p> Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-TH 7AM-7PM F 7AM-4PM</p> <p> Website: N/A</p> <p>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p> <hr/> <p><b><u>REGISTERED PHYSICAL THERAPIST</u></b></p> <hr/> <p><b>NOVENCIDO, ANDREW</b></p> <p>Provider ID: 301994</p> <p>Board Certified Specialty: No</p> <p> 1392 E PALOMAR ST STE 503 CHULA VISTA, CA 91913</p> <p> Phone: (619) 482-3000</p> <p>Fax: (619) 482-3001</p> <p> After Hours Phone: (619) 482-3000</p> <p>Provider Gender: Male</p> <p>NPI: 1447723937</p> <p> Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p>
<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p> <hr/> <p><b><u>REGISTERED PHYSICAL THERAPIST</u></b></p> <hr/>	<p><b>NGUYEN, TIA</b></p> <p>Provider ID: 305013</p> <p>Board Certified Specialty: No</p> <p> 1392 E PALOMAR ST STE 503 CHULA VISTA, CA 91913</p> <p> Phone: (619) 482-3000</p> <p>Fax: (619) 482-3001</p> <p> After Hours Phone: (619) 482-3000</p>	





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## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*

### **REGISTERED PHYSICAL THERAPIST**

#### **NOVENCIDO, ANDREW**

*Provider ID: 286782*  
*Board Certified Specialty: No*  
 1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
 *Phone: (619) 482-3000*  
*Fax: (619) 482-3001*  
 *After Hours Phone: (619)  
482-3000*  
*Provider Gender: Male*  
*NPI: 1447723937*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*



 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*

*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*


### **REGISTERED PHYSICAL THERAPIST**


#### **SPARKS, TODD**

*Provider ID: 129142*  
*Board Certified Specialty: No*  
 1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
 *Phone: (619) 482-3000*  
*Fax: (619) 482-3001*  
 *After Hours Phone: (619)  
482-3000*

*Provider Gender: Male*  
*NPI: 1265481139*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*



 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M 7AM-7PM  
TU 7AM-0PM  
W-TH 7AM-7PM  
F 7AM-0PM*

 *Website: N/A*  
*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*

### **REGISTERED PHYSICAL THERAPIST**

#### **SPARKS, TODD**

*Provider ID: 301108*  
*Board Certified Specialty: No*  
 1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
 *Phone: (619) 482-3000*


*Fax: (619) 482-3001*

 *After Hours Phone: (619)  
482-3000*

*Provider Gender: Male*

*NPI: 1265481139*

 *Provider English Spoken: Y*

 *Provider Language(s)*

*Spoken: Spanish*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M 7AM-7PM*

*TU 7AM-0PM*

*W-TH 7AM-7PM*

*F 7AM-0PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,*

*IHP of Southern Cal-PHP*

### **REGISTERED PHYSICAL THERAPIST**


#### **STAHL, KEVIN**

*Provider ID: 305424*

*Board Certified Specialty: No*

 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*

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## D. 專業提供者目錄



Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP







### REGISTERED PHYSICAL THERAPIST

**STAHL, KEVIN**  
 Provider ID: 301418  
 Board Certified Specialty: No  
 1392 E PALOMAR ST STE  
 503  
 CHULA VISTA, CA 91913  
 Phone: (619) 482-3000  
 Fax: (619) 482-3001  
 After Hours Phone: (619)  
 482-3000  
 Provider Gender: Male  
 NPI: 1760194302  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,


IHP of Southern Cal-PHP  









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**REGISTERED PHYSICAL  
THERAPIST**  
**VILLANUEVA, GIOVANNI**  
 Provider ID: 301532  
 Board Certified Specialty: No  
 1392 E PALOMAR ST STE  
 503  
 CHULA VISTA, CA 91913  
 Phone: (619) 482-3000  
 Fax: (619) 482-3001

 After Hours Phone: (619)  
 482-3000  
 Provider Gender: Male  
 NPI: 1063046878  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 7AM-7PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### RHEUMATOLOGY

**CHITKARA, PUJA**  
 Provider ID: 262358  
 Board Certified Specialty: No  
 765 MEDICAL CENTER CT  
 STE 216  
 CHULA VISTA, CA 91911

 Phone: (619) 623-3000  
 Fax: (619) 623-3001  
 After Hours Phone: (619)  
 623-3000  
 Provider Gender: Female  
 NPI: 1871718189  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi, Russian,  
 Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS  
 MERCY HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-4:30PM  
 Website: N/A  
 IPA: Imperial Health Holdings  
 Medical Group-SD

### RHEUMATOLOGY

**CHWA, JEFFREY**  
 Provider ID: 268780  
 Board Certified Specialty: No  
 765 MEDICAL CENTER CT  
 STE 216  
 CHULA VISTA, CA 91911  
 Phone: (619) 623-3000  
 Fax: (619) 623-3001  
 After Hours Phone: (619)

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## D. 專業提供者目錄

623-3000

Provider Gender: Male

NPI: 1285989236

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT

PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

### **SPEECH PATHOLOGIST**

#### **AROCHO-SALGADO, MIRELIS**

Provider ID: 296928

Board Certified Specialty: No

📍 333 H ST STE 5000

CHULA VISTA, CA 91910

☎ Phone: (877) 757-8353

Fax: (818) 357-2505

🕒 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1063660165

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT

PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **SPEECH PATHOLOGIST**

#### **CALDERON MORALES, ASTRID**

Provider ID: 305582

Board Certified Specialty: No

📍 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: 1619501186

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Armenian, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT

PROVIDER

🕒 Hours: M-F 7AM-7PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **SPEECH PATHOLOGIST**

#### **CLARK, MELISSA**

Provider ID: 296923

Board Certified Specialty: No

📍 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: 1760546428

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Arabic, Armenian,  
Farsi, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT

PROVIDER

🕒 Hours: SU 7AM-7PM

M-F 7AM-7PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **SPEECH PATHOLOGIST**

#### **MADERA RIVERA, PAULA**

Provider ID: 296579

Board Certified Specialty: No

📍 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: 1205443769

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Arabic, Armenian,  
Farsi, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes


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## D. 專業提供者目錄

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 7AM-7PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **SPEECH PATHOLOGIST**

#### **O'DORAN, KAYLA**

Provider ID: 296587

Board Certified Specialty: No

 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: 1275021438

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 7AM-7PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **SURGERY GENERAL**

#### **CASILLAS BERUMEN, SERGIO**


Provider ID: 304607

Board Certified Specialty: No

 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: PARADISE

VALLEY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY


HOSPITAL, PALOMAR

MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **SURGERY GENERAL**

#### **MORAL, JOHN**


Provider ID: 299238

Board Certified Specialty: No

 480 4TH AVE STE 404  
CHULA VISTA, CA 91910

 Phone: (619) 425-7470


Fax: (619) 425-7472

 After Hours Phone: (619)  
425-7470

Provider Gender: Male

NPI: 1720426190

 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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-5PM  
F 8AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### **SURGERY GENERAL**

#### **MORAL, JOHN**

Provider ID: 297841

Board Certified Specialty: No

 480 4TH AVE STE 404  
CHULA VISTA, CA 91910

 Phone: (619) 425-7470

Fax: (619) 425-7472

 After Hours Phone: (619)  
425-7470

Provider Gender: Male

NPI: 1720426190

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## D. 專業提供者目錄

<p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish, Tagalog</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-TH 8AM-5PM F 8AM-4PM</p> <p> Website: N/A</p> <p>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p>	<p>Hospital Affiliation: PARADISE VALLEY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Website: N/A</p> <p>IPA: IHP of Southern Cal-PHP</p>	<p>CITIES COMMUNITY HOSPITAL, PARADISE VALLEY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: IHP of Southern Cal-PHP</p>
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### **SURGERY ORTHOPEDIC**

#### **ANDRY, JAMES**

Provider ID: 302084

Board Certified Specialty: No

750 MEDICAL CENTER CT STE 14 CHULA VISTA, CA 91911

Phone: (858) 824-1703

Fax: (858) 455-6473

After Hours Phone: (858) 824-1703

Provider Gender: Male

NPI: 1679726103

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

### **SURGERY ORTHOPEDIC**

#### **KUSNEZOV, NICHOLAS**

Provider ID: 303195

Board Certified Specialty: No

750 MEDICAL CENTER CT STE 14 CHULA VISTA, CA 91911

Phone: (858) 824-1703

Fax: (858) 455-6473

After Hours Phone: (858) 824-1703

Provider Gender: Male

NPI: 1396185161

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: TWIN

### **UROLOGY**

#### **SALMASI, AMIRALI**

Provider ID: 302913

Board Certified Specialty: No

752 MEDICAL CENTER CT STE 101 CHULA VISTA, CA 91911

Phone: (619) 397-4500

After Hours Phone: (619) 397-4500

Provider Gender: Male

NPI: 1609187962

Provider English Spoken: Y

Provider Language(s) Spoken: Farsi

Cultural Competency: N

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## D. 專業提供者目錄

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON, GROSSMONT  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Community Care IPA LLC,  
UCSD Medical Group

### CMP PENDLETON


#### CERTIFIED NURSE PRACTITIONER


#### **FREEMAN, WANDA**

Provider ID: 298117

Board Certified Specialty: No

 619 CROUCH ST  
CMP PENDLETON, CA  
92054

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

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: CONTACT

#### PROVIDER

 Website: N/A


IPA: IHP of Southern Cal-PHP


#### CERTIFIED NURSE PRACTITIONER


#### **HARRIS, PAMELA**

Provider ID: 302288

Board Certified Specialty: No

 818 PIER VIEW WAY  
CMP PENDLETON, CA  
92054

 Phone: (760) 631-5000

 Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

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: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### CORONADO


#### CERTIFIED NURSE PRACTITIONER


#### **LANE, KIMBERLY**

Provider ID: 301599

Board Certified Specialty: No

 230 PROSPECT PL STE 210  
CORONADO, CA 92118

 Phone: (619) 299-0670

 Fax: (858) 429-7929

 After Hours Phone: (619)  
299-0670

Provider Gender: Female

NPI: 1457670119

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


#### HEARING AID DEALER / SUPPLIER


#### **DAVIS, KELLE**

Provider ID: 268655

Board Certified Specialty: No

 801 ORANGE AVE  
CORONADO, CA 92118

 Phone: (619) 437-8154

 Fax: (310) 989-3092

 After Hours Phone: (619)  
437-8154

Provider Gender: Female

NPI: 1902853344

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

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## D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL): IHP of Southern Cal-PHP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-5PM

 Website: N/A


IPA: Community Care IPA LLC


### PHYSICIANS ASSISTANT

#### DOUGHERTY, CLARA

Provider ID: 301587

Board Certified Specialty: No

 230 PROSPECT PL STE 210  
CORONADO, CA 92118


 Phone: (619) 299-0670

Fax: (858) 429-7929

 After Hours Phone: (619)  
299-0670

Provider Gender: Female

NPI: 1609987619

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,


IHP of Southern Cal-PHP


### SURGERY ORTHOPEDIC

#### ANDRY, JAMES


Provider ID: 302087

Board Certified Specialty: No

 230 PROSPECT PL STE 230  
CORONADO, CA 92118


 Phone: (619) 435-7282

Fax: (619) 435-3723

 After Hours Phone: (619)  
435-7282

Provider Gender: Male

NPI: 1679726103

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS MERCY

HOSPITAL, SHARP CHULA

VISTA MED CTR, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, Sharp

Grossmont Hospital, SHARP

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### SURGERY ORTHOPEDIC

#### PALLIA, CHRISTOPHER


Provider ID: 302102

Board Certified Specialty: No

 230 PROSPECT PL STE 230  
CORONADO, CA 92118

 Phone: (619) 435-7282

Fax: (619) 435-3723

 After Hours Phone: (619)  
435-7282

Provider Gender: Male

NPI: 1497751457

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL


HOSPITAL ENCINITAS


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### UROLOGY

#### SALMASI, AMIRALI

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## D. 專業提供者目錄

Provider ID: 302911

Board Certified Specialty: No

230 PROSPECT PL STE 210  
CORONADO, CA 92118

Phone: (619) 299-0670

After Hours Phone: (619)  
299-0670

Provider Gender: Male

NPI: 1609187962

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, GROSSMONT

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Community Care IPA LLC,  
UCSD Medical Group

### EL CAJON

#### CARDIOVASCULAR DISEASE

##### LERNER, JONATHAN

Provider ID: 303446

Board Certified Specialty: No

1625 E MAIN ST STE 201  
EL CAJON, CA 92021

Phone: (619) 486-6512

Fax: (619) 616-2104

After Hours Phone: (619)  
486-6512

Provider Gender: Male

NPI: 1962899823

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

#### CERTIFIED ACUPUNCTURIST

##### CRAFT, KEVIN

Provider ID: 290945

Board Certified Specialty: No

855 E MADISON AVE  
EL CAJON, CA 92020

Phone: (619) 440-2751

Fax: (360) 462-2746

After Hours Phone: (619)  
440-2751

Provider Gender: Male

NPI: 1659745610

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: TU-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

#### CERTIFIED ACUPUNCTURIST

##### SLOAN, ERICA

Provider ID: 303149

Board Certified Specialty: No

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: 1740962752

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

#### CERTIFIED NURSE

##### PRACTITIONER

##### BRANNEN, MANDY

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## D. 專業提供者目錄

Provider ID: 241600

Board Certified Specialty: No

215 W MADISON AVE  
EL CAJON, CA 92020

Phone: (619) 667-6125

Fax: (619) 590-9036

After Hours Phone: (619)  
667-6125

Provider Gender: Female

NPI: 1891205159

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 4PM-7PM  
W 4PM-7PM  
F 4PM-7PM

Website: N/A

IPA: Community Care IPA LLC

### CERTIFIED NURSE PRACTITIONER

#### **CHUDACEK, JANET**

Provider ID: 241626

Board Certified Specialty: No

215 W MADISON AVE  
EL CAJON, CA 92020

Phone: (760) 737-6960

Fax: (760) 741-2782

After Hours Phone: (760)  
737-6960

Provider Gender: Female

NPI: 1932606118

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 4PM-7PM  
W 4PM-7PM  
F 4PM-7PM

Website: N/A

IPA: Community Care IPA LLC

### CERTIFIED NURSE PRACTITIONER

#### **HAMID, WAHIDA**

Provider ID: 302295

Board Certified Specialty: No

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: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **PIRTLE, KEYSHONE**

Provider ID: 284244

Board Certified Specialty: No

5442 SYCUAN RD  
EL CAJON, CA 92019

Phone: (619) 445-0707

Fax: (619) 445-9764

After Hours Phone: (619)  
445-0707

Provider Gender: Male

NPI: 1417567827

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-4PM

Website: N/A

IPA: Community Care IPA LLC

### CERTIFIED NURSE PRACTITIONER

#### **WILLIAMS, SHANTRICE**

Provider ID: 296007





Board Certified Specialty: No

855 E MADISON AVE  
EL CAJON, CA 92020


Phone: (619) 440-2751




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## D. 專業提供者目錄

Fax: (360) 462-2746  
 After Hours Phone: (619) 440-2751  
 Provider Gender: Female  
 NPI: 1578865549  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8AM-2PM TU-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### **CHIROPRACTOR**

**FULKS, ZACKARY**  
 Provider ID: 303814  
 Board Certified Specialty: No  
 855 E MADISON AVE EL CAJON, CA 92020  
 Phone: (619) 270-3600  
 Fax: (360) 462-2746  
 After Hours Phone: (619) 270-3600  
 Provider Gender: Male  
 NPI: 1407562531  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP







### **CHIROPRACTOR**

**FULKS, ZACKARY**  
 Provider ID: 301146  
 Board Certified Specialty: No  
 855 E MADISON AVE EL CAJON, CA 92020  
 Phone: (619) 270-3600  
 Fax: (360) 462-2746  
 After Hours Phone: (619) 270-3600  
 Provider Gender: Male  
 NPI: 1407562531




Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

### **CHIROPRACTOR**

**MCCOWN, BARRY**  
 Provider ID: 301343  
 Board Certified Specialty: No




 855 E MADISON AVE EL CAJON, CA 92020  
 Phone: (619) 440-2751  
 Fax: (360) 462-2746  
 After Hours Phone: (619) 440-2751  
 Provider Gender: Male  
 NPI: 1487781035  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

### **CHIROPRACTOR**

**MCCOWN, BARRY**  
 Provider ID: 303815  
 Board Certified Specialty: No  
 855 E MADISON AVE EL CAJON, CA 92020  
 Phone: (619) 440-2751  
 Fax: (360) 462-2746  
 After Hours Phone: (619) 440-2751  
 Provider Gender: Male  
 NPI: 1487781035  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

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## D. 專業提供者目錄


*American Sign Language (ASL):* Board Certified Specialty: No  
N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*


### **CHIROPRACTOR**

#### **MCCOWN, BARRY**

*Provider ID: 303849*

*Board Certified Specialty: No*

 470 N MOLLISON AVE  
EL CAJON, CA 92021

 *Phone: (833) 867-4642*  
*Fax: (360) 462-5840*

 *After Hours Phone: (833) 867-4642*

*Provider Gender: Male*


*NPI: 1487781035*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*


 *Website: N/A*


*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*


### **FAMILY PRACTICE**

#### **ALGHAMDI, ASMA**

*Provider ID: 300231*

 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: 1316310840*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: SU 10AM-4PM*  
*M-F 8:30AM-5:30PM*  
*SA 8AM-2:30PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*


### **FAMILY PRACTICE**

#### **RONQUILLO, KAREN AN**

*Provider ID: 304781*

*Board Certified Specialty: No*

 855 E MADISON AVE  
EL CAJON, CA 92020

 *Phone: (619) 440-2751*  
*Fax: (858) 633-4692*

 *After Hours Phone: (619) 440-2751*

*Provider Gender: Female*

*NPI: 1275160012*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*


### **GASTROENTEROLOGY**

#### **NOVO, MEGAN**

*Provider ID: 296067*

*Board Certified Specialty: No*

 2732 NAVAJO RD STE 200  
EL CAJON, CA 92020

 *Phone: (619) 266-3332*  
*Fax: (619) 266-6000*

 *After Hours Phone: (619) 266-3332*

*Provider Gender: Female*

*NPI: 1770961971*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: PARADISE VALLEY HOSPITAL, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL*

*ENCINITAS, UCSD LA JOLLA*

*JOHN SALLY THORNTON,*

*SCRIPPS MERCY HOSPITAL*

*CHULA VISTA, UNIVERSITY OF*

*CALIFORNIA IRVINE MED CTR,*

*UCSD MEDICAL CTR, UCSD*




*MEDICAL CTR, SCRIPPS*

*MERCY HOSPITAL*








*Medi-Cal Open Panel: Yes*

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## D. 專業提供者目錄

Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### HEARING AID DEALER / SUPPLIER

**ANDERSON, ELAINE**  
Provider ID: 268692  
Board Certified Specialty: No  
 1767 E MAIN ST  
EL CAJON, CA 92021  
 Phone: (619) 440-6516  
Fax: (619) 440-6547  
 After Hours Phone: (619)  
440-6516  
Provider Gender: Female  
NPI: 1063558856  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC





### HEARING AID DEALER / SUPPLIER




**DAVIS, KELLE**

Provider ID: 268650  
Board Certified Specialty: No  
 1767 E MAIN ST  
EL CAJON, CA 92021  
 Phone: (619) 440-6516  
Fax: (619) 440-6547  
 After Hours Phone: (619)  
440-6516  
Provider Gender: Female  
NPI: 1902853344


 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC

### INTERNAL MEDICINE

**AWDISHO, ALAN**  
Provider ID: 291282  
Board Certified Specialty: No  
 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: 1164795498  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### INTERNAL MEDICINE

**MANSOUR, DAVID**  
Provider ID: 291543  
Board Certified Specialty: No  
 855 E MADISON AVE  
EL CAJON, CA 92020  
 Phone: (619) 440-2751  
Fax: (360) 462-2746  
 After Hours Phone: (619)  
440-2751  
Provider Gender: Male  
NPI: 1689164949  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 14\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### INTERNAL MEDICINE

#### **MAY, LOUIS**

Provider ID: 294916

Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1720497514

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### INTERNAL MEDICINE

#### **MICHAEL, RAMI**

Provider ID: 294908

Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020

Phone: (619) 662-4100

Fax: (619) 785-3356

After Hours Phone: (619)

662-4100

Provider Gender: Male

NPI: 1467871673

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### INTERVENTIONAL

#### CARDIOLOGY

#### **SHEREV, DIMITRI**

Provider ID: 302988

Board Certified Specialty: No

1380 EL CAJON BLVD  
EL CAJON, CA 92020

Phone: (619) 867-0557

After Hours Phone: (619)  
867-0557

Provider Gender: Male

NPI: 1154323996

Provider English Spoken: Y

Provider Language(s)  
Spoken: Bulgarian, Russian,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL,

ALVARADO COMMUNITY

HOSPITAL, SHARP MEMORIAL

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,

ALVARADO HOSPITAL LLC,

SHARP CHULA VISTA MED

CTR, SHARP CHULA VISTA

MED CTR, TRI CITY MEDICAL

CTR, SCRIPPS MERCY

HOSPITAL CHULA VISTA,

Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### INTERVENTIONAL

#### CARDIOLOGY

#### **SUDHAKAR, DEEPTHI**

Provider ID: 295843

Board Certified Specialty: No

1625 E MAIN ST STE 201  
EL CAJON, CA 92021

Phone: (619) 486-6512

Fax: (619) 616-2104

After Hours Phone: (619)  
486-6512


Provider Gender: Female




NPI: 1811307051

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP




### **OBSTETRICS / GYNECOLOGY**

#### **SEAVEY, MICHELLE**

Provider ID: 302873  
Board Certified Specialty: No  
 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: 1114081833

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 12\None  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP




### **OPTOMETRIST**

#### **AOTO, KIM**

Provider ID: 268721  
Board Certified Specialty: No  
 450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020  
 Phone: (800) 898-2020  
Fax: (844) 897-3788  
 After Hours Phone: (800)  
898-2020

Provider Gender: Female  
NPI: 1780935650

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **PHYSICIANS ASSISTANT**

#### **INDA, PRISCILLA**




Provider ID: 265073  
Board Certified Specialty: No

 328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020  
 Phone: (619) 930-9404  
Fax: (619) 930-9426  
 After Hours Phone: (619)  
930-9404

Provider Gender: Female  
NPI: 1679008379

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Russian,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC

### **PHYSICIANS ASSISTANT**


#### **LE, TAYLOR**

Provider ID: 304574  
Board Certified Specialty: No  
 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

NPI: 1396478400

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **PHYSICIANS ASSISTANT**

#### **RAMOS, JACQUELYN**

Provider ID: 301106

Board Certified Specialty: No

 855 E MADISON AVE  
EL CAJON, CA 92020

 Phone: (619) 270-3600


Fax: (360) 462-2746

 After Hours Phone: (619)  
270-3600

Provider Gender: Female

NPI: 1003515131

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **PHYSICIANS ASSISTANT**

#### **ROSENBLATT, SHERI**


Provider ID: 305449

Board Certified Specialty: No

 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: 1114041621

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **PSYCHOLOGIST**

#### **ARAIZA, ERNESTINA**

Provider ID: 290286

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

Fax: (619) 785-3356

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1568608636

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **PSYCHOLOGIST**

#### **CASEY, SHANNON**


Provider ID: 290309

Board Certified Specialty: No

 215 W MADISON AVE  
EL CAJON, CA 92020

 Phone: (619) 667-6125

Fax: (619) 590-9036

 After Hours Phone: (619)  
667-6125

Provider Gender: Female

NPI: 1548873755


 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### **GUARDADO-SOTO, RAQUEL**

Provider ID: 290342

Board Certified Specialty: No

855 E MADISON AVE  
EL CAJON, CA 92020

Phone: (619) 440-2751

Fax: (858) 633-4692

After Hours Phone: (619)  
440-2751

Provider Gender: Female

NPI: 1194999276

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### **WHEELER, KIM**

Provider ID: 302144

Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020

Phone: (619) 662-4100

Fax: (619) 785-3356

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1700577434

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 11\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **CAMPA, PATRICIA**

Provider ID: 302398

Board Certified Specialty: No

860 JAMACHA RD STE 203  
EL CAJON, CA 92019

Phone: (619) 573-6373

Fax: (619) 378-6578

After Hours Phone: (619)  
573-6373

Provider Gender: Female

NPI: 1528079357

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **MORRIS, CHAD**

Provider ID: 302403

Board Certified Specialty: No

860 JAMACHA RD STE 203  
EL CAJON, CA 92019

Phone: (619) 573-6373

Fax: (619) 378-6578

After Hours Phone: (619)  
573-6373

Provider Gender: Male

NPI: 1841307063

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **EL CENTRO**

### ANESTHESIOLOGY

#### **HYLTON, DIANA**

Provider ID: 277248

Board Certified Specialty: No

1415 ROSS AVE  
EL CENTRO, CA 92243

Phone: (800) 926-8273

Fax: (888) 539-8781

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1932527751*

☑ *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL*

*CTR, SOUTHWEST*

*HEALTHCARE INLAND*

*VALLEY HOSPITAL,*

*SOUTHWEST HEALTHCARE*

*RANCHO SPRINGS HOSPITAL*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### **ANESTHESIOLOGY**

#### **KRAUSE, MARTIN**

*Provider ID: 287653*

*Board Certified Specialty: No*

📍 *1415 ROSS AVE*

*EL CENTRO, CA 92243*

☎ *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1417243239*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s) Spoken: German*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### **ANESTHESIOLOGY**

#### **MINOKADEH, ANUSHIRVAN**

*Provider ID: 277351*

*Board Certified Specialty: Yes*

📍 *1415 ROSS AVE*

*EL CENTRO, CA 92243*

☎ *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1053339093*

☑ *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON, TEMECULA*

*VALLEY HOSPITAL INC*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### **ANESTHESIOLOGY CRITICAL CARE MEDICINE**

#### **RODRIGUEZ-MINETTE,**

#### **JESSICA**

*Provider ID: 277410*

*Board Certified Specialty: No*

📍 *1415 ROSS AVE*

*EL CENTRO, CA 92243*

☎ *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1164809950*

☑ *Provider English Spoken: Y*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### **CERTIFIED NURSE PRACTITIONER**

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## D. 專業提供者目錄

### **PITTMAN, LILIANA**

Provider ID: 285963

Board Certified Specialty: No

📍 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

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED NURSE PRACTITIONER**

### **TABAREZ, NORMA**

Provider ID: 272979

Board Certified Specialty: No

📍 1415 ROSS AVE

EL CENTRO, CA 92243

☎ Phone: (866) 803-2262

🕒 After Hours Phone: (866)  
803-2262

Provider Gender: Female

NPI: 1538535570

🗣 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

### **BAGBY, JESSICA**

Provider ID: 271137

Board Certified Specialty: No

📍 1415 ROSS AVE

EL CENTRO, CA 92243

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093161473

🗣 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

### **GUITTARD, JESSE**

Provider ID: 239878

Board Certified Specialty: No

📍 1415 ROSS AVE

EL CENTRO, CA 92243

☎ Phone: (760) 339-7100

🕒 After Hours Phone: (760)  
339-7100

Provider Gender: Male

NPI: 1770979890

🗣 Provider English Spoken: Y

🗣 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: EL

CENTRO REGIONAL MEDICAL

CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

### **HERNANDEZ, CRISTINA**

Provider ID: 242543

Board Certified Specialty: No

📍 1415 ROSS AVE

EL CENTRO, CA 92243

☎ Phone: (800) 926-8273

🕒 After Hours Phone: (800)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

926-8273

Provider Gender: Female

NPI: 1164765046

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **HORNBEAK, KIRSTEN**

Provider ID: 240024

Board Certified Specialty: No

1415 ROSS AVE

EL CENTRO, CA 92243

Phone: (760) 339-7100

After Hours Phone: (760) 339-7100

Provider Gender: Female

NPI: 1205214442

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **HUTCHISON, HEIDI**

Provider ID: 272661

Board Certified Specialty: No

1415 ROSS AVE

EL CENTRO, CA 92243

Phone: (760) 339-7100

Fax: (760) 352-7612

After Hours Phone: (760) 339-7100

Provider Gender: Female

NPI: 1417483587

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SIERRA

VISTA REGIONAL MED CTR,

TWIN CITIES COMMUNITY

HOSPITAL, EL CENTRO

REGIONAL MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **ICHWAN, DANIEL**

Provider ID: 283222

Board Certified Specialty: No

1415 ROSS AVE

EL CENTRO, CA 92243

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1740711589

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: EL

CENTRO REGIONAL MEDICAL

CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **MUELLER, MATTHEW**

Provider ID: 280659

Board Certified Specialty: No

1415 ROSS AVE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

EL CENTRO, CA 92243  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1003355629  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON, EL CENTRO  
REGIONAL MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### EMERGENCY MEDICINE

**RUDOLF, FRANCES**  
Provider ID: 240161  
Board Certified Specialty: No  
📍 1415 ROSS AVE  
EL CENTRO, CA 92243  
☎ Phone: (760) 339-7000  
📞 After Hours Phone: (760) 339-7000  
Provider Gender: Female  
NPI: 1821487430  
☑ Provider English Spoken: Y  
☑ Provider Language(s)

Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### EMERGENCY MEDICINE

**TANAKA, HIDEAKI**  
Provider ID: 239824  
Board Certified Specialty: Yes  
📍 1415 ROSS AVE  
EL CENTRO, CA 92243  
☎ Phone: (800) 826-8273  
📞 After Hours Phone: (800) 826-8273  
Provider Gender: Male  
NPI: 1124280730  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: EL  
CENTRO REGIONAL MEDICAL  
CENTER, Sharp Grossmont  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: SU 8AM-8PM  
M-F 8AM-5PM

SA 8AM-8PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### INFECTIOUS DISEASE

**AKRAMI, KEVAN**  
Provider ID: 277342  
Board Certified Specialty: No  
📍 1415 ROSS AVE  
EL CENTRO, CA 92243  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1225364052  
☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Farsi, Spanish  
Cultural Competency: N  
Hospital Affiliation:  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
TEMECULA VALLEY HOSPITAL  
INC, UCSD MEDICAL CTR,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### INFECTIOUS DISEASE

#### **SWEENEY, DANIEL**

Provider ID: 277369

Board Certified Specialty: No

1415 ROSS AVE  
EL CENTRO, CA 92243

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1497892954

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### CRITICAL CARE MEDICINE

#### **AMANN, CHRISTOPHER**

Provider ID: 277245

Board Certified Specialty: No

1415 ROSS AVE  
EL CENTRO, CA 92243

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1134326895

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, USC KENNETH

NORRIS JR CANCER

HOSPITAL, KECK HOSPITAL

OF USC, USC VERDUGO HILLS

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### CRITICAL CARE MEDICINE

#### **BEGOVIC, ADNAN**

Provider ID: 277388

Board Certified Specialty: No

1415 ROSS AVE  
EL CENTRO, CA 92243

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1093791014

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SOUTHWEST  
HEALTHCARE INLAND  
VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SCRIPPS MEMORIAL

HOSPITAL, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### CRITICAL CARE MEDICINE

#### **GOWDA, ASHWIN**

Provider ID: 277348

Board Certified Specialty: No

1415 ROSS AVE  
EL CENTRO, CA 92243

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1366736092

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

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## D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL): JOHN SALLY THORNTON

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE


#### **RAMNATH, VENKTESH**


Provider ID: 277358

Board Certified Specialty: No

 1415 ROSS AVE

EL CENTRO, CA 92243

 Phone: (760) 339-7202

 After Hours Phone: (760) 339-7202

Provider Gender: Male

NPI: 1215911730

Provider English Spoken: Y

Provider Language(s) Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: TEMECULA

VALLEY HOSPITAL INC,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,

EL CENTRO REGIONAL

MEDICAL CENTER, UCSD

MEDICAL CTR, HEALDSBURG

HOSPITAL, Providence

Redwood Memorial Hospital,

Providence Redwood Memorial

Hospital, UCSD LA JOLLA

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE


#### **TRAN, LINH**

Provider ID: 277391

Board Certified Specialty: No

 1415 ROSS AVE

EL CENTRO, CA 92243

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1851682728

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE


#### **WARDI, GABRIEL**


Provider ID: 277341

Board Certified Specialty: No

 1415 ROSS AVE

EL CENTRO, CA 92243

 Phone: (760) 339-7202

 After Hours Phone: (760) 339-7202

Provider Gender: Male

NPI: 1720346083

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, EL CENTRO

REGIONAL MEDICAL CENTER,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,

TEMECULA VALLEY HOSPITAL


INC, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

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## D. 專業提供者目錄

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **BARBA, DAVID**

Provider ID: 244089

Board Certified Specialty: No

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

Phone: (855) 543-0555

Fax: (888) 539-8781

After Hours Phone: (855)  
543-0555

Provider Gender: Male

NPI: 1093730251

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR,

UCSD LA JOLLA JOHN SALLY

THORNTON, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **ENCINITAS**

### **CERTIFIED ACUPUNCTURIST**

#### **ARELLANO, JACQUELINE**

Provider ID: 304139

Board Certified Specialty: No

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104129485

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**

#### **GONZALEZ, ANDRES**

Provider ID: 298659

Board Certified Specialty: No

1130 2ND ST  
ENCINITAS, CA 92024

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1841857729

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **CERTIFIED ACUPUNCTURIST**

#### **JULIAN, FIDES**

Provider ID: 304133

Board Certified Specialty: No

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Website: N/A  
IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **CARDINELL, ANNA**

Provider ID: 291412

Board Certified Specialty: No

 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1306978614

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**


---


#### **CHAMBERS, KATRINA**

Provider ID: 303521

Board Certified Specialty: No

 781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024

 Phone: (760) 183-0441  
Fax: (760) 635-5972

 After Hours Phone: (760)  
183-0441

Provider Gender: Female

NPI: 1710695143


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

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### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **DWYER, ERIN**

Provider ID: 301447

Board Certified Specialty: No

 320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

 Phone: (760) 436-4558  
Fax: (858) 429-7926

 After Hours Phone: (760)  
436-4558

Provider Gender: Female

NPI: 1003260894

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

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### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **HEAD, KRISTIN**


Provider ID: 268657

Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

 Phone: (760) 944-5545  
Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1699078923

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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## D. 專業提供者目錄

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**CERTIFIED NURSE**  
**PRACTITIONER**

---

**HOOPER, BONNIE**  
Provider ID: 275253  
Board Certified Specialty: No  
477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Phone: (760) 436-2300  
Fax: (760) 436-5482  
After Hours Phone: (760) 436-2300  
Provider Gender: Female  
NPI: 1821062878  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: Community Care IPA LLC

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**KORMANIK, PATRICIA**  
Provider ID: 282071  
Board Certified Specialty: No  
1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)

926-8273  
Provider Gender: Female  
NPI: 1093895047  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**LANE, KIMBERLY**  
Provider ID: 301602  
Board Certified Specialty: No  
320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Phone: (760) 436-4558  
Fax: (858) 429-7926  
After Hours Phone: (760) 436-4558  
Provider Gender: Female  
NPI: 1457670119  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):

N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: IHP of Southern Cal-PHP

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**PAKENHAM, KATE**  
Provider ID: 296268  
Board Certified Specialty: No  
1130 2ND ST  
ENCINITAS, CA 92024  
Phone: (760) 736-6767  
Fax: (760) 736-8740  
After Hours Phone: (760) 736-6767  
Provider Gender: Female  
NPI: 1578299343  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: SU 8AM-8PM  
M-F 8AM-8PM  
SA 8AM-5PM  
Website: N/A  
IPA: IHP of Southern Cal-PHP

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**SRILASAK, MICHELE**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider ID: 281856

Board Certified Specialty: No

1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265487326

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED NURSE PRACTITIONER**

**YEO, ALEXANDRIA**

Provider ID: 299940

Board Certified Specialty: No

1505 ENCINITAS BLVD  
ENCINITAS, CA 92024

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1902368319

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **GASTROENTEROLOGY**

**PATEL, JANKI**

Provider ID: 305301

Board Certified Specialty: No

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: Hindi

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **GYNECOLOGIC ONCOLOGY**

**ESKANDER, RAMEZ**

Provider ID: 282164

Board Certified Specialty: No

1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1144486929

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, EARL AND

LORRAINE MILLER  
CHILDRENS HSP, LONG

BEACH MEMORIAL MED CTR,  
Providence St Joseph Hospital,  
Providence St Jude Medical

Center, ORANGE COAST MEM  
MED CTR, FOUNTAIN VALLEY

REGIONAL HOSP AND MED  
CTR, FOUNTAIN VALLEY

REGIONAL HOSP AND MED  
CTR, CORONA REGIONAL




CTR, CORONA REGIONAL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

MED CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### HOSPICE AND PALLIATIVE MEDICINE

#### **RUBENZIK, TAMARA**

Provider ID: 282127  
Board Certified Specialty: No

 1200 GARDEN VIEW RD  
STE 200

ENCINITAS, CA 92024

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811200652

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### HOSPICE AND PALLIATIVE MEDICINE


#### **RUBENZIK, TAMARA**

Provider ID: 245575

Board Certified Specialty: No

 1200 GARDEN VIEW RD  
STE 100

ENCINITAS, CA 92024

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811200652

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

### MATERNAL AND FETAL MEDICINE


#### **BALLAS, JERASIMOS**


Provider ID: 209562

Board Certified Specialty: No

 781 GARDEN VIEW CT STE  
200

ENCINITAS, CA 92024

 Phone: (858) 657-7200

 After Hours Phone: (858)  
657-7200

Provider Gender: Male

NPI: 1871767384

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, EISENHOWER  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

#### **HULL, ANDREW**

Provider ID: 209483

Board Certified Specialty: No

 781 GARDEN VIEW CT STE  
200

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## D. 專業提供者目錄

ENCINITAS, CA 92024  
☎ Phone: (858) 657-7200  
📞 After Hours Phone: (858) 657-7200  
Provider Gender: Male  
NPI: 1902862121  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
PALOMAR MEDICAL CENTER,  
SCRIPPS MEMORIAL  
HOSPITAL, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD LA JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

#### **LAURENT, LOUISE**

Provider ID: 208641  
Board Certified Specialty: No  
📍 781 GARDEN VIEW CT STE

200  
ENCINITAS, CA 92024  
☎ Phone: (858) 657-7200  
📞 After Hours Phone: (858) 657-7200  
Provider Gender: Female  
NPI: 1770532707  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
PALOMAR MEDICAL CENTER,  
SCRIPPS MEMORIAL  
HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

#### **MOORE, THOMAS**

Provider ID: 208645  
Board Certified Specialty: No  
📍 781 GARDEN VIEW CT STE  
200  
ENCINITAS, CA 92024  
☎ Phone: (858) 657-7200  
📞 After Hours Phone: (858)

657-7200  
Provider Gender: Male  
NPI: 1184682379  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

#### **RICHARDSON, ALVIE**

Provider ID: 277315  
Board Certified Specialty: No  
📍 477 N EL CAMINO REAL  
BLDG D STE 302  
ENCINITAS, CA 92024  
☎ Phone: (858) 966-6710  
Fax: (858) 966-6711  
📞 After Hours Phone: (858)  
966-6710  
Provider Gender: Male  
NPI: 1154305977  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN

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## D. 專業提供者目錄

DIEGO, Sharp Grossmont  
Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

MEDICAL CENTER, UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

MEDICAL CENTER, UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### MATERNAL AND FETAL MEDICINE


#### **WOELKERS, DOUGLAS**


Provider ID: 209384

Board Certified Specialty: No

 781 GARDEN VIEW CT STE  
200


ENCINITAS, CA 92024

 Phone: (858) 657-7200

 After Hours Phone: (858)  
657-7200

Provider Gender: Male

NPI: 1013965748

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, PALOMAR

### MATERNAL AND FETAL MEDICINE


#### **WOLF, RICHARD**


Provider ID: 209254

Board Certified Specialty: No

 781 GARDEN VIEW CT STE  
200

ENCINITAS, CA 92024

 Phone: (858) 657-7200

 After Hours Phone: (858)  
657-7200

Provider Gender: Male

NPI: 1497713846

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, PALOMAR

### NEONATAL / PERINATAL MEDICINE


#### **BAI-TONG, SHIYU**


Provider ID: 283286

Board Certified Specialty: No

 354 SANTA FE DR

ENCINITAS, CA 92024

 Phone: (760) 633-6120

 After Hours Phone: (760)  
633-6120

Provider Gender: Female

NPI: 1528454188

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19




American Sign Language (ASL):

N

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## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### NEONATAL / PERINATAL MEDICINE

#### **NYMAN, KATHERINE**


*Provider ID: 301821*  
*Board Certified Specialty: No*  
 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*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### NEONATAL / PERINATAL

### MEDICINE








#### **SAUER, CHARLES**

*Provider ID: 303905*  
*Board Certified Specialty: No*  
 354 SANTA FE DR  
ENCINITAS, CA 92024  
 *Phone: (760) 633-6120*  
*Fax: (760) 633-7385*  
 *After Hours Phone: (760) 633-6120*  
*Provider Gender: Male*  
*NPI: 1538388988*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### NEUROLOGY

#### **BUI, JONATHAN**

*Provider ID: 269966*  
*Board Certified Specialty: No*  
 477 N EL CAMINO REAL  
STE 302  
ENCINITAS, CA 92024  
 *Phone: (760) 944-6377*  
*Fax: (760) 944-3927*  
 *After Hours Phone: (760) 944-6377*  
*Provider Gender: Male*  
*NPI: 1730247974*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*


### NEUROLOGY

#### **JINDAL, ANUJA**


*Provider ID: 206264*  
*Board Certified Specialty: No*

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## D. 專業提供者目錄

 477 N EL CAMINO REAL  
STE 302

ENCINITAS, CA 92024


 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1194046581

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### NEUROLOGY


#### SCHORR, EMILY

Provider ID: 305022

Board Certified Specialty: No


 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1255862041

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### NEUROLOGY CHILD


#### KIM MCMANUS, OLIVIA

Provider ID: 206258

Board Certified Specialty: No

 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

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### NEUROLOGY CHILD


#### SAHAGIAN, MICHELLE

Provider ID: 206073

Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1275604035

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN


DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### OBSTETRICS / GYNECOLOGY

#### BINDER, PRATIBHA

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## D. 專業提供者目錄

---

Provider ID: 282167

Board Certified Specialty: No

📍 1200 GARDEN VIEW RD  
STE 200

ENCINITAS, CA 92024

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174758031

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

---

### **OBSTETRICS / GYNECOLOGY**

#### **DELCORE, LAURA**

Provider ID: 291325

Board Certified Specialty: No

📍 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790128759

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

---

### **OBSTETRICS / GYNECOLOGY**

#### **DRIEBE, AMY**

Provider ID: 293447

Board Certified Specialty: No

📍 781 GARDEN VIEW CT STE  
200

ENCINITAS, CA 92024

☎ Phone: (800) 926-8372

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8372

Provider Gender: Female

NPI: 1730507567

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

---

### **OBSTETRICS / GYNECOLOGY**

#### **DRIEBE, AMY**

Provider ID: 291336

Board Certified Specialty: No

📍 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730507567

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

---

### **OBSTETRICS / GYNECOLOGY**

#### **DRIEBE, AMY**

Provider ID: 293448

Board Certified Specialty: No

📍 1505 ENCINITAS BLVD  
ENCINITAS, CA 92024

☎ Phone: (800) 926-8372

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## D. 專業提供者目錄

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8372

Provider Gender: Female

NPI: 1730507567

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **LAMALE-SMITH, LEAH**

Provider ID: 208682

Board Certified Specialty: No

📍 781 GARDEN VIEW CT STE  
200

ENCINITAS, CA 92024

☎ Phone: (858) 657-7200

☎ After Hours Phone: (858)  
657-7200

Provider Gender: Female

NPI: 1396904876

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, EISENHOWER MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **MACKAY, GILLIAN**

Provider ID: 303061

Board Certified Specialty: No

📍 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1770702177

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **SHAH, NEMI**

Provider ID: 272578

Board Certified Specialty: No

📍 1200 GARDEN VIEW RD  
STE 100

ENCINITAS, CA 92024

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1558715268

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL,

TEMECULA VALLEY HOSPITAL

INC, LOMA LINDA UNIVERSITY

MED CTR MURRIETA

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

























🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<b>OPHTHALMOLOGY</b>	<b>OPHTHALMOLOGY</b>	<b>OPHTHALMOLOGY</b>
<p><b>BANSAL, PREETI</b>            Provider ID: 205617            Board Certified Specialty: No   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            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            Medi-Cal Open Panel: Yes            Min/Max Age: 0\19            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Rady Childrens Health            Network</p>	<p><b>BHATIA, SHAGUN</b>            Provider ID: 267315            Board Certified Specialty: No   477 N EL CAMINO REAL            STE D302            ENCINITAS, CA 92024   Phone: (760) 944-5545            Fax: (760) 944-3927   After Hours Phone: (760)            944-5545            Provider Gender: Female            NPI: 1104237353   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSD LA            JOLLA JOHN SALLY            THORNTON, UCSD MEDICAL            CTR, RADY CHILDRENS            HOSPITAL SAN DIEGO            Medi-Cal Open Panel: Yes            Min/Max Age: 0\19            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Rady Childrens Health            Network</p>	<p>STE D302            ENCINITAS, CA 92024   Phone: (760) 944-5545            Fax: (760) 944-3927   After Hours Phone: (760)            944-5545            Provider Gender: Female            NPI: 1699216010   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: RADY            CHILDRENS HOSPITAL SAN            DIEGO            Medi-Cal Open Panel: Yes            Min/Max Age: 0\19            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Rady Childrens Health            Network</p>
		<p><b>OPHTHALMOLOGY</b></p>
		<p><b>MOLL, ANGELA</b>            Provider ID: 205507            Board Certified Specialty: No   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</p>
		<p><b>OPHTHALMOLOGY</b></p>
		<p><b>HENNEIN, LAUREN</b>            Provider ID: 297012            Board Certified Specialty: No   477 N EL CAMINO REAL</p>


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## D. 專業提供者目錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*


*IPA: Rady Childrens Health Network*


### **OPHTHALMOLOGY**


#### **MOVAGHAR, MANSOOR**

*Provider ID: 216413*

*Board Certified Specialty: No*


 477 N EL CAMINO REAL  
 BLD D STE 302  
 ENCINITAS, CA 92024

 *Phone: (760) 944-5545*

 *After Hours Phone: (760) 944-5545*

*Provider Gender: Male*

*NPI: 1497792220*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*


CHILDRENS HOSPITAL SAN DIEGO

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network, UCSD Medical Group*


### **OPHTHALMOLOGY**


#### **OHALLORAN, HENRY**

*Provider ID: 205886*

*Board Certified Specialty: No*

 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*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*


### **OPTOMETRIST**


#### **AOTO, KIM**


*Provider ID: 296797*

*Board Certified Specialty: No*

 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024

 *Phone: (760) 943-7141*

 *Fax: (760) 943-0371*

 *After Hours Phone: (760) 943-7141*

*Provider Gender: Female*

*NPI: 1780935650*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Vietnamese*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 9AM-5PM*

*TU 8:30AM-4:30PM*

*W 7:30AM-4:30PM*

*TH 9:30AM-5PM*




*F 8:30AM-4PM*

 *Website: N/A*

*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<hr/> <b>OTOLARYNGOLOGY</b> <hr/> <b>BLISS, MORGAN</b> Provider ID: 206085 Board Certified Specialty: No 477 N EL CAMINO REAL STE 302 ENCINITAS, CA 92024 Phone: (760) 944-5545 Fax: (760) 944-3927 After Hours Phone: (760) 944-5545 Provider Gender: Female NPI: 1760707657 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network	 Phone: (760) 944-5545  After Hours Phone: (760) 944-5545 Provider Gender: Female NPI: 1952740177  Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network	OAKLAND Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network
<hr/> <b>OTOLARYNGOLOGY</b> <hr/> <b>LEUIN, SHELBY</b> Provider ID: 206112 Board Certified Specialty: No 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	<hr/> <b>OTOLARYNGOLOGY</b> <hr/> <b>PATEL, VIJAY</b> Provider ID: 297035 Board Certified Specialty: No 477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024 Phone: (760) 944-5545 Fax: (760) 944-3927 After Hours Phone: (760) 944-5545 Provider Gender: Male NPI: 1508250747 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER	
<hr/> <b>OTOLARYNGOLOGY</b> <hr/> <b>FRIESEN, TZYYNONG</b> Provider ID: 244900 Board Certified Specialty: No 477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024		

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## D. 專業提供者目錄

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### **PEDIATRIC ALLERGY / IMMUNOLOGY**

#### **GREINER, ALEXANDER**

Provider ID: 205696

Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024



 Phone: (858) 966-4900

Fax: (760) 944-3927

 After Hours Phone: (858)  
966-4900

Provider Gender: Male

NPI: 1609801299

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French, German,  
Spanish

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### **PEDIATRIC CARDIOLOGY**

#### **HALEY, JESSICA**

Provider ID: 205688

Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024


 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1023329885

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


### **PEDIATRIC CARDIOLOGY**

#### **NARAYAN, HARI**


Provider ID: 239115

Board Certified Specialty: No

 477 N EL CAMINO REAL  
BLDG D STE 302  
ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Male

NPI: 1376705707

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


### **PEDIATRIC CARDIOLOGY**

#### **SILVA SEPULVEDA, JOSE**

Provider ID: 206299

Board Certified Specialty: No

 477 N EL CAMINO REAL  
BLDG D STE 302  
ENCINITAS, CA 92024


 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Male

NPI: 1417222472

 Provider English Spoken: Y  
Cultural Competency: N

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## D. 專業提供者目錄

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC GASTROENTEROLOGY

#### **CHU, CHRISTOPHER**

Provider ID: 301641

Board Certified Specialty: No



 477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024

 Phone: (760) 944-5545  
Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Male

NPI: 1912369273

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Yue  
Chinese

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC GASTROENTEROLOGY

#### **YOUNG, JOCELYN**

Provider ID: 294676

Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024

 Phone: (760) 944-5545  
Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1306227491

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UC DAVIS  
MEDICAL CTR, RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### PEDIATRIC PULMONOLOGY


#### **CERNELC KOHAN, MATEJKA**

Provider ID: 243043

Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE 302 BLDG D  
ENCINITAS, CA 92024

 Phone: (760) 944-5545  
Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1871752451

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC PULMONOLOGY

#### **LENHART-PENDERGRASS,**

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## D. 專業提供者目錄

### **PATRICIA**

Provider ID: 294642

Board Certified Specialty: No

477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

Phone: (760) 944-5545

Fax: (760) 944-3927

After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1144615659

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC RHEUMATOLOGY**

#### **CHANG, JOHANNA**

Provider ID: 246395

Board Certified Specialty: No

477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

Phone: (760) 944-5545

After Hours Phone: (760)

944-5545

Provider Gender: Female

NPI: 1821242199

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PHYSICAL MEDICINE / REHABILITATION**

#### **LEE, HAEWON**

Provider ID: 256227

Board Certified Specialty: No

477 N EL CAMINO REAL  
STE C100

ENCINITAS, CA 92024

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1447661657

Provider English Spoken: Y

Provider Language(s)

Spoken: Korean

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

#### **DOUGHERTY, CLARA**

Provider ID: 295926

Board Certified Specialty: No

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: 1609987619

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes




Min/Max Age: 18\None

American Sign Language (ASL):

N






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## D. 專業提供者目錄




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*

### **PHYSICIANS ASSISTANT**

#### **DOUGHERTY, CLARA**

*Provider ID: 269171*  
*Board Certified Specialty: No*  
 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: 1609987619*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*

### **PHYSICIANS ASSISTANT**

#### **HIGGINS, JOSHUA**

*Provider ID: 287134*  
*Board Certified Specialty: No*  
 1505 ENCINITAS BLVD  
ENCINITAS, CA 92024  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1861624181*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

### **PHYSICIANS ASSISTANT**


#### **KIVIAT, ANNETTE**

*Provider ID: 302454*


*Board Certified Specialty: No*

 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

 *Phone: (760) 944-5545*

*Fax: (760) 944-5545*

 *After Hours Phone: (760) 944-5545*

*Provider Gender: Female*

*NPI: 1205381845*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN*

*DIEGO, SCRIPPS MEMORIAL*

*HOSPITAL, SHARP MEMORIAL*

*HOSPITAL*


*Medi-Cal Open Panel: No*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health*

*Network*

### **PHYSICIANS ASSISTANT**

#### **PELIO, DARREN**

*Provider ID: 293443*

*Board Certified Specialty: No*

 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1386791028*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

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## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


IPA: UCSD Medical Group


### **PHYSICIANS ASSISTANT**

#### **SUTTON, BRIAN**

Provider ID: 272241

Board Certified Specialty: No

 1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024


 Phone: (760) 598-1776

Fax: (760) 598-5744

 After Hours Phone: (760)  
598-1776

Provider Gender: Male

NPI: 1629174727

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **PHYSICIANS ASSISTANT**

#### **VANETSKY, GARY**

Provider ID: 269152

Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024


 Phone: (760) 436-2300

Fax: (760) 436-5482

 After Hours Phone: (760)  
436-2300

Provider Gender: Male

NPI: 1417034489

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Community Care IPA LLC


### **PODIATRIST**

#### **DUSTIN, ADAM**

Provider ID: 275800

Board Certified Specialty: No

 326 ENCINITAS BLVD STE  
100  
ENCINITAS, CA 92024

 Phone: (760) 436-5533

Fax: (760) 436-0611

 After Hours Phone: (760)  
436-5533

Provider Gender: Male

NPI: 1043389026

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **PSYCHOLOGIST**

#### **GOMEZ, JUANITA**

Provider ID: 291423

Board Certified Specialty: No

 1505 ENCINITAS BLVD  
ENCINITAS, CA 92024

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790915759

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):


N

 Accessibility: CONTACT

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## D. 專業提供者目錄



### PROVIDER

 Website: N/A  
IPA: UCSD Medical Group

### PULMONARY DISEASES



#### BAUTISTA, JENNIFER

Provider ID: 297958  
Board Certified Specialty: No

 354 SANTA FE DR  
ENCINITAS, CA 92024  
 Phone: (760) 943-8806  
Fax: (760) 944-1309

 After Hours Phone: (760)  
943-8806


Provider Gender: Female  
NPI: 1770727034


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, COMMUNITY  
HOSPITAL OF THE MONTEREY  
PENINSULA, NATIVIDAD  
MEDICAL CENTER

Medi-Cal Open Panel: Yes  
Min/Max Age: 21\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM



 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### PULMONARY DISEASES



#### BAUTISTA, JENNIFER

Provider ID: 297957  
Board Certified Specialty: No

 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: 1770727034


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, COMMUNITY  
HOSPITAL OF THE MONTEREY  
PENINSULA, NATIVIDAD  
MEDICAL CENTER

Medi-Cal Open Panel: Yes  
Min/Max Age: 21\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### PULMONARY DISEASES

#### BAUTISTA, JENNIFER



Provider ID: 300863  
Board Certified Specialty: No

 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: 1770727034

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, COMMUNITY  
HOSPITAL OF THE MONTEREY  
PENINSULA, NATIVIDAD  
MEDICAL CENTER

Medi-Cal Open Panel: Yes  
Min/Max Age: 21\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### SURGERY COLON SURGERY

#### PARRY, LISA

Provider ID: 278552  
Board Certified Specialty: No

 1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024

 Phone: (800) 926-8273

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## D. 專業提供者目錄

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1235369067

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **SURGERY GENERAL**

#### **ARMANI, AVA**

Provider ID: 282143

Board Certified Specialty: No

📍 1200 GARDEN VIEW RD  
STE 200

ENCINITAS, CA 92024

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1861759383

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: MEDICAL

CTR AT UCSF, UCSF Medical

Center At Mission Bay, UCSF

MEDICAL CENTER AT MOUNT

ZION, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **SURGERY GENERAL**

#### **JACOBSEN, GARTH**

Provider ID: 201730

Board Certified Specialty: No

📍 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

☎ Phone: (858) 657-8860

☎ After Hours Phone: (858) 657-8860

Provider Gender: Male

NPI: 1265649966

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **RHOTEN, REX LLOYD**

Provider ID: 301724

Board Certified Specialty: No

📍 477 N EL CAMINO REAL  
STE C204

ENCINITAS, CA 92024

☎ Phone: (760) 230-2256

Fax: (833) 986-0104

☎ After Hours Phone: (760) 230-2256

Provider Gender: Male

NPI: 1083792220

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: CEDARS

SINAI MEDICAL CENTER,

ALVARADO COMMUNITY

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 9AM-4PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄





<p style="text-align: center;"><b><u>SURGERY PEDIATRIC</u></b></p> <p><b>FAIRBANKS, TIMOTHY</b>            Provider ID: 205497            Board Certified Specialty: No   477 N EL CAMINO REAL            STE D302            ENCINITAS, CA 92024   Phone: (760) 944-5545            Fax: (760) 944-3927   After Hours Phone: (760)            944-5545            Provider Gender: Male            NPI: 1407010556   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: RADY            CHILDRENS HOSPITAL SAN            DIEGO, UCSD MEDICAL CTR,            SHARP MEMORIAL HOSPITAL,            SCRIPPS MEMORIAL            HOSPITAL, UCSF BENIOFF            CHILDREN'S HOSPITAL            OAKLAND            Medi-Cal Open Panel: Yes            Min/Max Age: 0\19            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Rady Childrens Health            Network</p>	<p>Provider ID: 206128            Board Certified Specialty: No   477 N EL CAMINO REAL            STE D302            ENCINITAS, CA 92024   Phone: (760) 944-5545            Fax: (760) 944-3927   After Hours Phone: (760)            944-5545            Provider Gender: Female            NPI: 1982775144   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: RADY            CHILDRENS HOSPITAL SAN            DIEGO, UCSD MEDICAL CTR,            SHARP MARY BIRCH HOSP            FOR WOMEN AND            NEWBORNS, NATIONAL            NAVAL MED CTR, SHARP            MEMORIAL HOSPITAL            Medi-Cal Open Panel: Yes            Min/Max Age: 0\19            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Rady Childrens Health            Network</p>	<p> 1200 GARDEN VIEW RD            ENCINITAS, CA 92024   Phone: (800) 926-8273   After Hours Phone: (800)            926-8273            Provider Gender: Male            NPI: 1982964276   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSD            MEDICAL CTR, UCSD LA            JOLLA JOHN SALLY            THORNTON            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Rady Childrens Health            Network, UCSD Medical Group</p>
<p style="text-align: center;"><b><u>SURGERY PEDIATRIC</u></b></p> <p><b>KLING, KAREN</b></p>	<p style="text-align: center;"><b><u>SURGERY PLASTIC</u></b></p> <p><b>REID, CHRISTOPHER</b>            Provider ID: 238130            Board Certified Specialty: No</p>	<p style="text-align: center;"><b>ESCONDIDO</b></p> <p style="text-align: center;"><b><u>ANESTHESIOLOGY PAIN MANAGEMENT</u></b></p> <p><b>DAIRO, BRANDON</b>            Provider ID: 300090            Board Certified Specialty: No   1955 CITRACADO PKWY            STE 203            ESCONDIDO, CA 92029   Phone: (760) 738-5533            Fax: (760) 738-3835   After Hours Phone: (760)            738-5533</p>




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄



Provider Gender: Male  
NPI: 1689092470  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### **ANESTHESIOLOGY PAIN MANAGEMENT**

**DAIRO, BRANDON**  
Provider ID: 299881  
Board Certified Specialty: No  
 1955 CITRACADO PKWY  
STE 203  
ESCONDIDO, CA 92029  
 Phone: (760) 738-5533  
Fax: (760) 738-3835  
 After Hours Phone: (760)  
738-5533  
Provider Gender: Male  
NPI: 1689092470  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\100  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP




### **ANESTHESIOLOGY PAIN MANAGEMENT**

**ROBINSON, COLE**  
Provider ID: 300171  
Board Certified Specialty: No  
 160 N DATE ST  
ESCONDIDO, CA 92025  
 Phone: (888) 873-6220  
Fax: (888) 873-6220  
 After Hours Phone: (888)  
873-6220  
Provider Gender: Male  
NPI: 1871799528  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 21\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 7AM-4PM

SA 7AM-4PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **CARDIOVASCULAR DISEASE**

#### **SERRY, ROD**

Provider ID: 296811  
Board Certified Specialty: No  
 2130 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
 Phone: (760) 743-0546  
Fax: (760) 317-9769  
 After Hours Phone: (760)  
743-0546  
Provider Gender: Male  
NPI: 1912945130

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi, Portuguese,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
PALOMAR HEALTH, PALOMAR  
MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: Community Care IPA LLC

### **CERTIFIED NURSE PRACTITIONER**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

### HEAD, KRISTIN

Provider ID: 277866

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)  
294-9260

Provider Gender: Female

NPI: 1699078923

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

#### **CERTIFIED NURSE PRACTITIONER**

### JANNESARI, ROYA

Provider ID: 302339

Board Certified Specialty: No

625 CITRACADO PKWY STE  
108

ESCONDIDO, CA 92025

Phone: (760) 743-1431

Fax: (760) 743-6455

After Hours Phone: (760)  
743-1431

Provider Gender: Male

NPI: 1063585099

Provider English Spoken: Y

Provider Language(s)

Spoken: Farsi

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

#### **CERTIFIED NURSE PRACTITIONER**

### KESHAVARZI, SARA

Provider ID: 305938

Board Certified Specialty: No

488 E VALLEY PKWY STE  
411

ESCONDIDO, CA 92025

Phone: (760) 466-9800

Fax: (360) 462-2741

After Hours Phone: (760)  
466-9800

Provider Gender: Female

NPI: 1457996126

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

#### **CERTIFIED NURSE PRACTITIONER**

### MCCARTHY, KATHRYN

Provider ID: 298143

Board Certified Specialty: No

488 E VALLEY PKWY STE  
404

ESCONDIDO, CA 92025

Phone: (760) 466-9800

Fax: (360) 462-2741

After Hours Phone: (760)  
466-9800

Provider Gender: Female

NPI: 1700850781

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

#### **CERTIFIED NURSE PRACTITIONER**

### WALDRUP, LA'RHONDA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider ID: 299259  
Board Certified Specialty: No

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **CERTIFIED REGISTERED NURSE ANESTHETIST**

**SEILNACHT-BERNARD,  
KAREN**

Provider ID: 269203

Board Certified Specialty: No

488 E VALLEY PKWY  
ESCONDIDO, CA 92025

Phone: (877) 217-8505

Fax: (760) 735-6296

After Hours Phone: (877)  
217-8505

Provider Gender: Female

NPI: 1861562498

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **EMERGENCY MEDICINE**

**PHAM, LILY**

Provider ID: 304936

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Female

NPI: 1811423072

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1PM-10PM  
M-F 4PM-10PM

SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **ENDOCRINOLOGY**

### **METABOLISM DIABETES**

**REDDY, NAVYA**

Provider ID: 302350

Board Certified Specialty: No

625 CITRACADO PKWY STE  
108

ESCONDIDO, CA 92025

Phone: (760) 743-1431

Fax: (760) 743-6455

After Hours Phone: (760)  
743-1431

Provider Gender: Female

NPI: 1083069611

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<hr/> <b>FAMILY PRACTICE</b> <hr/> <b>MATSHE, ZENZIWE</b> Provider ID: 306033 Board Certified Specialty: No 📍 460 N ELM ST ESCONDIDO, CA 92025 ☎ Phone: (760) 520-8100 Fax: (760) 466-1373 🕒 After Hours Phone: (760) 520-8100 Provider Gender: Female NPI: 1285256073 ☑ Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-5PM 🌐 Website: N/A IPA: IHP of Southern Cal-PHP	☑ Provider English Spoken: Y ☑ Provider Language(s) Spoken: Hindi, Telugu Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, PALOMAR MEDICAL CENTER, PALOMAR HEALTH Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-5PM 🌐 Website: N/A IPA: Community Care IPA LLC	THORNTON, PALOMAR MEDICAL CENTER, PALOMAR HEALTH Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🌐 Website: N/A IPA: Community Care IPA LLC
<hr/> <b>GASTROENTEROLOGY</b> <hr/> <b>GARA, NAVEEN</b> Provider ID: 269145 Board Certified Specialty: No 📍 661 E PENNSYLVANIA AVE ESCONDIDO, CA 92025 ☎ Phone: (760) 690-2800 Fax: (760) 690-2801 🕒 After Hours Phone: (760) 690-2800 Provider Gender: Male NPI: 1942406533	<hr/> <b>GASTROENTEROLOGY</b> <hr/> <b>GARA, NAVEEN</b> Provider ID: 305691 Board Certified Specialty: No 📍 935 E PENNSYLVANIA AVE ESCONDIDO, CA 92025 ☎ Phone: (760) 690-2800 Fax: (949) 404-6908 🕒 After Hours Phone: (760) 690-2800 Provider Gender: Male NPI: 1942406533 ☑ Provider English Spoken: Y ☑ Provider Language(s) Spoken: Hindi, Telugu Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY	<hr/> <b>HEARING AID DEALER / SUPPLIER</b> <hr/> <b>ANDERSON, ELAINE</b> Provider ID: 268690 Board Certified Specialty: No 📍 330 W FELICITA AVE STE A4 ESCONDIDO, CA 92025 ☎ Phone: (760) 489-1323 Fax: (760) 489-0975 🕒 After Hours Phone: (760) 489-1323 Provider Gender: Female NPI: 1063558856 ☑ Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-5PM 🌐 Website: N/A IPA: Community Care IPA LLC

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<hr/> <b>INTERNAL MEDICINE</b> <hr/> <b>CHEN, ANDREW</b> Provider ID: 296830 Board Certified Specialty: No 2130 CITRACADO PKWYSTE 220 ESCONDIDO, CA 92029 Phone: (760) 743-4789 Fax: (760) 743-8005 After Hours Phone: (760) 743-4789 Provider Gender: Male NPI: 1134357007 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SCRIPPS GREEN HOSPITAL, PALOMAR HEALTH, PALOMAR MEDICAL CENTER Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: Community Care IPA LLC	Fax: (760) 317-9769 After Hours Phone: (760) 743-0546 Provider Gender: Male NPI: 1467455212 Provider English Spoken: Y Provider Language(s) Spoken: Arabic Cultural Competency: N Hospital Affiliation: PALOMAR MEDICAL CENTER, PALOMAR HEALTH Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: Community Care IPA LLC	Spoken: Farsi Cultural Competency: N Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT, Community Care IPA LLC
<hr/> <b>INTERNAL MEDICINE</b> <hr/> <b>MALEK, MIKHAIL</b> Provider ID: 296831 Board Certified Specialty: No 2130 CITRACADO PKWYSTE 220 ESCONDIDO, CA 92029 Phone: (760) 743-0546	<hr/> <b>INTERVENTIONAL CARDIOLOGY</b> <hr/> <b>BAYAT, HAMED</b> Provider ID: 296843 Board Certified Specialty: No 2130 CITRACADO PKWYSTE 220 ESCONDIDO, CA 92029 Phone: (760) 743-0546 Fax: (760) 743-8837 After Hours Phone: (760) 743-0546 Provider Gender: Male NPI: 1356344196 Provider English Spoken: Y Provider Language(s)	<hr/> <b>INTERVENTIONAL CARDIOLOGY</b> <hr/> <b>BAYAT, HAMED</b> Provider ID: 296842 Board Certified Specialty: No 2130 CITRACADO PKWYSTE 220 ESCONDIDO, CA 92029 Phone: (760) 743-0546 Fax: (760) 743-8837 After Hours Phone: (760) 743-0546 Provider Gender: Male NPI: 1356344196 Provider English Spoken: Y Provider Language(s) Spoken: Farsi Cultural Competency: N Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER

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## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: BLUE SHIELD PROMISE

HEALTH PLAN DIRECT,

Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY

#### **GILBERT, CHRISTOPHER**


Provider ID: 296839

Board Certified Specialty: No

 2130 CITRACADO

PKWYSTE 220

ESCONDIDO, CA 92029

 Phone: (760) 430-0546

Fax: (760) 743-8837

 After Hours Phone: (760)  
430-0546

Provider Gender: Male

NPI: 1487657243

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, PALOMAR  
HEALTH

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

#### **PROVIDER**

 Website: N/A

IPA: Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY

#### **SAWHNEY, NAVINDER**


Provider ID: 304784

Board Certified Specialty: No

 2130 CITRACADO

PKWYSTE 320

ESCONDIDO, CA 92029

 Phone: (858) 485-0130

Fax: (858) 485-9424

 After Hours Phone: (858)  
485-0130

Provider Gender: Male

NPI: 1619174133

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL  
CENTER, SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS GREEN  
HOSPITAL, UCSD MEDICAL  
CTR, SHARP MEMORIAL  
HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Community Care IPA LLC

### INTERVENTIONAL

### CARDIOLOGY

#### **SERRY, ROD**


Provider ID: 304765

Board Certified Specialty: No

 2130 CITRACADO

PKWYSTE 220

ESCONDIDO, CA 92029

 Phone: (760) 743-0546


Fax: (760) 317-9769

 After Hours Phone: (760)  
743-0546

Provider Gender: Male

NPI: 1912945130

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,  
PALOMAR HEALTH, PALOMAR  
MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY

#### **SUDHAKAR, DEEPTHI**







Provider ID: 295845

Board Certified Specialty: No




 488 E VALLEY PKWY STE

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## D. 專業提供者目錄

107  
 ESCONDIDO, CA 92025  
 Phone: (760) 294-0480  
 Fax: (619) 616-2104  
 After Hours Phone: (760)  
 294-0480  
 Provider Gender: Female  
 NPI: 1811307051  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Sharp  
 Grossmont Hospital, SHARP  
 CHULA VISTA MED CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP




### MATERNAL AND FETAL MEDICINE

**MELBER, DORA**  
 Provider ID: 296996  
 Board Certified Specialty: No  
 2125 CITRACADO PKWY  
 STE 200  
 ESCONDIDO, CA 92029  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858)  
 966-6710  
 Provider Gender: Female


NPI: 1124413026  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hungarian,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR, RADY CHILDRENS  
 HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network, UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

**REIMERS, REBECCA**  
 Provider ID: 294655  
 Board Certified Specialty: No  
 2125 CITRACADO PKWY  
 STE 200  
 ESCONDIDO, CA 92029  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858)  
 966-6710  
 Provider Gender: Female  
 NPI: 1801207634  
 Provider English Spoken: Y

Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### NEONATAL / PERINATAL MEDICINE

**LE, CRYSTAL**  
 Provider ID: 283707  
 Board Certified Specialty: No  
 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

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 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
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## D. 專業提供者目錄


RANCHO SPRINGS HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### NEONATAL / PERINATAL MEDICINE


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#### **SAUER, CHARLES**

Provider ID: 206163

Board Certified Specialty: No

 2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

 Phone: (442) 281-2850

Fax: (442) 281-2999

 After Hours Phone: (442)  
281-2850

Provider Gender: Male

NPI: 1538388988

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
PALOMAR MEDICAL CENTER,

SCRIPPS MERCY HOSPITAL  
CHULA VISTA, PALOMAR  
HEALTH, SCRIPPS MEMORIAL  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO

SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE


RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### NEONATAL / PERINATAL MEDICINE


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#### **SUTTNER, DENISE**

Provider ID: 206137

Board Certified Specialty: No

 2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

 Phone: (442) 281-2850

Fax: (442) 281-2999

 After Hours Phone: (442)  
281-2850

Provider Gender: Female

NPI: 1457433799

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SOUTHWEST  
HEALTHCARE INLAND  
VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,


SCRIPPS MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

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### NEONATAL / PERINATAL MEDICINE


---

#### **SWEENEY, NATHALY**

Provider ID: 283801

Board Certified Specialty: No

 2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

 Phone: (442) 281-3193

Fax: (442) 281-3197

 After Hours Phone: (442)

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## D. 專業提供者目錄

281-3193  
 Provider Gender: Female  
 NPI: 1164572632  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, PALOMAR MEDICAL  
 CENTER  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### NEPHROLOGY

**AL-DAHMAN, ZAID**  
 Provider ID: 297898  
 Board Certified Specialty: No  
 631 E GRAND AVE  
 ESCONDIDO, CA 92025  
 Phone: (760) 294-1660  
 Fax: (760) 745-5016  
 After Hours Phone: (760)  
 294-1660  
 Provider Gender: Male  
 NPI: 1740716828  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic  
 Cultural Competency: N

Hospital Affiliation: PALOMAR  
 MEDICAL CENTER, PALOMAR  
 HEALTH  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### NEUROLOGY

**GOLD, JEFFREY**  
 Provider ID: 277870  
 Board Certified Specialty: No  
 2125 CITRACADO PKWY  
 STE 100  
 ESCONDIDO, CA 92029  
 Phone: (760) 294-9260  
 Fax: (760) 294-9274  
 After Hours Phone: (760)  
 294-9260  
 Provider Gender: Male  
 NPI: 1568773984  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSF BENIOFF  
 CHILDREN'S HOSPITAL  
 OAKLAND, SHARP MEMORIAL  
 HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### NEUROLOGY

**JINDAL, ANUJA**  
 Provider ID: 277838  
 Board Certified Specialty: No  
 2125 CITRACADO PKWY  
 STE 100  
 ESCONDIDO, CA 92029  
 Phone: (760) 294-9260  
 Fax: (760) 294-9274  
 After Hours Phone: (760)  
 294-9260  
 Provider Gender: Female  
 NPI: 1194046581  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

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## D. 專業提供者目錄

### **NEUROLOGY**

#### **KIM MCMANUS, OLIVIA**

Provider ID: 277873

Board Certified Specialty: No

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **NEUROLOGY**

#### **ZIMBRIC, MICHAEL**

Provider ID: 277891

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)  
294-9260

Provider Gender: Male

NPI: 1487819546

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **NEUROLOGY CHILD**

#### **SAHAGIAN, MICHELLE**

Provider ID: 206076

Board Certified Specialty: No

625 CITRACADO PKWY STE  
100

ESCONDIDO, CA 92025

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)  
294-9260

Provider Gender: Female

NPI: 1275604035

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **OBSTETRICS / GYNECOLOGY**

#### **HINSHAW, PAUL**

Provider ID: 277040

Board Certified Specialty: No

1955 CITRACADO PKWY  
STE 302

ESCONDIDO, CA 92029

Phone: (760) 233-1896

After Hours Phone: (760)  
233-1896

Provider Gender: Male

NPI: 1215170717

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

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## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 9AM-4:30PM  
F 9AM-2PM

 Website: N/A

IPA: Community Care IPA LLC,  
Rady Childrens Health  
Network

### **OBSTETRICS / GYNECOLOGY**


#### **HINSHAW, PAUL**

Provider ID: 277041

Board Certified Specialty: No

 488 E VALLEY PKWY STE  
400

ESCONDIDO, CA 92025

 Phone: (760) 658-6101

Fax: (760) 658-6106

 After Hours Phone: (760)  
658-6101

Provider Gender: Male

NPI: 1215170717


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 9AM-4:30PM

F 9AM-2PM

 Website: N/A


IPA: Community Care IPA LLC,  
Rady Childrens Health  
Network

### **OBSTETRICS / GYNECOLOGY**


#### **HINSHAW, PAUL**


Provider ID: 285628

Board Certified Specialty: No

 1955 CITRACADO PKWY  
STE 302

ESCONDIDO, CA 92029

 Phone: (760) 233-1896

 After Hours Phone: (760)  
233-1896

Provider Gender: Male

NPI: 1215170717

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 9AM-4:30PM  
F 9AM-2PM

 Website: N/A

IPA: Community Care IPA LLC,  
Rady Childrens Health  
Network

### **OBSTETRICS / GYNECOLOGY**


#### **HINSHAW, PAUL**

Provider ID: 285629


Board Certified Specialty: No

 488 E VALLEY PKWY STE  
400

ESCONDIDO, CA 92025

 Phone: (760) 658-6101

Fax: (760) 658-6106

 After Hours Phone: (760)  
658-6101

Provider Gender: Male

NPI: 1215170717

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 9AM-4:30PM  
F 9AM-2PM

 Website: N/A

IPA: Community Care IPA LLC,  
Rady Childrens Health  
Network

### **OBSTETRICS / GYNECOLOGY**


#### **LAMALE-SMITH, LEAH**

Provider ID: 285518

Board Certified Specialty: No

 2125 CITRACADO PKWY  
STE 210

ESCONDIDO, CA 92029

 Phone: (760) 739-2921

Fax: (760) 739-3162





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## D. 專業提供者目錄

 After Hours Phone: (760) 739-2921  
 Provider Gender: Female  
 NPI: 1396904876  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, EISENHOWER MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### OPHTHALMOLOGY





#### BANSAL, PREETI

Provider ID: 277883  
 Board Certified Specialty: No  
 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

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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### OPHTHALMOLOGY





#### BHATIA, SHAGUN

Provider ID: 277877  
 Board Certified Specialty: No  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### OPHTHALMOLOGY

#### HENNEIN, LAUREN

Provider ID: 297014  
 Board Certified Specialty: No  
 2125 CITRACADO PKWY STE 200 ESCONDIDO, CA 92029  
 Phone: (760) 755-7600  
 Fax: (760) 755-7699  
 After Hours Phone: (760) 755-7600  
 Provider Gender: Female  
 NPI: 1699216010  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes

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## D. 專業提供者目錄

Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F 8AM-5PM  
 🌐 Website: N/A  
 IPA: Rady Childrens Health Network

### OPHTHALMOLOGY

**MOLL, ANGELA**  
 Provider ID: 205895  
 Board Certified Specialty: No  
 📍 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N

N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F 8AM-5PM  
 🌐 Website: N/A  
 IPA: Rady Childrens Health Network

### OPHTHALMOLOGY

**MOLL, ANGELA**  
 Provider ID: 277824  
 Board Certified Specialty: No  
 📍 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F 8AM-5PM  
 🌐 Website: N/A  
 IPA: Rady Childrens Health Network

### OPHTHALMOLOGY

**MOVAGHAR, MANSOOR**  
 Provider ID: 277833  
 Board Certified Specialty: No  
 📍 2125 CITRACADO PKWY STE 200  
 ESCONDIDO, CA 92029  
 📞 Phone: (760) 755-7600  
 📞 Fax: (760) 755-7699  
 📞 After Hours Phone: (760) 755-7600  
 Provider Gender: Male  
 NPI: 1497792220  
 📄 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F 8AM-5PM  
 🌐 Website: N/A  
 IPA: Rady Childrens Health Network, UCSD Medical Group

### OPHTHALMOLOGY

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## D. 專業提供者目錄

### **OHALLORAN, HENRY**

Provider ID: 277869

Board Certified Specialty: No

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **OPHTHALMOLOGY**

### **SHEILS, CATHERINE**

Provider ID: 305307

Board Certified Specialty: No

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: 1932605649

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-4PM  
W-F 8:30AM-1PM

Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

### **OPTOMETRIST**

### **AOTO, KIM**

Provider ID: 296796

Board Certified Specialty: No

700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Provider Gender: Female

NPI: 1780935650

Provider English Spoken: Y

Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 9AM-5PM

TU 8:30AM-4:30PM

W 7:30AM-4:30PM

TH 9:30AM-5PM

F 8:30AM-4PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### **OPTOMETRIST**

### **AOTO, KIM**

Provider ID: 268719

Board Certified Specialty: No

830 W VALLEY PKWY STE  
300

ESCONDIDO, CA 92025

Phone: (800) 898-2020

Fax: (844) 897-3788

After Hours Phone: (800)  
898-2020

Provider Gender: Female

NPI: 1780935650

Provider English Spoken: Y

Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes




Min/Max Age: 0\None

American Sign Language (ASL):

N

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## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*

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### OTOLARYNGOLOGY

#### **BLISS, MORGAN**

*Provider ID: 277537*  
*Board Certified Specialty: No*  
 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
 *Phone: (760) 755-7600*  
*Fax: (760) 755-7699*  
 *After Hours Phone: (760) 755-7600*  
*Provider Gender: Female*  
*NPI: 1760707657*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

---

### OTOLARYNGOLOGY


#### **FRIESEN, TZYYNONG**

*Provider ID: 277853*  
*Board Certified Specialty: No*  
 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
 *Phone: (760) 755-7600*  
*Fax: (760) 755-7699*

 *After Hours Phone: (760) 755-7600*


*Provider Gender: Female*

*NPI: 1952740177*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### OTOLARYNGOLOGY

#### **JIANG, WEN**

*Provider ID: 277860*  
*Board Certified Specialty: No*  
 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
 *Phone: (760) 755-7600*  
*Fax: (760) 755-7699*

 *After Hours Phone: (760) 755-7600*

*Provider Gender: Female*

*NPI: 1659305753*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Mandarin*

*Cultural Competency: N*


*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

---

### OTOLARYNGOLOGY


#### **LEUIN, SHELBY**

*Provider ID: 206110*

*Board Certified Specialty: No*

 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*

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## D. 專業提供者目錄


CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### OTOLARYNGOLOGY

**PATEL, VIJAY**

Provider ID: 297038

Board Certified Specialty: No

 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

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### PEDIATRIC CARDIOLOGY

**DAVIS, CHRISTOPHER**

Provider ID: 277811

Board Certified Specialty: No

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 Phone: (760) 294-9260

Fax: (760) 294-9274

 After Hours Phone: (760)  
294-9260

Provider Gender: Male

NPI: 1760691950

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL, SHARP


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health


Network


### PEDIATRIC CARDIOLOGY

**HALEY, JESSICA**

Provider ID: 205689

Board Certified Specialty: No

 625 CITRACADO PKWY STE  
100  
ESCONDIDO, CA 92025

 Phone: (760) 294-9260

Fax: (760) 294-9274

 After Hours Phone: (760)  
294-9260

Provider Gender: Female

NPI: 1023329885

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC CARDIOLOGY

**HALEY, JESSICA**

Provider ID: 277867

Board Certified Specialty: No

 2125 CITRACADO PKWY  
STE 100

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## D. 專業提供者目錄

ESCONDIDO, CA 92029  
☎ Phone: (760) 294-9260  
Fax: (760) 294-9274  
🕒 After Hours Phone: (760) 294-9260  
Provider Gender: Female  
NPI: 1023329885  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health Network

### **PEDIATRIC CARDIOLOGY**

**NARAYAN, HARI**  
Provider ID: 277846  
Board Certified Specialty: No  
📍 2125 CITRACADO PKWY STE 100  
ESCONDIDO, CA 92029  
☎ Phone: (760) 294-9260  
Fax: (760) 294-9274  
🕒 After Hours Phone: (760) 294-9260  
Provider Gender: Male  
NPI: 1376705707  
🗣 Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health Network

### **PEDIATRIC CARDIOLOGY**

**SAH, SERENA**  
Provider ID: 301737  
Board Certified Specialty: No  
📍 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: 1295042653  
🗣 Provider English Spoken: Y  
🗣 Provider Language(s) Spoken: Chinese, Mandarin  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health Network

### **PEDIATRIC CARDIOLOGY**

**SILVA SEPULVEDA, JOSE**  
Provider ID: 206298  
Board Certified Specialty: No  
📍 625 CITRACADO PKWY STE 100  
ESCONDIDO, CA 92025  
☎ Phone: (760) 294-9260  
Fax: (760) 294-9274  
🕒 After Hours Phone: (760) 294-9260  
Provider Gender: Male  
NPI: 1417222472  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health Network

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## D. 專業提供者目錄

### PEDIATRIC DERMATOLOGY

#### **BOIKO, SUSAN**

Provider ID: 277158

Board Certified Specialty: No

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: 1053488981

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE

#### **AGHILI, ROXANA**

Provider ID: 303783

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Female

NPI: 1851927883

Provider English Spoken: Y

Provider Language(s)

Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: KAISER  
FOUNDATION HOSPITAL SAN  
DIEGO, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE

#### **BELLOMO, THOMAS**

Provider ID: 277865

Board Certified Specialty: No

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: 1700926698

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE

#### **BETTY, MARYANN**

Provider ID: 277914

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ *After Hours Phone: (760) 739-1543*  
*Provider Gender: Female*  
*NPI: 1285014498*  
☑ *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
♿ *Accessibility: CONTACT PROVIDER*  
🕒 *Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM*  
🌐 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **PEDIATRIC EMERGENCY MEDICINE**

**GORHAM, LAURA**  
*Provider ID: 277851*  
*Board Certified Specialty: No*  
📍 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: CONTACT PROVIDER*  
🕒 *Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM*  
🌐 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **PEDIATRIC EMERGENCY MEDICINE**

**GROSS, MATTHEW**  
*Provider ID: 297178*  
*Board Certified Specialty: No*  
📍 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: 1942223664*  
☑ *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
♿ *Accessibility: CONTACT PROVIDER*  
🕒 *Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM*  
🌐 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **PEDIATRIC EMERGENCY MEDICINE**

**JOSHI, WEENA**  
*Provider ID: 277907*  
*Board Certified Specialty: No*  
📍 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: 1376862177*  
☑ *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR HEALTH*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
♿ *Accessibility: CONTACT PROVIDER*

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## D. 專業提供者目錄

🕒 *Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM*  
🌐 *Website: N/A*  
*IPA: Rady Childrens Health  
Network*

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### **PEDIATRIC EMERGENCY MEDICINE**

---

**LOVEJOY, AMY**  
*Provider ID: 277884*  
*Board Certified Specialty: No*  
📍 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: 1790856557*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, CHILDRENS HOSPITAL  
OF ORANGE COUNTY*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
🕒 *Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM*  
🌐 *Website: N/A*

*IPA: Rady Childrens Health  
Network*

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### **PEDIATRIC EMERGENCY MEDICINE**

---

**MENDES, CHANTAL**  
*Provider ID: 295670*  
*Board Certified Specialty: No*  
📍 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029  
📞 *Phone: (760) 739-1543*  
*Fax: (760) 294-9274*  
🕒 *After Hours Phone: (760)  
739-1543*  
*Provider Gender: Female*  
*NPI: 1134681265*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
🕒 *Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM*  
🌐 *Website: N/A*  
*IPA: Rady Childrens Health  
Network*

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### **PEDIATRIC EMERGENCY MEDICINE**

---

**MINKA, GENEVIEVE**  
*Provider ID: 277859*  
*Board Certified Specialty: No*  
📍 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: 1689646689*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: French*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MERCY  
HOSPITAL CHULA VISTA*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
🕒 *Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM*  
🌐 *Website: N/A*  
*IPA: Rady Childrens Health  
Network*

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### **PEDIATRIC EMERGENCY MEDICINE**

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**OZAKI, YOSHIHIRO**  
*Provider ID: 277902*


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## D. 專業提供者目錄


*Board Certified Specialty: No*

 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: 1467898239*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Japanese*


*Cultural Competency: N*


*Hospital Affiliation: VALLEY  
CHILDRENS HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM*

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*

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### **PEDIATRIC EMERGENCY MEDICINE**

**PARKER, SHERINE**


*Provider ID: 277872*

*Board Certified Specialty: No*


 2125 CITRACADO PKWY

STE 100

ESCONDIDO, CA 92029

 Phone: (760) 739-1543

Fax: (760) 294-9274

 After Hours Phone: (760)  
739-1543

*Provider Gender: Female*

*NPI: 1477626513*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: GLENDALE  
ADVENTIST MED CTR,  
GLENDALE MEMORIAL HOSP  
AND HEALTH CTR, TRI CITY  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, VALLEY CHILDRENS  
HOSPITAL*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM*

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*

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### **PEDIATRIC EMERGENCY MEDICINE**

**QUINONES-PEREZ, BIANCA**


*Provider ID: 277810*

*Board Certified Specialty: No*


 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: 1124360565*

 *Provider English Spoken: Y*  
 *Provider Language(s)*


*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM*

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*

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### **PEDIATRIC EMERGENCY MEDICINE**


**TODD, SARAH**

*Provider ID: 302802*

*Board Certified Specialty: No*

 2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

 Phone: (760) 739-1543




Fax: (760) 294-9274





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄





 After Hours Phone: (760) 739-1543  
 Provider Gender: Female  
 NPI: 1407299787  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1PM-10PM  
 M-F 4PM-10PM  
 SA 1PM-10PM  
 Website: N/A  
 IPA: Rady Childrens Health Network




### PEDIATRIC EMERGENCY MEDICINE

**VAIDYA, KAMALA**  
 Provider ID: 289412  
 Board Certified Specialty: No  
 2125 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92029  
 Phone: (760) 739-1543  
 Fax: (760) 294-9274  
 After Hours Phone: (760) 739-1543



Provider Gender: Female  
 NPI: 1083840920  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1PM-10PM  
 M-F 4PM-10PM  
 SA 1PM-10PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

**VAIDYA, KAMALA**  
 Provider ID: 205812  
 Board Certified Specialty: No  
 625 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92025  
 Phone: (760) 739-1543  
 Fax: (760) 294-9274  
 After Hours Phone: (760) 739-1543  
 Provider Gender: Female  
 NPI: 1083840920  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

**WANG, EMILY**  
 Provider ID: 277868  
 Board Certified Specialty: No  
 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: 1427142363  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL

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## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network


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### PEDIATRIC GASTROENTEROLOGY

#### **CHU, CHRISTOPHER**

Provider ID: 301643

Board Certified Specialty: No

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 Phone: (760) 294-9260


Fax: (760) 294-9274

 After Hours Phone: (760)  
294-9260

Provider Gender: Male

NPI: 1912369273

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Yue  
Chinese

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


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### PEDIATRIC GASTROENTEROLOGY

#### **PATHAK, SAGAR**

Provider ID: 301826

Board Certified Specialty: No

 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: 1700318292

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Gujarati, Spanish

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### PEDIATRICS

#### **CAMERON, MELISSA**

Provider ID: 205966

Board Certified Specialty: No

 2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

 Phone: (442) 281-2850

Fax: (442) 281-2999

 After Hours Phone: (442)  
281-2850

Provider Gender: Female

NPI: 1902983752

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### PHYSICAL MEDICINE / REHABILITATION

#### **RICHARDSON, HENRY**

Provider ID: 295277

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## D. 專業提供者目錄

Board Certified Specialty: No

1955 CITRACADO PKWY  
STE 203  
ESCONDIDO, CA 92029  
Phone: (760) 738-5533  
Fax: (909) 204-7863

After Hours Phone: (760)  
738-5533

Provider Gender: Male

NPI: 1407052459

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, PALOMAR MEDICAL  
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **PHYSICAL MEDICINE / REHABILITATION**

#### **RYAN, KYLE**

Provider ID: 275660

Board Certified Specialty: No

625 CITRACADO PKWY  
ESCONDIDO, CA 92025  
Phone: (760) 294-9260  
Fax: (760) 294-9274

After Hours Phone: (760)

294-9260

Provider Gender: Male

NPI: 1447645742

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PHYSICIANS ASSISTANT**

#### **BEITTER, KEERSTIN**

Provider ID: 300094

Board Certified Specialty: No

1955 CITRACADO PKWY  
STE 203  
ESCONDIDO, CA 92029  
Phone: (760) 738-5533  
Fax: (760) 738-3835

After Hours Phone: (760)  
738-5533

Provider Gender: Female

NPI: 1477129302

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **PHYSICIANS ASSISTANT**

#### **CHATFIELD, ALEXANDRA**

Provider ID: 276716

Board Certified Specialty: No

1955 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
Phone: (760) 743-4789  
Fax: (858) 673-5187

After Hours Phone: (760)  
743-4789

Provider Gender: Female

NPI: 1215584628

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **PHYSICIANS ASSISTANT**


#### **CORVINI, NICOLAS**

Provider ID: 296999

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 425 N DATE ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8300  
Fax: (858) 633-4698  
 After Hours Phone: (760)  
520-8300

Provider Gender: Male

NPI: 1194242461

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **PHYSICIANS ASSISTANT**


#### **CUTCHON, SYDNEY**

Provider ID: 302306

Board Certified Specialty: No

 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: 1659914240

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **PHYSICIANS ASSISTANT**


#### **FUNARI, CHRISTOPHER**

Provider ID: 301993

Board Certified Specialty: No

 625 CITRACADO PKWY STE  
108

ESCONDIDO, CA 92025

 Phone: (760) 743-1431

Fax: (760) 743-6455

 After Hours Phone: (760)  
743-1431

Provider Gender: Male

NPI: 1982365490


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **PHYSICIANS ASSISTANT**

#### **GANGJI, SHAZMIN**

Provider ID: 298110

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

Fax: (360) 462-2745

 After Hours Phone: (760)  
520-8100

Provider Gender: Female

NPI: 1346763638

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 14\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **PHYSICIANS ASSISTANT**


#### **KIVIAT, ANNETTE**

Provider ID: 302456

Board Certified Specialty: No

 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

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## D. 專業提供者目錄


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **PHYSICIANS ASSISTANT**

**MEHTA, NOOPUR**

Provider ID: 297093

Board Certified Specialty: No

 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: 1417682931


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **PHYSICIANS ASSISTANT**

**MONTES, VIVIAN**

Provider ID: 298090

Board Certified Specialty: No

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025


 Phone: (760) 737-6900

Fax: (360) 462-2741

 After Hours Phone: (760)  
737-6900

Provider Gender: Female

NPI: 1881358026

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **PHYSICIANS ASSISTANT**

**NIAKAMAL, EVAN**

Provider ID: 291250

Board Certified Specialty: No

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8340

Fax: (858) 633-4698

 After Hours Phone: (760)  
520-8340

Provider Gender: Male

NPI: 1639796873


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: IHP of Southern Cal-PHP


### **PHYSICIANS ASSISTANT**

**WALSH, JOHN**

Provider ID: 301971

Board Certified Specialty: No

 625 CITRACADO PKWY STE  
108  
ESCONDIDO, CA 92025


 Phone: (760) 743-1431

Fax: (760) 743-6455

 After Hours Phone: (760)  
743-1431

Provider Gender: Male

NPI: 1386893089

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes



Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP


### PHYSICIANS ASSISTANT

#### WILE, KIMBERLY

Provider ID: 302351

Board Certified Specialty: No

 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: 1174194641


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PHYSICIANS ASSISTANT

#### WRIGHT, DEREK

Provider ID: 302390

Board Certified Specialty: No

 1955 CITRACADO PKWY  
ESCONDIDO, CA 92029

 Phone: (760) 738-5533

Fax: (760) 738-3835

 After Hours Phone: (760) 738-5533

Provider Gender: Male

NPI: 1629674858

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PODIATRIST

#### ALGHURAIBI, OHOUD

Provider ID: 295998

Board Certified Specialty: No

 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: 1669842357


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PODIATRIST

#### LARKINS, PHILIP

Provider ID: 297044

Board Certified Specialty: No

 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: 1659375103

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: CLOVIS  
COMMUNITY HOSPITAL, ST

AGNES MEDICAL CENTER,  
MADERA COMMUNITY


HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-0PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PODIATRIST

#### READ, TRENTON

Provider ID: 300882

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## D. 專業提供者目錄

Board Certified Specialty: No

215 S HICKORY ST STE 118  
ESCONDIDO, CA 92025

Phone: (760) 480-1189

Fax: (858) 485-1515

After Hours Phone: (760)  
480-1189

Provider Gender: Male

NPI: 1952963431

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP,

Rady Childrens Health

Network

### PODIATRIST

#### READ, TRENTON

Provider ID: 296654

Board Certified Specialty: No

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

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP,

Rady Childrens Health

Network

### PSYCHOLOGIST

#### CARLTON PENN, CORNELIA

Provider ID: 290406

Board Certified Specialty: No

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8340

Fax: (360) 462-2752

After Hours Phone: (760)  
520-8340

Provider Gender: Female

NPI: 1891720611

Provider English Spoken: Y

Provider Language(s)  
Spoken: German

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### ESTRADA PATINO, ANGELA

Provider ID: 296605

Board Certified Specialty: No

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: 1629339015

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 14\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-0PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### SUOZZO, JOSEPH

Provider ID: 290758

Board Certified Specialty: No

425 N DATE ST  
ESCONDIDO, CA 92025

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## D. 專業提供者目錄

☎ Phone: (760) 520-8340

Fax: (858) 633-4698

📞 After Hours Phone: (760)  
520-8340

Provider Gender: Male

NPI: 1821013228

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **PSYCHOLOGIST**

#### **TEETER-WITT, ALYSSA**

Provider ID: 290891

Board Certified Specialty: No

📍 425 N DATE ST  
ESCONDIDO, CA 92025

☎ Phone: (760) 520-8300

Fax: (858) 633-4698

📞 After Hours Phone: (760)  
520-8300

Provider Gender: Female

NPI: 1932308442

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **PSYCHOLOGIST**

#### **TEETER-WITT, ALYSSA**

Provider ID: 290779

Board Certified Specialty: No

📍 426 N DATE ST  
ESCONDIDO, CA 92025

☎ Phone: (760) 690-5900

Fax: (858) 633-4693

📞 After Hours Phone: (760)  
690-5900

Provider Gender: Female

NPI: 1932308442

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **PSYCHOLOGIST**

#### **VALLEZ-BARLAM, ANDREA**

Provider ID: 290630

Board Certified Specialty: No

📍 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: 1710902143

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: German, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **PSYCHOLOGIST**

#### **VALLEZ-BARLAM, ANDREA**

Provider ID: 290631

Board Certified Specialty: No

📍 488 E VALLEY PKWY STE  
404

ESCONDIDO, CA 92025

☎ Phone: (760) 466-9800

Fax: (858) 633-4693

📞 After Hours Phone: (760)  
466-9800

Provider Gender: Female

NPI: 1710902143

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: German, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes



Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER


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## D. 專業提供者目錄


 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST


#### VAQUERO, JUANA

Provider ID: 290762  
Board Certified Specialty: No  
 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: 1023459708


 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A  
IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### WOODWORTH, JENNIFER

Provider ID: 290634  
Board Certified Specialty: No  
 425 N DATE ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8340  
Fax: (858) 633-4698  
 After Hours Phone: (760)  
520-8340

Provider Gender: Female  
NPI: 1639362494

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A  
IPA: IHP of Southern Cal-PHP

### PULMONARY DISEASES

#### QUAN, MICHELE


Provider ID: 287097  
Board Certified Specialty: No  
 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

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM



 Website: N/A  
IPA: Community Care IPA LLC

### RADIATION ONCOLOGY

#### COLEMAN, LORI


Provider ID: 221090  
Board Certified Specialty: No  
 2125 CITRACADO PKWY  
STE 110  
ESCONDIDO, CA 92029  
 Phone: (760) 739-3371  
Fax: (760) 739-3779  
 After Hours Phone: (760)  
739-3371



Provider Gender: Female  
NPI: 1053348920

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SHARP MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
PALOMAR MEDICAL CENTER,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 19\100

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC

### RADIATION ONCOLOGY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **VOLPP, PAUL**

Provider ID: 221103

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 110

ESCONDIDO, CA 92029

Phone: (760) 739-3371

Fax: (760) 739-3779

After Hours Phone: (760)  
739-3371

Provider Gender: Male

NPI: 1225186232

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CHULA VISTA MED CTR,

GROSSMONT HOSPITAL,  
PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 19\100

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-4PM

Website: N/A

IPA: Community Care IPA LLC

### **RADIATION ONCOLOGY**

#### **WEINSTEIN, GEOFFREY**

Provider ID: 220041

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 110

ESCONDIDO, CA 92029

Phone: (760) 739-3371

Fax: (760) 739-3779

After Hours Phone: (760)  
739-3371

Provider Gender: Male

NPI: 1841233947

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
SHARP CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 19\100

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **RADIOLOGY DIAGNOSTIC**

#### **VAKILIAN, SIAVOSH**

Provider ID: 283206

Board Certified Specialty: No

701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025

Phone: (760) 839-7370

Fax: (858) 429-7938

After Hours Phone: (760)  
839-7370

Provider Gender: Male

NPI: 1427456151

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **REGISTERED PHYSICAL THERAPIST**

#### **MCGEE, JACQUELINE**

Provider ID: 252473

Board Certified Specialty: No

1815 E VALLEY PKWY STE 5  
ESCONDIDO, CA 92027

Phone: (760) 233-9655

Fax: (760) 233-9648

After Hours Phone: (760)  
233-9655

Provider Gender: Female

NPI: 1194217133

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 8\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-6PM

Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

IPA: Community Care IPA LLC

### **SPEECH PATHOLOGIST**

#### **AROCHO-SALGADO, MIRELIS**

Provider ID: 296931

Board Certified Specialty: No

500 LA TERRAZA BLVD  
STE 150

ESCONDIDO, CA 92025

Phone: (877) 757-8353

Fax: (818) 357-2505

After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1063660165

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### **SPEECH PATHOLOGIST**

#### **CALDERON MORALES, ASTRID**

Provider ID: 305583

Board Certified Specialty: No

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: 1619501186

Provider English Spoken: Y

Provider Language(s)  
Spoken: Armenian, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-7PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **SPEECH PATHOLOGIST**

#### **CLARK, MELISSA**

Provider ID: 296924

Board Certified Specialty: No

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: 1760546428

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 7AM-7PM  
M-F 7AM-7PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **SPEECH PATHOLOGIST**

#### **MADERA RIVERA, PAULA**

Provider ID: 296577

Board Certified Specialty: No

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: 1205443769

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-7PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **SURGERY GENERAL**

#### **CASILLAS BERUMEN, SERGIO**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider ID: 304606  
Board Certified Specialty: No

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: PARADISE  
VALLEY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL, PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **SURGERY GENERAL**

#### **GROVE, JAY**

Provider ID: 245226

Board Certified Specialty: No

2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

Phone: (760) 300-3647  
Fax: (760) 482-1316

After Hours Phone: (760)  
300-3647

Provider Gender: Male

NPI: 1912971334

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL  
CENTER, TRI CITY MEDICAL  
CTR, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **SURGERY ORTHOPEDIC**

#### **EDMONDS, ERIC**

Provider ID: 277831

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 480-8770  
Fax: (760) 480-8811

After Hours Phone: (760)  
480-8770

Provider Gender: Male

NPI: 1013048412

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **SURGERY ORTHOPEDIC**

#### **KNUTSON, THOMAS**

Provider ID: 296851

Board Certified Specialty: No

2130 CITRACADO  
PKWYSTE 200  
ESCONDIDO, CA 92029

Phone: (760) 743-4789  
Fax: (760) 743-4779

After Hours Phone: (760)  
743-4789

Provider Gender: Male

NPI: 1962409938

Provider English Spoken: Y  
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: Community Care IPA LLC


### **SURGERY ORTHOPEDIC**

#### **SHARP, LORRA**

Provider ID: 304761

Board Certified Specialty: No

 2130 CITRACADO  
PKWY STE 220  
ESCONDIDO, CA 92029


 Phone: (760) 743-0546

Fax: (760) 317-9769

 After Hours Phone: (760)  
743-0546

Provider Gender: Female

NPI: 1689689176

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: POMONA  
VALLEY HOSP MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: Community Care IPA LLC


### **SURGERY ORTHOPEDIC**

#### **SHARP, LORRA**

Provider ID: 296808

Board Certified Specialty: No

 2130 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029


 Phone: (760) 743-4789

Fax: (858) 385-1690

 After Hours Phone: (760)  
743-4789

Provider Gender: Female

NPI: 1689689176

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: POMONA  
VALLEY HOSP MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: Community Care IPA LLC


### **SURGERY PEDIATRIC**

#### **KLING, KAREN**

Provider ID: 206130

Board Certified Specialty: No

 625 CITRACADO PKWY STE  
206  
ESCONDIDO, CA 92025

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760)  
755-7600

Provider Gender: Female

NPI: 1982775144

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND


NEWBORNS, NATIONAL  
NAVAL MED CTR, SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### **FALLBROOK**


### **CERTIFIED ACUPUNCTURIST**

#### **CRAFT, KEVIN**

Provider ID: 290943

Board Certified Specialty: No

 1309 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 690-5900

Fax: (760) 731-1063

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ After Hours Phone: (760) 690-5900

Provider Gender: Male

NPI: 1659745610

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: TU-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **HAMED, JACQUELYN**

Provider ID: 302366

Board Certified Specialty: No

📍 1328 S MISSION RD  
FALLBROOK, CA 92028

☎ Phone: (760) 451-4730

Fax: (760) 457-4700

☎ After Hours Phone: (760) 451-4730

Provider Gender: Female

NPI: 1578260758

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **KELLEHER, BRIDGET**

Provider ID: 298086

Board Certified Specialty: No

📍 321 E ALVARADO ST  
FALLBROOK, CA 92028

☎ Phone: (760) 723-6200

Fax: (760) 414-3892

☎ After Hours Phone: (760) 723-6200

Provider Gender: Female

NPI: 1245695006

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH 8AM-8PM  
F 8AM-5PM  
SA 9AM-4PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health  
Network

### CERTIFIED NURSE PRACTITIONER

#### **KELLEHER, BRIDGET**

Provider ID: 299775

Board Certified Specialty: No

📍 321 E ALVARADO ST  
FALLBROOK, CA 92028

☎ Phone: (760) 723-6200

Fax: (760) 414-3892

☎ After Hours Phone: (760) 723-6200

Provider Gender: Female

NPI: 1245695006

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH 8AM-8PM  
F 8AM-5PM  
SA 9AM-4PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health  
Network

### CERTIFIED NURSE PRACTITIONER

#### **STOJANOVSKA, JOVANA**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider ID: 301367

Board Certified Specialty: No

📍 1328 S MISSION RD  
FALLBROOK, CA 92028

☎ Phone: (760) 451-4730

Fax: (760) 451-4700

🕒 After Hours Phone: (760)  
451-4730

Provider Gender: Female

NPI: 1215638499

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **TAYLOR, CHRISTOPHER**

Provider ID: 302118

Board Certified Specialty: No

📍 321 E ALVARADO ST  
FALLBROOK, CA 92028

☎ Phone: (760) 723-6200

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
723-6200

Provider Gender: Male

NPI: 1851747166

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TH 8AM-4PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP,

Rady Childrens Health

Network

### CERTIFIED NURSE PRACTITIONER

#### **TAYLOR, CHRISTOPHER**

Provider ID: 299407

Board Certified Specialty: No

📍 321 E ALVARADO ST  
FALLBROOK, CA 92028

☎ Phone: (760) 723-6200

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
723-6200

Provider Gender: Male

NPI: 1851747166

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\100

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TH 8AM-4PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP,

Rady Childrens Health

Network

### CERTIFIED REGISTERED NURSE MIDWIFE

#### **GUIDI, CASEY**

Provider ID: 296010

Board Certified Specialty: No

📍 1328 S MISSION RD  
FALLBROOK, CA 92028

☎ Phone: (760) 451-4730

Fax: (760) 457-4700

🕒 After Hours Phone: (760)  
451-4730

Provider Gender: Female

NPI: 1013349919

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### CHIROPRACTOR

#### **FARSHLER, ANTHONY**

Provider ID: 290306

Board Certified Specialty: No

📍 1309 S MISSION RD  
FALLBROOK, CA 92028

☎ Phone: (760) 690-5900

Fax: (760) 731-1063

🕒 After Hours Phone: (760)  
690-5900

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider Gender: Male

NPI: 1841627759

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **CHIROPRACTOR**

**HALVORSON, PAULA**

Provider ID: 298338

Board Certified Specialty: No

 1309 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 690-5900

Fax: (760) 731-1063

 After Hours Phone: (760)  
690-5900

Provider Gender: Female


NPI: 1275542193


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: TU 8AM-5PM  
TH-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **FAMILY PRACTICE**

**CHRISTIE, PATRICIA**

Provider ID: 299526

Board Certified Specialty: No

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4720

Fax: (760) 457-4700

 After Hours Phone: (760)  
451-4720

Provider Gender: Female

NPI: 1881625531


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **OPTOMETRIST**

**BULLUM, ANTHONY**

Provider ID: 290329

Board Certified Specialty: No

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4730

Fax: (760) 457-4700

 After Hours Phone: (760)  
451-4730

Provider Gender: Male

NPI: 1992773956

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **PEDIATRICS**

**ROBINSON, DAISY**

Provider ID: 298311

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

Fax: (760) 414-3892

 After Hours Phone: (760)  
723-6200

Provider Gender: Female

NPI: 1659389740

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-4PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。








## D. 專業提供者目錄

 Website: N/A  
IPA: IHP of Southern Cal-PHP

### HEMET

#### PHYSICIANS ASSISTANT

##### SMITH, KELLI

Provider ID: 272953  
Board Certified Specialty: No  
 3853 W STETSON AVE STE 200  
HEMET, CA 92545  
 Phone: (951) 225-6802  
 After Hours Phone: (951) 225-6802  
Provider Gender: Female  
NPI: 1841771664  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group


### IMPERIAL BEACH

#### CERTIFIED NURSE PRACTITIONER

##### ALBARRAN-SLOVIN, MELODY

Provider ID: 299329  
Board Certified Specialty: No  
 949 PALM AVE  
IMPERIAL BEACH, CA


91932

 Phone: (619) 429-3733  
Fax: (619) 628-5550

 After Hours Phone: (619) 429-3733

Provider Gender: Female

NPI: 1740953249

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: IHP of Southern Cal-PHP


#### CERTIFIED NURSE PRACTITIONER

##### BORRAJERO, OBEL

Provider ID: 303242

Board Certified Specialty: No

 949 PALM AVE  
IMPERIAL BEACH, CA 91932

 Phone: (619) 429-3733


Fax: (619) 628-5550

 After Hours Phone: (619) 429-3733

Provider Gender: Male

NPI: 1093280588

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: IHP of Southern Cal-PHP


#### CERTIFIED NURSE PRACTITIONER

##### CUNNINGHAM, STEPHANIE

Provider ID: 301310

Board Certified Specialty: No

 949 PALM AVE  
IMPERIAL BEACH, CA 91932

 Phone: (619) 429-3733

Fax: (619) 628-5550

 After Hours Phone: (619) 429-3733

Provider Gender: Female

NPI: 1174223655

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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## D. 專業提供者目錄

### **CERTIFIED NURSE PRACTITIONER**

#### **O'CONNELL, STEFANY**

Provider ID: 296845

Board Certified Specialty: No

949 PALM AVE  
IMPERIAL BEACH, CA  
91932

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1386378479

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **CERTIFIED NURSE PRACTITIONER**

#### **POPE, KATILYNN**

Provider ID: 305980

Board Certified Specialty: No

949 PALM AVE  
IMPERIAL BEACH, CA  
91932

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1174232748

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **CERTIFIED NURSE PRACTITIONER**

#### **THYGERSEN, ALAYSA**

Provider ID: 297909

Board Certified Specialty: No

949 PALM AVE  
IMPERIAL BEACH, CA  
91932

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1760107767

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **FAMILY PRACTICE**

#### **BROWNING, ELIZABETH**

Provider ID: 298122

Board Certified Specialty: No

949 PALM AVE  
IMPERIAL BEACH, CA  
91932

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1821431057

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **FAMILY PRACTICE**

#### **SUMMERS-DAY, COURTNEY**

Provider ID: 290977

Board Certified Specialty: No

949 PALM AVE  
IMPERIAL BEACH, CA  
91932

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ Phone: (619) 429-3733

Fax: (619) 628-5550

📞 After Hours Phone: (619) 429-3733

Provider Gender: Female

NPI: 1124288873

🗉 Provider English Spoken: Y

🗉 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### INTERNAL MEDICINE

#### **RYAN, DANA**

Provider ID: 298099

Board Certified Specialty: No

📍 949 PALM AVE  
IMPERIAL BEACH, CA  
91932

☎ Phone: (619) 429-3733

Fax: (619) 628-5550

📞 After Hours Phone: (619) 429-3733

Provider Gender: Female

NPI: 1780609990

🗉 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M 8:30AM-8PM

TU-W 8:30AM-5PM

TH 8:30AM-8PM

F 8:30AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### REGISTERED PHYSICAL

#### THERAPIST

#### **CHENG, BRANDON**

Provider ID: 304530

Board Certified Specialty: No

📍 600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

☎ Phone: (619) 332-4200

Fax: (613) 332-4220

📞 After Hours Phone: (619) 332-4200

Provider Gender: Male

NPI: 1336894724

🗉 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH 7AM-7PM

F 7AM-5PM

SA 8AM-1PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### REGISTERED PHYSICAL

#### THERAPIST

#### **JIMENEZ, ANDREA**

Provider ID: 301973

Board Certified Specialty: No

📍 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: 1407440670

🗉 Provider English Spoken: Y

🗉 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### REGISTERED PHYSICAL

#### THERAPIST

#### **JIMENEZ, ANDREA**

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## D. 專業提供者目錄

Provider ID: 299890

Board Certified Specialty: No

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: 1407440670

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **KARANDE, PRACHI**

Provider ID: 287101

Board Certified Specialty: No

600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1699357525

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-6PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **NGUYEN, TIA**

Provider ID: 305015

Board Certified Specialty: No

600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1457136269

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 7AM-7PM  
F 7AM-4PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **NGUYEN, TIA**

Provider ID: 305016

Board Certified Specialty: No

600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1457136269

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 7AM-7PM  
F 7AM-4PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **NOVENCIDO, ANDREW**

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## D. 專業提供者目錄

Provider ID: 286783

Board Certified Specialty: No

600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619)  
482-3000

Provider Gender: Male

NPI: 1447723937

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **NOVENCIDO, ANDREW**

Provider ID: 301995

Board Certified Specialty: No

600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619)  
482-3000

Provider Gender: Male

NPI: 1447723937

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **SPARKS, TODD**

Provider ID: 301109

Board Certified Specialty: No

600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619)  
482-3000

Provider Gender: Male

NPI: 1265481139

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Hours: M 7AM-7PM

TU 7AM-0PM

W-TH 7AM-7PM

F 7AM-0PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **SUGGS, SARAH**

Provider ID: 301429

Board Certified Specialty: No

600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1083353650

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-7PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

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## D. 專業提供者目錄

### SUGGS, SARAH

Provider ID: 298365

Board Certified Specialty: No

600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1083353650

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-7PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

### VILLANUEVA, GIOVANNI

Provider ID: 301531

Board Certified Specialty: No

600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619)  
482-3000

Provider Gender: Male

NPI: 1063046878

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 7AM-7PM  
F 7AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### LA JOLLA

### ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY

### HONG, KIMBERLY

Provider ID: 246312

Board Certified Specialty: No

9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346515442

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY

### THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### ANESTHESIOLOGY

### ALEXANDER, BRENTON

Provider ID: 242302

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1811366644

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

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## D. 專業提供者目錄

<hr/> <b>ANESTHESIOLOGY</b> <hr/> <b>BECERRA SONGOLO, TOSHA</b> Provider ID: 300067 Board Certified Specialty: No 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1265938724 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: UCSD Medical Group	Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group	PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group
<hr/> <b>ANESTHESIOLOGY</b> <hr/> <b>CURRAN, BRIAN</b> Provider ID: 239003 Board Certified Specialty: No 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1710373642 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT	<hr/> <b>ANESTHESIOLOGY</b> <hr/> <b>FEJLEH, ASHLEY</b> Provider ID: 269503 Board Certified Specialty: No 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1609353465 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group	<hr/> <b>ANESTHESIOLOGY</b> <hr/> <b>FUNDINGSLAND, BRENT</b> Provider ID: 280469 Board Certified Specialty: No 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 Fax: (888) 539-8781
<hr/> <b>ANESTHESIOLOGY</b> <hr/> <b>BRUNO, KELLY</b> Provider ID: 238904 Board Certified Specialty: No 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1891130993 Provider English Spoken: Y Cultural Competency: N		

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## D. 專業提供者目錄

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1831166560*

☑ *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MEMORIAL HOSPITAL*

*ENCINITAS, SADDLEBACK*

*MEMORIAL MED CTR, UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **ANESTHESIOLOGY**

#### **HOSALKAR, HETAL**

*Provider ID: 243370*

*Board Certified Specialty: No*

📍 *9415 CAMPUS POINT DR  
LA JOLLA, CA 92093*

☎ *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1861556821*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s)*

*Spoken: Farsi, Gujarati, Hindi*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **ANESTHESIOLOGY**

#### **HYLTON, DIANA**

*Provider ID: 241736*

*Board Certified Specialty: No*

📍 *9300 CAMPUS POINT DR  
LA JOLLA, CA 92037*

☎ *Phone: (800) 926-8273*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1932527751*

☑ *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL*

*CTR, SOUTHWEST*

*HEALTHCARE INLAND*

*VALLEY HOSPITAL,*

*SOUTHWEST HEALTHCARE*

*RANCHO SPRINGS HOSPITAL*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **ANESTHESIOLOGY**

#### **MEYER, MEGAN**

*Provider ID: 239608*

*Board Certified Specialty: No*

📍 *9300 CAMPUS POINT DR  
LA JOLLA, CA 92037*

☎ *Phone: (800) 926-8273*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1720473044*

☑ *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

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## D. 專業提供者目錄

<hr/> <b>ANESTHESIOLOGY</b> <hr/> <b>NGUYEN, QUOC SY</b> Provider ID: 242189 Board Certified Specialty: No 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1871911644 Provider English Spoken: Y Provider Language(s) Spoken: Vietnamese Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group	<input type="checkbox"/> After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1952338709 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL, ALVARADO HOSPITAL LLC, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group	Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group
<hr/> <b>ANESTHESIOLOGY</b> <hr/> <b>OKAMOTO, VINCENT</b> Provider ID: 245952 Board Certified Specialty: No 9415 CAMPUS POINT DR LA JOLLA, CA 92093 Phone: (800) 926-8273	<hr/> <b>ANESTHESIOLOGY</b> <hr/> <b>OSWALD, JESSICA</b> Provider ID: 239601 Board Certified Specialty: No 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1427315118 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N	<hr/> <b>ANESTHESIOLOGY</b> <hr/> <b>SHAW, SUSANNA</b> Provider ID: 255317 Board Certified Specialty: No 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1063685477 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

### PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group


### ANESTHESIOLOGY

#### SORIA, CLAIRE

Provider ID: 243295  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1447516414  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

### ANESTHESIOLOGY

#### SUYDAM, STEVEN

Provider ID: 286570  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR

LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1386856821

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
TRI CITY MEDICAL CTR, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
SHARP CHULA VISTA MED  
CTR, SHARP CHULA VISTA  
MED CTR, SHARP CORONADO  
HOSP AND HEALTHCARE CTR,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO, SCRIPPS GREEN  
HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### ANESTHESIOLOGY


#### TRIVEDI, SURAJ

Provider ID: 246750

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1699057885

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### ANESTHESIOLOGY

#### TSUDA, PAIGE

Provider ID: 271683

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

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## D. 專業提供者目錄

Provider Gender: Female

NPI: 1003261595

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **ANESTHESIOLOGY**

#### **TULLY, JEFFREY**

Provider ID: 283690

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1871912493

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UC DAVIS

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **ANESTHESIOLOGY**

#### **TZENG, ERIC**

Provider ID: 284578

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1801258264

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **ANESTHESIOLOGY**

#### **WANG, MICHELLE**

Provider ID: 286139

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1659802965

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **ANESTHESIOLOGY**

#### **YODER, ANDREA**

Provider ID: 272805

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

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## D. 專業提供者目錄

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1629463104

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### ANESTHESIOLOGY


#### **YOUNAN, LAWRENCE**

Provider ID: 240871

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1922432475

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### ANESTHESIOLOGY CRITICAL CARE MEDICINE

#### **KRAUSE, MARTIN**

Provider ID: 280540

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037



 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1417243239

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: German

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### ANESTHESIOLOGY PAIN MANAGEMENT

#### **CASTELLANOS, JOEL**

Provider ID: 243554

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1700296514

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CARDIOVASCULAR DISEASE

#### **KEEN, WILLIAM**

Provider ID: 291303


Board Certified Specialty: No




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## D. 專業提供者目錄

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 9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8372  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8372  
Provider Gender: Male  
NPI: 1962561571


 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

---

### **CARDIOVASCULAR DISEASE**

#### **MIZZELL, ANNA**




Provider ID: 214021  
Board Certified Specialty: No  
 9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1851561021  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None





American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

---

### **CARDIOVASCULAR DISEASE**

#### **PHREANER, NICHOLAS**

Provider ID: 224864  
Board Certified Specialty: No  
 9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1023373040


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

---

### **CARDIOVASCULAR DISEASE**


**SHAPIRO, HILARY**  
Provider ID: 300000



Board Certified Specialty: No

 9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1811382815

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group


---

### **CERTIFIED ACUPUNCTURIST**

#### **ARELLANO, JACQUELINE**


Provider ID: 304140  
Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1104129485

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes

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## D. 專業提供者目錄

---

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### **CERTIFIED ACUPUNCTURIST**

**ARELLANO, JACQUELINE**

Provider ID: 304136

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104129485


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### **CERTIFIED ACUPUNCTURIST**

**ARELLANO, JACQUELINE**

Provider ID: 304141

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104129485

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### **CERTIFIED ACUPUNCTURIST**

**JULIAN, FIDES**

Provider ID: 304130

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093



 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### **CERTIFIED ACUPUNCTURIST**

**JULIAN, FIDES**

Provider ID: 304135

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037



 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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## D. 專業提供者目錄

---

### **CERTIFIED ACUPUNCTURIST**

#### **JULIAN, FIDES**

Provider ID: 304134

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**

#### **AGYEMANG, ALBERTA**

Provider ID: 265131

Board Certified Specialty: No

8939 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Phone: (858) 657-8000

Fax: (858) 657-8387

After Hours Phone: (858)  
657-8000

Provider Gender: Female

NPI: 1023400082

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**

#### **AGYEMANG, ALBERTA**

Provider ID: 265130

Board Certified Specialty: No

9350 CAMPUS POINT DR  
STE 2B

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1023400082

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**

#### **BOUTELLE, AMY**

Provider ID: 243485

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1609117704

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Website: N/A  
IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**


---


#### **BRADY, KATELYN**

Provider ID: 209017

Board Certified Specialty: No


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1952797540

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**

---


#### **BUENROSTRO, CHRISTINA**

Provider ID: 243717

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037


 Phone: (800) 926-8273

 After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1851749253

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**


---


#### **CAPOZZI, JENNIFER**

Provider ID: 241030

Board Certified Specialty: No


 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1336258276

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**


---

#### **CONNER, PAMELA**

Provider ID: 299931

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1770558967

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>CONNER, PAMELA</b> Provider ID: 299932 Board Certified Specialty: No 9350 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1770558967 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SCRIPPS GREEN HOSPITAL Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: UCSD Medical Group</p> <hr/>	<p>After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1609081710 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group</p> <hr/>	<p>Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group</p> <hr/>
<hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>CONNOR, CAROLINE</b> Provider ID: 279834 Board Certified Specialty: No 8910 VILLA LA JOLLA DR STE 200 LA JOLLA, CA 92037 Phone: (800) 926-8273 Fax: (888) 539-8781</p> <hr/>	<hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>CZYPULL, MONICA</b> Provider ID: 284662 Board Certified Specialty: No 9850 GENESEE AVE STE 320 LA JOLLA, CA 92037 Phone: (858) 554-1212 Fax: (858) 795-1195 After Hours Phone: (858) 554-1212 Provider Gender: Female NPI: 1831784842 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes</p> <hr/>	<hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>DAVIES, SUMMER</b> Provider ID: 253691 Board Certified Specialty: No 8910 VILLA LA JOLLA DR STE 100 LA JOLLA, CA 92037 Phone: (858) 249-6800 Fax: (858) 657-6420 After Hours Phone: (858) 249-6800 Provider Gender: Female NPI: 1679850671 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A</p> <hr/>

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## D. 專業提供者目錄

IPA: UCSD Medical Group

### **CERTIFIED NURSE** **PRACTITIONER**

#### **DAVIES, SUMMER**

Provider ID: 238922

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 657-7600

After Hours Phone: (858)  
657-7600

Provider Gender: Female

NPI: 1679850671

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED NURSE** **PRACTITIONER**

#### **DE DIOS, SARAH**

Provider ID: 300052

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1528632742

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

### **CERTIFIED NURSE** **PRACTITIONER**

#### **DIMAIRA, FRANCESCA**

Provider ID: 245580

Board Certified Specialty: No

3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346670718

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED NURSE** **PRACTITIONER**

#### **DIMAIRA, FRANCESCA**

Provider ID: 245579

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346670718

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

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## D. 專業提供者目錄

 Website: N/A  
IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**


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#### **DRISCOLL, KARRIE**

Provider ID: 286376

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

 Phone: (858) 822-6277

Fax: (858) 228-1731

 After Hours Phone: (858)  
822-6277

Provider Gender: Female

NPI: 1396085098

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE** **PRACTITIONER**


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#### **GARTH, MELISSA**

Provider ID: 268991

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689232977

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **GARTH, MELISSA**

Provider ID: 268992

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689232977

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **GIOVANNETTI, ERIN**

Provider ID: 276002

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1013317767

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes




Min/Max Age: 0\None

American Sign Language (ASL):

N

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## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **CERTIFIED NURSE** **PRACTITIONER**


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#### **GOMEZ, LESLIE**

*Provider ID: 299470*

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1528578713*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **CERTIFIED NURSE** **PRACTITIONER**


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#### **GOMEZ, LESLIE**

*Provider ID: 299465*

*Board Certified Specialty: No*

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1528578713*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **CERTIFIED NURSE** **PRACTITIONER**


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#### **GOMEZ, LESLIE**

*Provider ID: 299464*

*Board Certified Specialty: No*

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1528578713*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **GOMEZ, LESLIE**


*Provider ID: 299469*

*Board Certified Specialty: No*

 3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1528578713*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **CERTIFIED NURSE**

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## D. 專業提供者目錄

<b>PRACTITIONER</b>	
<b>HANNA, LINDSAY</b> Provider ID: 284967 Board Certified Specialty: No 9350 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1699257907 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group	<input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Japanese Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group
<b>CERTIFIED NURSE PRACTITIONER</b>	
<b>JONES, CHRISTA</b> Provider ID: 275564 Board Certified Specialty: No 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 Fax: (800) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1396371431 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group	PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group
<b>CERTIFIED NURSE PRACTITIONER</b>	
<b>IYER, VICTORIA</b> Provider ID: 265624 Board Certified Specialty: No 9350 CAMPUS POINT DR STE 2B LA JOLLA, CA 92037 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1871738864 Provider English Spoken: Y Provider Language(s) Spoken: Tagalog Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER	PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group
<b>CERTIFIED NURSE PRACTITIONER</b>	
<b>HARKNESS, RUMIKO</b> Provider ID: 208840 Board Certified Specialty: No 8910 VILLA LA JOLLA DR STE 200 LA JOLLA, CA 92037 Phone: (800) 926-8273 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1487785093	PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group
<b>CERTIFIED NURSE PRACTITIONER</b>	
<b>KORMANIK, PATRICIA</b>	

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## D. 專業提供者目錄

Provider ID: 282070

Board Certified Specialty: No

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1093895047

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED NURSE PRACTITIONER**

**LANE, KIMBERLY**

Provider ID: 301604

Board Certified Specialty: No

9850 GENESEE AVE STE 440

LA JOLLA, CA 92037

Phone: (858) 453-5944

Fax: (858) 429-7925

After Hours Phone: (858) 453-5944

Provider Gender: Female

NPI: 1457670119

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **CERTIFIED NURSE PRACTITIONER**

**LEE, HEE**

Provider ID: 274644

Board Certified Specialty: No

9300 CAMPUS POINT DR LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1497275705

Provider English Spoken: Y

Provider Language(s) Spoken: Korean

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED NURSE PRACTITIONER**

**MATTHESS, JANETTE**

Provider ID: 287644

Board Certified Specialty: No

8910 VILLA LA JOLLA DR STE 100

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1457694549

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

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## D. 專業提供者目錄

 Website: N/A  
IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**

---

#### **MATTHESS, JANETTE**

Provider ID: 287645  
Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1457694549

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**


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#### **MICK, SHARON**

Provider ID: 299650

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**


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#### **MICK, SHARON**

Provider ID: 299651

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**


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#### **MICK, SHARON**

Provider ID: 299646

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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## D. 專業提供者目錄

American Sign Language (ASL): **MOHEBBI, ATHENA**

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**


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**MICK, SHARON**

Provider ID: 299645

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**

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Provider ID: 282231

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1952627176

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**

---

**MULVEY, CAOILFHIONN**

Provider ID: 291420

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8372

Provider Gender: Female

NPI: 1184386864

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**

---


**NACOSTE, LAKEISHA**

Provider ID: 272935

Board Certified Specialty: No


 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

 Phone: (858) 822-5210

 After Hours Phone: (858)  
822-5210

Provider Gender: Female

NPI: 1194139634

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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## D. 專業提供者目錄

 Website: N/A  
IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**


---


#### **PAULSON, KERRY**

Provider ID: 201269

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (619) 543-3000

 After Hours Phone: (619)  
543-3000

Provider Gender: Female

NPI: 1518363407

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **RALEIGH, DEBORAH**


Provider ID: 215016


Board Certified Specialty: No

 9434 MEDICAL CENTER DR

FL 1

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689006876

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR, UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **ROCHE, CHELSEA**

Provider ID: 270706

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1063040384

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **ROSSI, CATHERINE**

Provider ID: 291446

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8372

Provider Gender: Female

NPI: 1649934126

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

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## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **SRILASAK, MICHELE**

*Provider ID: 281855*

*Board Certified Specialty: No*

 3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1265487326*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **STEVENSON, REHEIA**

*Provider ID: 210795*

*Board Certified Specialty: No*

 9434 MEDICAL CENTER DR FL 1

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1346696044*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **TOPPEN, LAURA**

*Provider ID: 215476*

*Board Certified Specialty: No*

 3855 HEALTH SCIENCES DR


LA JOLLA, CA 92093

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1326563495*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **TOPPEN, LAURA**


*Provider ID: 215475*

*Board Certified Specialty: No*

 9434 MEDICAL CENTER DR FL 1

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1326563495*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*



*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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## D. 專業提供者目錄

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group


### **CERTIFIED NURSE PRACTITIONER**

#### **TRUJILLO, DALE**

Provider ID: 278428

Board Certified Specialty: No


 9350 CAMPUS POINT DR  
STE 2B  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1003104423

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED NURSE**


### **PRACTITIONER**

#### **YEO, ALEXANDRIA**

Provider ID: 299942

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1902368319

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **CERTIFIED REGISTERED NURSE ANESTHETIST**


#### **ALFONSO, ALVIN**

Provider ID: 256375

Board Certified Specialty: No


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1952653404

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **CERTIFIED REGISTERED NURSE ANESTHETIST**

#### **AMADOR, LINDSAY**

Provider ID: 291387

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003556184

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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## D. 專業提供者目錄

<hr/> <b>CERTIFIED REGISTERED NURSE ANESTHETIST</b> <hr/> <b>APPLEGET, JOSEPH</b> Provider ID: 239603 Board Certified Specialty: No 📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037 ☎ 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 Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-5PM 🌐 Website: N/A IPA: UCSD Medical Group	926-8273 Provider Gender: Male NPI: 1174893358 📄 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-5PM 🌐 Website: N/A IPA: UCSD Medical Group	🌐 Website: N/A IPA: UCSD Medical Group
<hr/> <b>CERTIFIED REGISTERED NURSE ANESTHETIST</b> <hr/> <b>BAYLIS, CHRISTOPHER</b> Provider ID: 240764 Board Certified Specialty: No 📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037 ☎ Phone: (800) 926-8273 Fax: (888) 539-8781 📞 After Hours Phone: (800)	<hr/> <b>CERTIFIED REGISTERED NURSE ANESTHETIST</b> <hr/> <b>BURROWS, TERENCE</b> Provider ID: 256695 Board Certified Specialty: No 📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037 ☎ Phone: (800) 926-8273 Fax: (888) 539-8781 📞 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1023194560 📄 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-5PM	<hr/> <b>CERTIFIED REGISTERED NURSE ANESTHETIST</b> <hr/> <b>DOLLAND, STEVEN</b> Provider ID: 280553 Board Certified Specialty: No 📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037 ☎ Phone: (800) 926-8273 Fax: (888) 539-8781 📞 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1982059044 📄 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: KERN MEDICAL CENTER, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-5PM 🌐 Website: N/A IPA: UCSD Medical Group
<hr/> <b>CERTIFIED REGISTERED NURSE ANESTHETIST</b> <hr/> <b>FERRITER, STACY</b> Provider ID: 265296		

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## D. 專業提供者目錄

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780725556

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED**

### **NURSE ANESTHETIST**

**GARCIA, CALVIN**

Provider ID: 217366

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1427419944

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED**

### **NURSE ANESTHETIST**

**GONZALEZ, LISA**

Provider ID: 299906

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1083254205

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED**

### **NURSE ANESTHETIST**

**POLIKOWSKI, SAMANTHA**

Provider ID: 291443

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1194134114

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: KAISER

FOUNDATION HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED**

### **NURSE ANESTHETIST**

**RAMIREZ, NICOLE**


Provider ID: 291403

Board Certified Specialty: No

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## D. 專業提供者目錄

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1487213500

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED REGISTERED NURSE ANESTHETIST**


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#### **SACKS, BRENT**

Provider ID: 278004

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982133591

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**


---

#### **CHOI, NATHALIE**

Provider ID: 301713

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1073241618

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER,

SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED REGISTERED NURSE MIDWIFE**

---


#### **GOODWIN, RACHEL**


Provider ID: 210017

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1518274919

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**

---

#### **GREAR MANN, MELISSA**

Provider ID: 210051

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## D. 專業提供者目錄

Board Certified Specialty: No

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED NURSE MIDWIFE**

**GUNTHER, HOPE**

Provider ID: 210040

Board Certified Specialty: No

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8AM-5PM  
W 8AM-8PM  
TH-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED NURSE MIDWIFE**

**HIRSCH, JENNIFER**

Provider ID: 210057

Board Certified Specialty: No

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8AM-5PM  
W 8AM-8PM  
TH-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED NURSE MIDWIFE**

**HIRSCH, JENNIFER**

Provider ID: 210056

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 657-8745

After Hours Phone: (858)  
657-8745

Provider Gender: Female

NPI: 1891752069

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED NURSE MIDWIFE**

**NATHAN, CARLY**

Provider ID: 301046

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

926-8273  
Provider Gender: Female  
NPI: 1235670977  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **CERTIFIED REGISTERED NURSE MIDWIFE**

**PERDION, KAREN**  
Provider ID: 210135  
Board Certified Specialty: No  
 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: 1518916857  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

Website: N/A  
IPA: UCSD Medical Group

### **CERTIFIED REGISTERED NURSE MIDWIFE**

**PERDION, KAREN**  
Provider ID: 210136  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1518916857  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

**AMANN, CHRISTOPHER**  
Provider ID: 270914  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (858) 657-7000  
Fax: (888) 539-8781



After Hours Phone: (858)  
657-7000  
Provider Gender: Male  
NPI: 1134326895  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON, USC KENNETH  
NORRIS JR CANCER  
HOSPITAL, KECK HOSPITAL  
OF USC, USC VERDUGO HILLS  
HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

**AUSTIN, ANDREA**  
Provider ID: 269292  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1811289093  
 Provider English Spoken: Y




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## D. 專業提供者目錄

*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, GROSSMONT HOSPITAL, Los Angeles General Medical Center, TEMECULA VALLEY HOSPITAL INC*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **EMERGENCY MEDICINE**







#### **BAGBY, JESSICA**

*Provider ID: 271135*  
*Board Certified Specialty: No*  
 8910 VILLA LA JOLLA DR STE 100  
 LA JOLLA, CA 92037  
 *Phone: (858) 249-6800*  
*Fax: (858) 404-9226*  
 *After Hours Phone: (858) 249-6800*  
*Provider Gender: Female*  
*NPI: 1093161473*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **EMERGENCY MEDICINE**








#### **BAGBY, JESSICA**

*Provider ID: 271138*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1093161473*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

 *Website: N/A*  
*IPA: UCSD Medical Group*

### **EMERGENCY MEDICINE**

#### **BARRY, JEFFREY**

*Provider ID: 271131*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1801207006*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **EMERGENCY MEDICINE**

#### **BELLINGHAUSEN, AMY**

*Provider ID: 270335*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037

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## D. 專業提供者目錄

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1801206354

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SHARP

MEMORIAL HOSPITAL, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **BLACK, NICHOLAS**

Provider ID: 284415

Board Certified Specialty: No

📍 8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1154852689

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL

MEDICAL CENTER-FRESNO,

UCSD MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-8PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **CASTELLANO, TIFFANY**

Provider ID: 271611

Board Certified Specialty: No

📍 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

☎ Phone: (858) 249-6800

Fax: (858) 404-9226

🕒 After Hours Phone: (858) 249-6800

Provider Gender: Female

NPI: 1063893063

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **CHEN, ALICE**

Provider ID: 287427

Board Certified Specialty: No

📍 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1427476597

🗨 Provider English Spoken: Y

🗨 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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### EMERGENCY MEDICINE

#### CHEN, ALICE

Provider ID: 287429

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1427476597

Provider English Spoken: Y

Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

---

### EMERGENCY MEDICINE

#### GALUST, HENRIK

Provider ID: 300053

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1932696093

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

---

### EMERGENCY MEDICINE

#### GOODRICH, ANDREW

Provider ID: 271625

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1245688415

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

---

### EMERGENCY MEDICINE

#### GUITTARD, JESSE

Provider ID: 239880

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 657-6400

After Hours Phone: (858)  
657-6400

Provider Gender: Male

NPI: 1770979890

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: EL

CENTRO REGIONAL MEDICAL  
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **EMERGENCY MEDICINE**

#### **HERNANDEZ, CRISTINA**

Provider ID: 242545

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1164765046

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **HERNANDEZ, CRISTINA**

Provider ID: 278988

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1164765046

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **HOGUE, BRENNIA**

Provider ID: 300006

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1043705296

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **HOGUE, BRENNIA**

Provider ID: 301710

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1043705296

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

### **HORNBEAK, KIRSTEN**

Provider ID: 240023

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1205214442

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

### **KRESHAK, ALLYSON**

Provider ID: 257564

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1194758219

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,

SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT

### **EMERGENCY MEDICINE**

### **KUTZ, CRAIG**

Provider ID: 283844

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1598295925

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, TRI CITY MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

### **KUTZ, CRAIG**

Provider ID: 283846

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1598295925

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, TRI CITY MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Website: N/A  
IPA: UCSD Medical Group

---

### **EMERGENCY MEDICINE**


---

#### **LI, JINGHONG**

Provider ID: 255937

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-7125

Fax: (858) 657-7107

 After Hours Phone: (858)  
657-7125

Provider Gender: Female

NPI: 1619014479

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **EMERGENCY MEDICINE**

---


#### **LI, JINGHONG**

Provider ID: 255938

Board Certified Specialty: No

 9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037

 Phone: (858) 657-7125

Fax: (858) 657-7107

 After Hours Phone: (858)  
657-7125

Provider Gender: Female

NPI: 1619014479

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **EMERGENCY MEDICINE**

---


#### **LIOTTA, BENJAMIN**

Provider ID: 283150

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1396270278

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-8PM

 Website: N/A

IPA: UCSD Medical Group

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### **EMERGENCY MEDICINE**


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#### **MCDANIEL, MICHELE**

Provider ID: 246900

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1366761959

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

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## D. 專業提供者目錄

RADY CHILDRENS HOSPITAL  
SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group


### **EMERGENCY MEDICINE**

**MUELLER, MATTHEW**


Provider ID: 280658

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 539-8781

Fax: (888) 539-8781

 After Hours Phone: (800)  
539-8781

Provider Gender: Male

NPI: 1003355629

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, EL CENTRO

REGIONAL MEDICAL CENTER


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**


**MUELLER, MATTHEW**

Provider ID: 280660

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1003355629

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, EL CENTRO

REGIONAL MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 8AM-8PM

M-F 8AM-5PM

SA 8AM-8PM

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**


**NOSTE, ERIN**

Provider ID: 239796

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

 Phone: (858) 249-6800

 After Hours Phone: (858)  
249-6800

Provider Gender: Female

NPI: 1871732214

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

**PARK, JAY**

Provider ID: 285609


Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

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## D. 專業提供者目錄

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1366478372

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **EMERGENCY MEDICINE**

#### **PARK, JAY**

Provider ID: 285608

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1366478372

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**


#### **QUENZER, FAITH**


Provider ID: 243284

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1295112670

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR, UNIVERSITY

HSP OF SAN DIEGO CO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 8AM-8PM

M-F 8AM-5PM

SA 8AM-8PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,

UCSD Medical Group


### **EMERGENCY MEDICINE**


#### **RUDOLF, FRANCES**

Provider ID: 240160

Board Certified Specialty: No


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-7000

 After Hours Phone: (858) 657-7000

Provider Gender: Female

NPI: 1821487430

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **SABHA, MAHMOUD**

Provider ID: 240450

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037





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## D. 專業提供者目錄

 Phone: (858) 249-6800  
 After Hours Phone: (858) 249-6800  
Provider Gender: Male  
NPI: 1457747883  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 8AM-8PM  
M-F 8AM-5PM  
SA 8AM-8PM  
 Website: N/A  
IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**







#### **SELTZER, JUSTIN**

Provider ID: 283135  
Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1447791843  
 Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **SMITH, CASEY**

Provider ID: 300008  
Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1871099333  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **SUPAT, BENJAMIN**

Provider ID: 299907  
Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1376772905  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **WINKLER, GARRET**

Provider ID: 271416  
Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

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## D. 專業提供者目錄

Provider Gender: Male

NPI: 1336502095

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**


**YOU, ALAN**

Provider ID: 269938

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1225425697

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

**YOU, ALAN**

Provider ID: 269937

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1225425697

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **EMERGENCY MEDICINE**

**YU, ELAINE**

Provider ID: 301707

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1528564150

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**


**YU, ELAINE**


Provider ID: 299985

Board Certified Specialty: Yes

 8910 VILLA LA JOLLA DR  
STE A


LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1528564150


 Provider English Spoken: Y

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## D. 專業提供者目錄

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **ENDOCRINOLOGY**


### **METABOLISM DIABETES**

#### **BOEDER, SCHAFER**

Provider ID: 255612

Board Certified Specialty: No


 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1477808285

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ENDOCRINOLOGY**


### **METABOLISM DIABETES**

#### **GUERIN, CHRIS**

Provider ID: 284645

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1275648875

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, UCSD MEDICAL

CTR, UCSD LA JOLLA JOHN  
SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ENDOCRINOLOGY**


### **METABOLISM DIABETES**

#### **JUANG, PATRICIA**

Provider ID: 255606

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265695795

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ENDOCRINOLOGY**


### **METABOLISM DIABETES**

#### **KULASA, KRISTEN**

Provider ID: 255623

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 962-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

962-8273

Provider Gender: Female

NPI: 1932324175

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### ENDOCRINOLOGY


#### METABOLISM DIABETES

#### **NAGELBERG, JODI**

Provider ID: 287778

Board Certified Specialty: No

 8939 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1720474141

Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

### PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### ENDOCRINOLOGY


#### METABOLISM DIABETES

#### **PETTUS, JEREMY**

Provider ID: 303286

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1225234982

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### ENDOCRINOLOGY

#### METABOLISM DIABETES


#### **SANTOS CAVAIOLA, TRICIA**


Provider ID: 256092

Board Certified Specialty: No

 9350 CAMPUS POINT DR

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1518163799

Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### FAMILY PRACTICE


#### **CHEN, ALICE**


Provider ID: 207166

Board Certified Specialty: No

 9300 MEDICAL CENTER  
DR

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265810337

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **FAMILY PRACTICE**


**CHEN, ALICE**

Provider ID: 207165

Board Certified Specialty: No


 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265810337

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **FAMILY PRACTICE**


**JOLICOEUR, MEGAN**

Provider ID: 300056

Board Certified Specialty: Yes


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1114366192

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **FEMALE PELVIC MED AND**


### **RECONSTRUCTIVE SURG**


**LUKACZ, EMILY**

Provider ID: 256953

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-8745

 After Hours Phone: (858)  
657-8745

Provider Gender: Female

NPI: 1750339446

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **FEMALE PELVIC MED AND**


### **RECONSTRUCTIVE SURG**


**LUKACZ, EMILY**

Provider ID: 256954

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1750339446

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD




MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

*American Sign Language (ASL):* Board Certified Specialty: No  
N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


### **GASTROENTEROLOGY**

#### **ANAND, GOBIND**


*Provider ID: 272836*

*Board Certified Specialty: No*

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (619) 543-2347*

*Fax: (858) 657-7259*

 *After Hours Phone: (619)  
543-2347*

*Provider Gender: Male*

*NPI: 1861626814*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: UCSD  
MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*


*IPA: UCSD Medical Group*

### **GASTROENTEROLOGY**

#### **DAVE, SHRAVAN**

*Provider ID: 270448*

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (800) 925-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
925-8273*

*Provider Gender: Male*

*NPI: 1588081814*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

### **GASTROENTEROLOGY**

#### **DAVE, SHRAVAN**


*Provider ID: 270449*

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
STE 2C  
LA JOLLA, CA 92037


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1588081814*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

### **GASTROENTEROLOGY**

#### **FEJLEH, MOHAMMAD**


*Provider ID: 271043*

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
STE 2C  
LA JOLLA, CA 92037


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1205240959*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY*

*THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

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## D. 專業提供者目錄

### **GASTROENTEROLOGY**

#### **FEJLEH, MOHAMMAD**

Provider ID: 271042

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1205240959

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **GASTROENTEROLOGY**

#### **HASAN, AWS**

Provider ID: 299952

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1780047597

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **GASTROENTEROLOGY**

#### **HASAN, AWS**

Provider ID: 299953

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1780047597

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **GASTROENTEROLOGY**

#### **HOLMER, ARIELA**

Provider ID: 273216

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1083032544

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **GASTROENTEROLOGY**

#### **SHAH, SHAILJA**

Provider ID: 283898

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1073803243

Provider English Spoken: Y  
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **GASTROENTEROLOGY**

#### **SHAH, SHAILJA**

Provider ID: 283897

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1073803243

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **GASTROENTEROLOGY**


#### **TSAI, MATTHEW**

Provider ID: 252369

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1285051177

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **GASTROENTEROLOGY**


#### **TSAI, MATTHEW**

Provider ID: 252368

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1285051177

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **GASTROENTEROLOGY**

#### **YOUSSEF, FADY**

Provider ID: 300023

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1265887723

 Provider English Spoken: Y  
Cultural Competency: N

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## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **GASTROENTEROLOGY**

#### **YOUSSEF, FADY**

Provider ID: 300025

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1265887723


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **GYNECOLOGIC ONCOLOGY**

#### **ESKANDER, RAMEZ**


Provider ID: 282165

Board Certified Specialty: No

 3855 HEALTH SCIENCES

DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1144486929

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR, EARL AND

LORRAINE MILLER

CHILDRENS HSP, LONG

BEACH MEMORIAL MED CTR,

Providence St Joseph Hospital,

Providence St Jude Medical

Center, ORANGE COAST MEM

MED CTR, FOUNTAIN VALLEY

REGIONAL HOSP AND MED

CTR, FOUNTAIN VALLEY

REGIONAL HOSP AND MED

CTR, CORONA REGIONAL

MED CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **HEMATOLOGY / ONCOLOGY**


#### **ASIMAKOPOULOS, FOTIOS**


Provider ID: 246594

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (858) 822-6100

 After Hours Phone: (858)  
822-6100

Provider Gender: Male

NPI: 1518134923

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **HEMATOLOGY / ONCOLOGY**

#### **CHEN, YU-WEI**

Provider ID: 303057

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1245694801*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **HEMATOLOGY / ONCOLOGY**

#### **CHEN, YU-WEI**

*Provider ID: 303058*

*Board Certified Specialty: No*

📍 *9400 CAMPUS POINT DR  
LA JOLLA, CA 92093*

☎ *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1245694801*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **HEMATOLOGY / ONCOLOGY**

#### **HAMDAN, AYAD**

*Provider ID: 241429*

*Board Certified Specialty: No*

📍 *3960 HEALTH SCIENCES  
DRIVE*

*LA JOLLA, CA 92093*

☎ *Phone: (800) 926-8273*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1144431230*

☑ *Provider English Spoken: Y*  
☑ *Provider Language(s)*

*Spoken: Arabic, French*

*Cultural Competency: N*

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **HEMATOLOGY / ONCOLOGY**

#### **HEYMAN, BENJAMIN**

*Provider ID: 202662*

*Board Certified Specialty: No*

📍 *3855 HEALTH SCIENCES  
DR*

*LA JOLLA, CA 92093*

☎ *Phone: (800) 926-8273*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1982995809*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: SU-SA 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **HEMATOLOGY / ONCOLOGY**

#### **HEYMAN, BENJAMIN**

*Provider ID: 202664*

*Board Certified Specialty: No*

📍 *9300 CAMPUS POINT DR  
LA JOLLA, CA 92037*

☎ *Phone: (800) 926-8273*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1982995809*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### HEMATOLOGY / ONCOLOGY


**HEYMAN, BENJAMIN**

Provider ID: 202663

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982995809

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### HEMATOLOGY / ONCOLOGY


**PARK, SOO**


Provider ID: 257202

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1821351198

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### HEMATOLOGY / ONCOLOGY


**RICHARDSON, ANGELIQUE**


Provider ID: 215010

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1700120102

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### HEMATOLOGY / ONCOLOGY


**STEWART, TYLER**

Provider ID: 243920

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1699110676

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### HEMATOLOGY / ONCOLOGY


**VU, PETER**

Provider ID: 272717


Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1861810830

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### HEMATOLOGY / PATHOLOGY


**WANG, HUAN YOU**

Provider ID: 247584

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1689633729

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### HEMATOLOGY / PATHOLOGY

**WANG, HUAN YOU**

Provider ID: 275792

Board Certified Specialty: No

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1689633729

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### HEPATOLOGY


**BARMAN, PRANAB**

Provider ID: 241954

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1023301991

 Provider English Spoken: Y

 Provider Language(s)




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄





*Spoken: Hindi, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*




*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **HEPATOLOGY**








#### **BARMAN, PRANAB**

*Provider ID: 241952*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR STE 2C  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1023301991*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Hindi, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **HOSPICE AND PALLIATIVE MEDICINE**








#### **RUBENZI, TAMARA**

*Provider ID: 245574*  
*Board Certified Specialty: No*  
 3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1811200652*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*

*IPA: UCSD Medical Group*

### **HOSPITALIST MD/DO**

#### **CHILDERS, DIANA**

*Provider ID: 275070*  
*Board Certified Specialty: No*  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1033128376*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **HOSPITALIST MD/DO**

#### **CHILDERS, DIANA**

*Provider ID: 275069*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*

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## D. 專業提供者目錄

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1033128376

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### HOSPITALIST MD/DO

#### **FIRESTEIN, CATHERINE**

Provider ID: 275388

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1427348382

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### HOSPITALIST MD/DO

#### **HAMMOND, CHARLES**

Provider ID: 278589

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1033641816

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### HOSPITALIST MD/DO

#### **SHINDO, YURI**

Provider ID: 284744

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1700271939

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS, UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### HOSPITALIST MD/DO

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **TONG, ALEXANDER**

Provider ID: 300046

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1356804926

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **INFECTIOUS DISEASE**

### **KUPPALLI, KRUTIKA**

Provider ID: 301057

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1538346317

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, Stanford Health

Care, STANFORD HEALTH

CARE TRI-VALLEY

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **INFECTIOUS DISEASE**

### **KUPPALLI, KRUTIKA**

Provider ID: 301059

Board Certified Specialty: No

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: 1538346317

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, Stanford Health

Care, STANFORD HEALTH

CARE TRI-VALLEY

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **INFECTIOUS DISEASE**

### **RAMIREZ SANCHEZ, CLAUDIA**

Provider ID: 299947

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1659720555

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: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

### **INFECTIOUS DISEASE**

### **TANG, MICHAEL**


Provider ID: 300063

Board Certified Specialty: No

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## D. 專業提供者目錄

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982018545

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **INTERNAL MEDICINE**


#### **BORDIN-WOSK, TALYA**

Provider ID: 273985

Board Certified Specialty: No


 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1801184973

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **INTERNAL MEDICINE**

#### **BORDIN-WOSK, TALYA**

Provider ID: 273984

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (760) 471-9186

Fax: (619) 543-8255

 After Hours Phone: (760)  
471-9186

Provider Gender: Female

NPI: 1801184973

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **INTERNAL MEDICINE**


#### **CHENG, GEORGE**

Provider ID: 247640

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1316174568

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **INTERNAL MEDICINE**

#### **DJEKIC, KRISTINA**

Provider ID: 286669

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1417343732*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### **INTERNAL MEDICINE**

#### **GELBERG, ANNA**

*Provider ID: 285639*

*Board Certified Specialty: No*

📍 *9300 CAMPUS POINT DR LA JOLLA, CA 92037*

☎ *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1104004258*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s) Spoken: Russian*

*Cultural Competency: N*

*Hospital Affiliation: PALOMAR*

*HEALTH, PALOMAR MEDICAL CENTER, HOAG MEMORIAL HOSPITAL PRESBYTERIAN, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### **INTERNAL MEDICINE**

#### **HOGARTH, MICHAEL**

*Provider ID: 214385*

*Board Certified Specialty: No*

📍 *9300 CAMPUS POINT DR LA JOLLA, CA 92037*

☎ *Phone: (800) 926-8273*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1225019193*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s) Spoken: Portuguese, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UC DAVIS MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### **INTERNAL MEDICINE**

#### **IVANOV, MARGARET**

*Provider ID: 272876*

*Board Certified Specialty: No*

📍 *9350 CAMPUS POINT DR LA JOLLA, CA 92037*

☎ *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1326427014*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*































🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

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## D. 專業提供者目錄

<p><b>INTERNAL MEDICINE</b></p> <p><b>JABBOUR, MOUSSA</b>            Provider ID: 256658            Board Certified Specialty: No   9300 CAMPUS POINT DR            LA JOLLA, CA 92037   Phone: (800) 926-8273   After Hours Phone: (800) 926-8273            Provider Gender: Male            NPI: 1255741633   Provider English Spoken: Y   Provider Language(s) Spoken: Arabic            Cultural Competency: N            Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR            Medi-Cal Open Panel: Yes            Min/Max Age: 18\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p>	<p> After Hours Phone: (800) 926-8273            Provider Gender: Male            NPI: 1730507872   Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 18\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p>	<p>Min/Max Age: 18\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p>
<p><b>INTERNAL MEDICINE</b></p> <p><b>KATZ, YISRAEL</b>            Provider ID: 272937            Board Certified Specialty: No   9300 CAMPUS POINT DR            LA JOLLA, CA 92037   Phone: (800) 926-8273</p>	<p><b>INTERNAL MEDICINE</b></p> <p><b>KVIATKOVSKY, MILLA</b>            Provider ID: 274002            Board Certified Specialty: No   9300 CAMPUS POINT DR            LA JOLLA, CA 92037   Phone: (858) 657-7000   After Hours Phone: (858) 657-7000            Provider Gender: Female            NPI: 1366855355   Provider English Spoken: Y   Provider Language(s) Spoken: Finnish, French, Hebrew, Spanish            Cultural Competency: N            Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON            Medi-Cal Open Panel: Yes</p>	<p><b>INTERNAL MEDICINE</b></p> <p><b>KVIATKOVSKY, MILLA</b>            Provider ID: 274004            Board Certified Specialty: No   9350 CAMPUS POINT DR            LA JOLLA, CA 92037   Phone: (800) 926-8273            Fax: (888) 539-8781   After Hours Phone: (800) 926-8273            Provider Gender: Female            NPI: 1366855355   Provider English Spoken: Y   Provider Language(s) Spoken: Finnish, French, Hebrew, Spanish            Cultural Competency: N            Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON            Medi-Cal Open Panel: Yes            Min/Max Age: 18\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM</p>

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## D. 專業提供者目錄

 Website: N/A  
IPA: UCSD Medical Group


### **INTERNAL MEDICINE**


#### **LAGO HERNANDEZ, CARLOS**

Provider ID: 238623

Board Certified Specialty: No


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1558756270

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **INTERNAL MEDICINE**


#### **LAGO HERNANDEZ, CARLOS**


Provider ID: 238624

Board Certified Specialty: No

 9350 CAMPUS POINT DR


LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1558756270

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **INTERNAL MEDICINE**

#### **LAM, MICHAEL**

Provider ID: 274409

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1578974259

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **INTERNAL MEDICINE**


#### **MAJITHIA, AMIT**

Provider ID: 255881

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1801091459

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

**PROVIDER**  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### **INTERNAL MEDICINE**

#### **MARTINEZ, ARMANDO**

Provider ID: 291422  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8372  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8372  
Provider Gender: Male  
NPI: 1598261091  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A  
IPA: UCSD Medical Group

### **INTERNAL MEDICINE**

#### **NOKES, BRANDON**

Provider ID: 287581  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273

926-8273  
Provider Gender: Male  
NPI: 1487040051  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### **INTERNAL MEDICINE**

#### **POTOK, OLIVIA**

Provider ID: 272707  
Board Certified Specialty: No  
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: 1073951323  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### **INTERNAL MEDICINE**






























#### **SEBASKY, MEGHAN**

Provider ID: 273964  
Board Certified Specialty: No  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1538351408  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

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## D. 專業提供者目錄

<p><b>INTERNAL MEDICINE</b></p> <p><b>SEBASKY, MEGHAN</b>            Provider ID: 273963            Board Certified Specialty: No   9300 CAMPUS POINT DR            LA JOLLA, CA 92037   Phone: (619) 471-9186   After Hours Phone: (619) 471-9186            Provider Gender: Female            NPI: 1538351408   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSD            MEDICAL CTR, UCSD LA            JOLLA JOHN SALLY            THORNTON            Medi-Cal Open Panel: Yes            Min/Max Age: 18\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p>	<p>926-8273            Provider Gender: Female            NPI: 1013264506   Provider English Spoken: Y   Provider Language(s)            Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: UCSD            MEDICAL CTR            Medi-Cal Open Panel: Yes            Min/Max Age: 18\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p>	<p>Medi-Cal Open Panel: Yes            Min/Max Age: 18\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p>
<p><b>INTERNAL MEDICINE</b></p> <p><b>SMITH, CHELSEY</b>            Provider ID: 239921            Board Certified Specialty: No   9350 CAMPUS POINT DR            STE 2B            LA JOLLA, CA 92037   Phone: (800) 926-8273   After Hours Phone: (800)</p>	<p><b>INTERNAL MEDICINE</b></p> <p><b>TAYLOR, DAVID</b>            Provider ID: 274470            Board Certified Specialty: No   9300 CAMPUS POINT DR            LA JOLLA, CA 92037   Phone: (800) 926-8273            Fax: (888) 539-8781   After Hours Phone: (800)            926-8273            Provider Gender: Male            NPI: 1033572995   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSD            MEDICAL CTR, UCSD LA            JOLLA JOHN SALLY            THORNTON</p>	<p><b>INTERNAL MEDICINE</b></p> <p><b>WANG, ANGELA</b>            Provider ID: 259536            Board Certified Specialty: No   9300 CAMPUS POINT DR            LA JOLLA, CA 92037   Phone: (800) 926-8273            Fax: (888) 539-8781   After Hours Phone: (800)            926-8273            Provider Gender: Female            NPI: 1730133976   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: SCRIPPS            GREEN HOSPITAL, SCRIPPS            MEMORIAL HOSPITAL, UCSD            MEDICAL CTR            Medi-Cal Open Panel: Yes            Min/Max Age: 18\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p>

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## D. 專業提供者目錄

<hr/> <b>INTERNAL MEDICINE</b> <hr/> <b>YADLAPATI, RENA</b> Provider ID: 238587 Board Certified Specialty: No 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1548597784 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON Medi-Cal Open Panel: Yes Min/Max Age: 18\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group	Provider Gender: Female NPI: 1548597784 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON Medi-Cal Open Panel: Yes Min/Max Age: 18\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group	MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON Medi-Cal Open Panel: Yes Min/Max Age: 18\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group
<hr/> <b>INTERNAL MEDICINE</b> <hr/> <b>YADLAPATI, RENA</b> Provider ID: 238586 Board Certified Specialty: No 9350 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 After Hours Phone: (800) 926-8273	<hr/> <b>INTERNAL MEDICINE</b> <hr/> <b>YANG, JENNY</b> Provider ID: 283025 Board Certified Specialty: No 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1346636453 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, UCSD	<hr/> <b>INTERNAL MEDICINE</b> <hr/> <b>ZHANG, SHERRY</b> Provider ID: 272658 Board Certified Specialty: No 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1588198147 Provider English Spoken: Y Provider Language(s) Spoken: Mandarin Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 18\None American Sign Language (ASL): N Accessibility: CONTACT

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## D. 專業提供者目錄

### PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### CRITICAL CARE MEDICINE









### ALOTAIBI, MONA

Provider ID: 271480  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1174933915  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE

### BOROK, ZEA

Provider ID: 284703  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-5273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-5273  
Provider Gender: Female  
NPI: 1750317251  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hebrew  
Cultural Competency: N  
Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR, Los  
Angeles General Medical  
Center, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### CRITICAL CARE MEDICINE

### ODISH, MAZEN


Provider ID: 271468  
Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1992141428  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### INTERNAL MEDICINE





#### CRITICAL CARE MEDICINE

### TRAN, LINH

Provider ID: 271938  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1851682728






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## D. 專業提供者目錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### INTERVENTIONAL CARDIOLOGY






#### **AL KHIAMI, BELAL**

*Provider ID: 275993*  
*Board Certified Specialty: No*  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037  
 *Phone: (858) 657-8530*  
 *After Hours Phone: (858) 657-8530*  
*Provider Gender: Male*  
*NPI: 1861623506*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL CTR, PIONEERS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER, LOMA LINDA UNIVERSITY MED CTR MURRIETA, TEMECULA VALLEY HOSPITAL INC*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### INTERVENTIONAL CARDIOLOGY







#### **CRUZ RODRIGUEZ, JOSE**

*Provider ID: 300062*  
*Board Certified Specialty: No*  
 9434 MEDICAL CENTER DR  
 LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1457770240*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL, EL*

*CENTRO REGIONAL MEDICAL CENTER*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### INTERVENTIONAL CARDIOLOGY

#### **DAMANI, SAMIR**

*Provider ID: 303097*  
*Board Certified Specialty: No*  
 9850 GENESEE AVE STE 650  
 LA JOLLA, CA 92037  
 *Phone: (858) 800-2480*  
*Fax: (858) 216-1908*  
 *After Hours Phone: (858) 800-2480*  
*Provider Gender: Male*  
*NPI: 1457379372*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

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## D. 專業提供者目錄

SA 9AM-4PM  
Website: N/A  
IPA: IHP of Southern Cal-PHP

### INTERVENTIONAL CARDIOLOGY

#### **GOVEA, ALAYN**

Provider ID: 300030  
Board Certified Specialty: No  
9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1972997104  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
LAKEWOOD REGIONAL MED  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Website: N/A  
IPA: UCSD Medical Group

### INTERVENTIONAL CARDIOLOGY

#### **TAUB, PAM**

Provider ID: 277682  
Board Certified Specialty: No  
9434 MEDICAL CENTER DR

FL 1  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1346355161  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### INTERVENTIONAL CARDIOLOGY

#### **TAUB, PAM**

Provider ID: 277681  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1346355161

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### INTERVENTIONAL CARDIOLOGY

#### **WETTERSTEN, NICHOLAS**

Provider ID: 210604  
Board Certified Specialty: No  
9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037  
Phone: (858) 657-8530  
Fax: (858) 657-8814  
After Hours Phone: (858) 657-8530  
Provider Gender: Male  
NPI: 1063701068  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes

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## D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### MATERNAL AND FETAL MEDICINE


#### **BALLAS, JERASIMOS**

Provider ID: 209561

Board Certified Specialty: No

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1871767384

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON, EISENHOWER


MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### MATERNAL AND FETAL MEDICINE

#### **EMERUWA, UKACHI**

Provider ID: 300009

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1245627421


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### MATERNAL AND FETAL MEDICINE


#### **HULL, ANDREW**

Provider ID: 209482

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-8745

 After Hours Phone: (858)  
657-8745

Provider Gender: Male

NPI: 1902862121

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

PALOMAR MEDICAL CENTER,

SCRIPPS MEMORIAL

HOSPITAL, UCSD LA JOLLA

JOHN SALLY THORNTON,

UCSD LA JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### MATERNAL AND FETAL MEDICINE

#### **LAURENT, LOUISE**

Provider ID: 208639

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1770532707

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## D. 專業提供者目錄

*Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### MATERNAL AND FETAL MEDICINE

#### **MELBER, DORA**

*Provider ID: 240599*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1124413026*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Hungarian, Spanish*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network, UCSD Medical Group*

### MATERNAL AND FETAL MEDICINE

#### **MOORE, THOMAS**

*Provider ID: 208642*  
*Board Certified Specialty: No*  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (858) 657-8745*  
 *After Hours Phone: (858) 657-8745*  
*Provider Gender: Male*  
*NPI: 1184682379*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL):*

*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### MATERNAL AND FETAL MEDICINE




#### **WOELKERS, DOUGLAS**

*Provider ID: 209383*  
*Board Certified Specialty: No*  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (858) 657-7200*  
 *After Hours Phone: (858) 657-7200*  
*Provider Gender: Male*  
*NPI: 1013965748*





*Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL):*




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄





N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*




### MATERNAL AND FETAL MEDICINE

**WOLF, RICHARD**  
*Provider ID: 209252*  
*Board Certified Specialty: No*  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1497713846*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL):*





N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### NEONATAL / PERINATAL MEDICINE



**BAI-TONG, SHIYU**  
*Provider ID: 283287*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (858) 249-5800*  
 *After Hours Phone: (858) 249-5800*  
*Provider Gender: Female*  
*NPI: 1528454188*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### NEONATAL / PERINATAL MEDICINE

**DEL ROSARIO, PAMELA**  
*Provider ID: 295001*  
*Board Certified Specialty: No*  
 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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*

### NEONATAL / PERINATAL MEDICINE

**HIETALATI, SAMANTHA**  
*Provider ID: 294252*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (858) 249-5800*  
*Fax: (858) 249-5839*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

☎ *After Hours Phone: (858) 249-5800*

*Provider Gender: Female*

*NPI: 1245617489*

☑ *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: Rady Childrens Health Network*

### NEONATAL / PERINATAL MEDICINE

#### **MARC AURELE, KRISHELLE**

*Provider ID: 206209*

*Board Certified Specialty: No*

📍 *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: 1952503435*

☑ *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN*

*DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY*

*THORNTON, TRI CITY*

*MEDICAL CTR, SCRIPPS*

*MEMORIAL HOSPITAL*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: Rady Childrens Health*

*Network, UCSD Medical Group*

### NEONATAL / PERINATAL MEDICINE

#### **MARC AURELE, KRISHELLE**

*Provider ID: 206207*

*Board Certified Specialty: No*

📍 *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: 1952503435*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN*

*DIEGO, UCSD MEDICAL CTR,*

*UCSD LA JOLLA JOHN SALLY*

*THORNTON, TRI CITY*

*MEDICAL CTR, SCRIPPS*

*MEMORIAL HOSPITAL*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: Rady Childrens Health*

*Network, UCSD Medical Group*

### NEONATAL / PERINATAL MEDICINE

#### **MATوبا, NANA**

*Provider ID: 299893*

*Board Certified Specialty: No*

📍 *9300 CAMPUS POINT DR  
LA JOLLA, CA 92037*

☎ *Phone: (858) 249-5800*

*Fax: (858) 249-5839*

☎ *After Hours Phone: (858) 249-5800*

*Provider Gender: Female*

*NPI: 1801952197*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s)*

*Spoken: Japanese*

*Cultural Competency: N*

*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\19*


*American Sign Language (ASL):*

*N*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### NEONATAL / PERINATAL MEDICINE

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#### **MATOBA, NANA**

*Provider ID: 297977*

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
STE 8

LA JOLLA, CA 92037

 *Phone: (858) 657-7000*

*Fax: (858) 249-5839*

 *After Hours Phone: (858) 657-7000*

*Provider Gender: Female*

*NPI: 1801952197*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Japanese*

*Cultural Competency: N*

*Hospital Affiliation: RADY*


*CHILDRENS HOSPITAL SAN  
DIEGO*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### NEONATAL / PERINATAL MEDICINE


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#### **MESTAN, KAREN**

*Provider ID: 285931*

*Board Certified Specialty: No*

 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: 1942253356*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### NEONATAL / PERINATAL MEDICINE


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#### **NYMAN, KATHERINE**

*Provider ID: 301824*

*Board Certified Specialty: No*

 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*  
*Cultural Competency: N*


*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### NEONATAL / PERINATAL MEDICINE


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#### **RAMOS, CARLOS**

*Provider ID: 206062*

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (858) 249-5800*

*Fax: (619) 543-3812*

 *After Hours Phone: (858) 249-5800*

*Provider Gender: Male*

*NPI: 1205047545*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

*Hospital Affiliation: UCSD  
MEDICAL CTR, EL CENTRO  
REGIONAL MEDICAL CENTER,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health  
Network*

### NEONATAL / PERINATAL MEDICINE

#### **SAJTI, ENIKO**

*Provider ID: 206170  
Board Certified Specialty: No  
📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
☎ Phone: (858) 249-5800  
Fax: (858) 249-5839  
📞 After Hours Phone: (858)  
249-5800  
Provider Gender: Female  
NPI: 1649433103  
🗨 Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health  
Network*

### NEONATAL / PERINATAL MEDICINE

#### **SAUER, CHARLES**

*Provider ID: 303908  
Board Certified Specialty: No  
📍 9300 CAMPUS POINT DR  
FL 8  
LA JOLLA, CA 92037  
☎ Phone: (858) 249-5800  
Fax: (858) 249-5839  
📞 After Hours Phone: (858)  
249-5800  
Provider Gender: Male  
NPI: 1538388988  
🗨 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,*

*PALOMAR MEDICAL CENTER,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, PALOMAR  
HEALTH, SCRIPPS MEMORIAL  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A  
IPA: Rady Childrens Health  
Network*

### NEONATAL / PERINATAL MEDICINE

#### **SAUER, CHARLES**

*Provider ID: 303907  
Board Certified Specialty: No  
📍 9888 GENESEE AVE  
LA JOLLA, CA 92037  
☎ Phone: (858) 626-4123  
Fax: (760) 633-7998  
📞 After Hours Phone: (858)  
626-4123  
Provider Gender: Male  
NPI: 1538388988  
🗨 Provider English Spoken: Y  
Cultural Competency: N*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*


### **NEUROLOGY**

#### **BEVINS, ELIZABETH**

*Provider ID: 277726*

*Board Certified Specialty: No*

 *9300 CAMPUS POINT DR LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1013395151*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*


### **NEUROLOGY**


#### **COUGHLIN, DAVID**

*Provider ID: 240950*

*Board Certified Specialty: No*

 *9300 CAMPUS POINT DR LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1740543784*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*


### **NEUROLOGY**


#### **IRAGUIMADOZ, VICENTE**

*Provider ID: 246701*

*Board Certified Specialty: No*

 *9350 CAMPUS POINT DR LA JOLLA, CA 92037*

 *Phone: (858) 657-8540*

 *After Hours Phone: (858) 657-8540*

*Provider Gender: Male*

*NPI: 1053326710*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

### **NEUROLOGY**

#### **LEE, DAVID**



*Provider ID: 246264*

*Board Certified Specialty: No*





 *9350 CAMPUS POINT DR STE LLB LA JOLLA, CA 92037*




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## D. 專業提供者目錄






 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1871884130  
 Provider English Spoken: Y  
 Provider Language(s)  
     Spoken: Korean  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group




### NEUROLOGY

**LEGER, GABRIEL**  
 Provider ID: 247609  
 Board Certified Specialty: No  
 9444 MEDICAL CENTER DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1720367899  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD









MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### NEUROLOGY

**QAYOUMI, WALI**  
 Provider ID: 284371  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 STE LLB  
 LA JOLLA, CA 92037  
 Phone: (619) 284-3746  
 Fax: (888) 579-8781  
 After Hours Phone: (619) 284-3746  
 Provider Gender: Male  
 NPI: 1093178220  
 Provider English Spoken: Y  
 Provider Language(s)  
     Spoken: French  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### NEUROLOGY

**QAYOUMI, WALI**  
 Provider ID: 284369  
 Board Certified Specialty: No  
 9500 GILMAN DR STE  
 2069  
 LA JOLLA, CA 92093  
 Phone: (858) 822-5881  
 Fax: (888) 539-8781  
 After Hours Phone: (858) 822-5881  
 Provider Gender: Male  
 NPI: 1093178220  
 Provider English Spoken: Y  
 Provider Language(s)  
     Spoken: French  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **NEUROLOGY**

#### **SCHULTE, JESSICA**

Provider ID: 284819

Board Certified Specialty: No

3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273  
Fax: (858) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1467870576

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF  
MEDICAL CENTER AT MOUNT  
ZION, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **NUCLEAR MEDICINE**

#### **SHARIF TABRIZI, AHMAD**

Provider ID: 300029

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1053727313

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Providence  
St Mary Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **BINDER, PRATIBHA**

Provider ID: 273225

Board Certified Specialty: No

3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1174758031

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **BONDRE, IOANA**

Provider ID: 284311

Board Certified Specialty: No

3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1326579863

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

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## D. 專業提供者目錄

 Website: N/A  
IPA: UCSD Medical Group


### **OBSTETRICS / GYNECOLOGY**

#### **BONDRE, IOANA**

Provider ID: 284310

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1326579863

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **OBSTETRICS / GYNECOLOGY**

#### **DELCORE, LAURA**

Provider ID: 291324

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790128759

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **OBSTETRICS / GYNECOLOGY**

#### **DELCORE, LAURA**

Provider ID: 291323

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790128759

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **OBSTETRICS / GYNECOLOGY**

#### **DRIEBE, AMY**

Provider ID: 291335

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730507567

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **DRIEBE, AMY**

Provider ID: 291334

Board Certified Specialty: No

 9300 CAMPUS POINT DR

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## D. 專業提供者目錄

LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1730507567  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**GUPTA, PRATIMA**  
Provider ID: 257546  
Board Certified Specialty: No  
📍 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1891749842  
🗣 Provider English Spoken: Y  
🗣 Provider Language(s)  
Spoken: Hindi, Spanish  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**HARVEY, SCOTT**  
Provider ID: 278916  
Board Certified Specialty: No  
📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
☎ Phone: (800) 923-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 923-8273  
Provider Gender: Male  
NPI: 1457662868  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**HARVEY, SCOTT**  
Provider ID: 278918  
Board Certified Specialty: No  
📍 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1457662868  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**HOANG, MAI**  
Provider ID: 208295

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## D. 專業提供者目錄

Board Certified Specialty: No

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: 1104143593

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **HOM-TEDLA, MARIANNE**

Provider ID: 242752

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1972047397

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **KLEIN, DAVID**

Provider ID: 271559

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1780073635

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **KLEIN, DAVID**

Provider ID: 271558

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1780073635

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

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## D. 專業提供者目錄



 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **LAMALE-SMITH, LEAH**

Provider ID: 286230  
Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273


Provider Gender: Female  
NPI: 1396904876

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, EISENHOWER MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


### **OBSTETRICS / GYNECOLOGY**


#### **MACKAY, GILLIAN**

Provider ID: 200964

Board Certified Specialty: No


 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1770702177


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **OBSTETRICS / GYNECOLOGY**

#### **MACKAY, GILLIAN**

Provider ID: 303062

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1770702177

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **OBSTETRICS / GYNECOLOGY**

#### **MEADOWS, AUDRA**

Provider ID: 285740

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1467585521

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

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## D. 專業提供者目錄

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **OBSTETRICS / GYNECOLOGY**

**MEADOWS, AUDRA**


Provider ID: 285739

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-8745

Fax: (888) 539-8781

 After Hours Phone: (858)  
657-8745

Provider Gender: Female

NPI: 1467585521

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **OBSTETRICS / GYNECOLOGY**

**MELLENDEZ, ARIANA**

Provider ID: 299920

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1295232973

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **OBSTETRICS / GYNECOLOGY**

**PICKETT, CHARLOTTE**


Provider ID: 299977

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1447530696

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **OBSTETRICS / GYNECOLOGY**

**PICKETT, CHARLOTTE**

Provider ID: 299976

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1447530696

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**PINSON, KELSEY**

Provider ID: 284285

Board Certified Specialty: No

 9300 CAMPUS POINT DR

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## D. 專業提供者目錄

LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1841722485  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UNIVERSITY HSP  
OF SAN DIEGO CO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **RIVAS, RENEE**

Provider ID: 284295  
Board Certified Specialty: No  
📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1295263861  
🗣 Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **RIVAS, RENEE**

Provider ID: 284296  
Board Certified Specialty: No  
📍 9333 GENESEE AVE STE  
340  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1295263861  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None

American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **RIVAS, RENEE**

Provider ID: 284297  
Board Certified Specialty: No  
📍 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1295263861  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **SUYAMA, JULIE**

Provider ID: 284289

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1306372800

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

### **THOMSON, SAMANTHA**

Provider ID: 285175

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689013468

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: CEDARS

SINAI MEDICAL CENTER,  
UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

### **THOMSON, SAMANTHA**

Provider ID: 285173

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689013468

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: CEDARS

SINAI MEDICAL CENTER,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OCCUPATIONAL THERAPIST**

### **AMARAL, MARGARET**

Provider ID: 258303

Board Certified Specialty: No

9350 CAMPUS POINT DR  
STE LLD

LA JOLLA, CA 92037

Phone: (858) 657-6879

Fax: (858) 657-6873

After Hours Phone: (858)  
657-6879

Provider Gender: Female

NPI: 1689874521

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

IPA: UCSD Medical Group

### **OCCUPATIONAL THERAPIST**

#### **COLLINS, RESENIA**

Provider ID: 258356

Board Certified Specialty: No

9350 CAMPUS POINT DR  
STE LLD

LA JOLLA, CA 92037

Phone: (858) 657-6879

Fax: (858) 657-6873

After Hours Phone: (858)  
657-6879

Provider Gender: Female

NPI: 1184936718

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OCCUPATIONAL THERAPIST**

#### **HARRIS, LISA**

Provider ID: 258362

Board Certified Specialty: No

9350 CAMPUS POINT DR  
STE LLD

LA JOLLA, CA 92037

Phone: (858) 657-6879

Fax: (858) 657-6873

After Hours Phone: (858)

657-6879

Provider Gender: Female

NPI: 1336445063

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OCCUPATIONAL THERAPIST**

#### **MUNCADA, CAESAR**

Provider ID: 288724

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1790268100

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OCCUPATIONAL THERAPIST**

#### **SMITH, EMILY**

Provider ID: 258537

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (855) 543-0333

Fax: (858) 657-6873

After Hours Phone: (855)  
543-0333

Provider Gender: Female

NPI: 1417337403

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OPHTHALMOLOGY**

#### **BAXTER, SALLY**

Provider ID: 272787

Board Certified Specialty: No

9415 CAMPUS POINT DR

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## D. 專業提供者目錄

LA JOLLA, CA 92093  
☎ Phone: (858) 534-6290  
Fax: (888) 539-8781  
🕒 After Hours Phone: (858) 534-6290  
Provider Gender: Female  
NPI: 1912325184  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 7AM-5PM  
SA 7:45AM-2PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OPHTHALMOLOGY**

#### **BEAZER, ALEX**

Provider ID: 272802  
Board Certified Specialty: No  
📍 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1942662168  
🗣 Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OPHTHALMOLOGY**

#### **CHIU, STEPHAN**

Provider ID: 297586  
Board Certified Specialty: No  
📍 9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
☎ Phone: (858) 457-3010  
Fax: (858) 457-0028  
🕒 After Hours Phone: (858) 457-3010  
Provider Gender: Male  
NPI: 1053846956  
🗣 Provider English Spoken: Y  
🗣 Provider Language(s)  
Spoken: Mandarin, Spanish  
Cultural Competency: N  
Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED  
CTR, SCRIPPS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **OPHTHALMOLOGY**

#### **JIN, MAN**

Provider ID: 299954  
Board Certified Specialty: No  
📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1073010120  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OPHTHALMOLOGY**

#### **JIN, MAN**

Provider ID: 299956  
Board Certified Specialty: No

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## D. 專業提供者目錄

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1073010120

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OPHTHALMOLOGY

#### MOVAGHAR, MANSOOR

Provider ID: 215055

Board Certified Specialty: No

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1497792220

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### OPHTHALMOLOGY

#### PUIG LLANO, MANUEL

Provider ID: 299965

Board Certified Specialty: No

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1427102979

Provider English Spoken: Y

Provider Language(s)  
Spoken: French, German,  
Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OPHTHALMOLOGY

#### RAHMATNEJAD, KAMRAN

Provider ID: 300039

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1699268292

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OPHTHALMOLOGY

#### RAHMATNEJAD, KAMRAN

Provider ID: 300041

Board Certified Specialty: No

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

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## D. 專業提供者目錄

Provider Gender: Male

NPI: 1699268292

☐ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **OPHTHALMOLOGY**

#### **SATTERFIELD, KELLIE**

Provider ID: 305303

Board Certified Specialty: No

📍 9834 GENESEE AVE STE  
200  
LA JOLLA, CA 92037

☎ Phone: (858) 457-3050

Fax: (619) 296-4622

🕒 After Hours Phone: (858)  
457-3050

Provider Gender: Female

NPI: 1629509336

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **OPHTHALMOLOGY**

#### **SCHONBACH, ETIENNE**

Provider ID: 284432

Board Certified Specialty: No

📍 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1073040580

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: German

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **OPHTHALMOLOGY**

#### **SHEILS, CATHERINE**

Provider ID: 305309

Board Certified Specialty: No

📍 9834 GENESEE AVE STE  
200  
LA JOLLA, CA 92037

☎ Phone: (858) 457-3050

Fax: (858) 457-0851

🕒 After Hours Phone: (858)  
457-3050

Provider Gender: Female

NPI: 1932605649

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TU 8:30AM-4PM  
W-F 8:30AM-1PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

### **OPHTHALMOLOGY**

#### **SHEILS, CATHERINE**

Provider ID: 299935

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932605649

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP, UCSD Medical Group


### OPHTHALMOLOGY

#### **SHEILS, CATHERINE**


Provider ID: 299937

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1932605649


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP, UCSD Medical Group


### OPHTHALMOLOGY

#### **SONG, DELU**

Provider ID: 284425

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093



 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1437689536

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Chinese, Mandarin  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, UCSD MEDICAL

CTR, RADY CHILDRENS


HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP, UCSD Medical Group


### OPHTHALMOLOGY

#### **TOPILOW, NICOLE**

Provider ID: 284348

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1215468376

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### OPTOMETRIST


#### **AOTO, KIM**

Provider ID: 296798

Board Certified Specialty: No

 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

 Phone: (800) 898-2020

Fax: (844) 897-3788

 After Hours Phone: (800) 898-2020

Provider Gender: Female

NPI: 1780935650

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 9AM-5PM

TU 8:30AM-4:30PM

W 7:30AM-4:15PM

TH 9:30AM-5PM

F 8:30AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### OPTOMETRIST

#### **HOO, PAMELA**

Provider ID: 269621

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (858) 534-6290

Fax: (858) 822-4438

 After Hours Phone: (858)  
534-6290

Provider Gender: Female

NPI: 1275566010

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### OPTOMETRIST

#### **JOMOC, CAITLIN**

Provider ID: 299914

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1861164642


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OPTOMETRIST

#### **JOMOC, CAITLIN**

Provider ID: 299915

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1861164642

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OPTOMETRIST

#### **KIM, PHILIP**

Provider ID: 287909

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8372

Provider Gender: Male


NPI: 1376929034


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

IPA: UCSD Medical Group

---

### OPTOMETRIST

---

#### MCCLEAN, ESMERALDA

Provider ID: 269907

Board Certified Specialty: No

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 534-8293

After Hours Phone: (858)  
534-6290

Provider Gender: Female

NPI: 1962817981

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

---

### OPTOMETRIST

---

#### VO, ANDREW

Provider ID: 304148

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1790291565

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

---

### OPTOMETRIST

---

#### VO, ANDREW

Provider ID: 201311

Board Certified Specialty: No

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290

After Hours Phone: (858)  
534-6290

Provider Gender: Male

NPI: 1790291565

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

---

### OPTOMETRIST

---

#### YU, CAROL

Provider ID: 301681

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1639697451

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

---

### OPTOMETRIST

---

#### YU, CAROL

Provider ID: 301682

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1639697451

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **OPTOMETRIST**

#### **YU, CAROL**

Provider ID: 258078

Board Certified Specialty: No

📍 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1639697451

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **BRUMUND, KEVIN**

Provider ID: 299636

Board Certified Specialty: No

📍 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: 1033193669

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **BRUMUND, KEVIN**

Provider ID: 299637

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033193669

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **BRUMUND, KEVIN**

Provider ID: 299633

Board Certified Specialty: No

📍 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: 1033193669

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **OTOLARYNGOLOGY**

**CALIFANO, JOSEPH**

Provider ID: 299463

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1881652972

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **OTOLARYNGOLOGY**

**CALIFANO, JOSEPH**

Provider ID: 299460

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1881652972

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **OTOLARYNGOLOGY**

**CALIFANO, JOSEPH**

Provider ID: 299459

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1881652972

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**


**CALIFANO, JOSEPH**

Provider ID: 299458

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (858) 822-6197

Fax: (858) 822-6198

 After Hours Phone: (858)  
822-6197

Provider Gender: Male

NPI: 1881652972

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **OTOLARYNGOLOGY**

**COFFEY, CHARLES**

Provider ID: 299580

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1932297330

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **COFFEY, CHARLES**

Provider ID: 299585

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1932297330

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **COFFEY, CHARLES**

Provider ID: 299581

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1932297330

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **COFFEY, CHARLES**

Provider ID: 299584

Board Certified Specialty: No

📍 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1932297330

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **DECONDE, ADAM**

Provider ID: 299564

Board Certified Specialty: No

📍 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

☎ Phone: (858) 657-8590

☎ After Hours Phone: (858) 657-8590




Provider Gender: Male

NPI: 1588988919







☑ Provider English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。








## D. 專業提供者目錄

*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
**MEDICAL CTR**  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
**N**  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*




### **OTOLARYNGOLOGY**



**DECONDE, ADAM**  
*Provider ID: 299570*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1588988919*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
**MEDICAL CTR**  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
**N**  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **OTOLARYNGOLOGY**

**DECONDE, ADAM**  
*Provider ID: 299565*  
*Board Certified Specialty: No*  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (858) 657-8590*  
 *After Hours Phone: (858) 657-8590*  
*Provider Gender: Male*  
*NPI: 1588988919*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
**MEDICAL CTR**  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
**N**  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **OTOLARYNGOLOGY**

**DECONDE, ADAM**  
*Provider ID: 299566*  
*Board Certified Specialty: Yes*  
 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*

*NPI: 1588988919*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
**MEDICAL CTR**  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
**N**  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **OTOLARYNGOLOGY**

**FRIEDMAN, RICK**  
*Provider ID: 299529*  
*Board Certified Specialty: No*  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1982708558*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: PIH*  
**HEALTH GOOD SAMARITAN HOSPITAL, CHILDRENS HOSP OF LOS ANGELES, SOUTH COAST GLOBAL MEDICAL CENTER INC, ANAHEIM GLOBAL MEDICAL CENTER, ORANGE COUNTY GLOBAL**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

---

MEDICAL CENTER INC,  
CHAPMAN GLOBAL MEDICAL  
CENTER INC, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **OTOLARYNGOLOGY**


---

#### **FRIEDMAN, RICK**

Provider ID: 299528

Board Certified Specialty: No

 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: 1982708558

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIH

HEALTH GOOD SAMARITAN  
HOSPITAL, CHILDRENS HOSP  
OF LOS ANGELES, SOUTH  
COAST GLOBAL MEDICAL  
CENTER INC, ANAHEIM

GLOBAL MEDICAL CENTER,  
ORANGE COUNTY GLOBAL  
MEDICAL CENTER INC,  
CHAPMAN GLOBAL MEDICAL  
CENTER INC, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **OTOLARYNGOLOGY**

---


#### **FRIEDMAN, RICK**

Provider ID: 299533

Board Certified Specialty: No

 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: 1982708558

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIH

HEALTH GOOD SAMARITAN  
HOSPITAL, CHILDRENS HOSP

OF LOS ANGELES, SOUTH  
COAST GLOBAL MEDICAL  
CENTER INC, ANAHEIM  
GLOBAL MEDICAL CENTER,  
ORANGE COUNTY GLOBAL  
MEDICAL CENTER INC,  
CHAPMAN GLOBAL MEDICAL  
CENTER INC, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **OTOLARYNGOLOGY**


---

#### **FRIEDMAN, RICK**

Provider ID: 299534

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982708558

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIH

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

HEALTH GOOD SAMARITAN HOSPITAL, CHILDRENS HOSP OF LOS ANGELES, SOUTH COAST GLOBAL MEDICAL CENTER INC, ANAHEIM GLOBAL MEDICAL CENTER, ORANGE COUNTY GLOBAL MEDICAL CENTER INC, CHAPMAN GLOBAL MEDICAL CENTER INC, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


#### **GILANI, SAPIDEH**

Provider ID: 299562

Board Certified Specialty: No

 3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1003825571

 Provider English Spoken: Y

N

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


#### **GILANI, SAPIDEH**

Provider ID: 299563

Board Certified Specialty: No

 9300 CAMPUS POINT DR

LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1003825571

 Provider English Spoken: Y

N

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **GILANI, SAPIDEH**

Provider ID: 299557

Board Certified Specialty: Yes

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


#### **GILANI, SAPIDEH**

Provider ID: 299558

Board Certified Specialty: No

 9350 CAMPUS POINT DR

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1003825571

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N







 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group





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## D. 專業提供者目錄

 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1003825571  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**




#### **GREENE, JACQUELINE**





Provider ID: 298398  
 Board Certified Specialty: No  
 3855 HEALTH SCIENCES  
 DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1144583931  
 Provider English Spoken: Y

Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**







#### **GREENE, JACQUELINE**

Provider ID: 272958  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 STE LLA  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1144583931

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **GREENE, JACQUELINE**

Provider ID: 298395  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1144583931  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group


### **OTOLARYNGOLOGY**

#### **GREENE, JACQUELINE**

Provider ID: 298394  
 Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1144583931  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

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## D. 專業提供者目錄

American Sign Language (ASL):  3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273

---


### OTOLARYNGOLOGY

#### HARRIS, JEFFREY

Provider ID: 299573

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1417988783

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### OTOLARYNGOLOGY

#### HARRIS, JEFFREY

Provider ID: 299577

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

Provider Gender: Male

NPI: 1417988783

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### OTOLARYNGOLOGY

#### HARRIS, JEFFREY

Provider ID: 299578

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1417988783

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### OTOLARYNGOLOGY

#### HARRIS, JEFFREY

Provider ID: 299574

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1417988783

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None








American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

## D. 專業提供者目錄

<hr/> <b>OTOLARYNGOLOGY</b> <hr/> <b>HOM, DAVID</b> Provider ID: 299516 Board Certified Specialty: No 3855 HEALTH SCIENCES DR LA JOLLA, CA 92093 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1659305027 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: UCSD Medical Group	 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1659305027  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Website: N/A IPA: UCSD Medical Group	Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Website: N/A IPA: UCSD Medical Group
<hr/> <b>OTOLARYNGOLOGY</b> <hr/> <b>HOM, DAVID</b> Provider ID: 299512 Board Certified Specialty: No 9400 CAMPUS POINT DR LA JOLLA, CA 92093 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1659305027 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: UCSD Medical Group	<hr/> <b>OTOLARYNGOLOGY</b> <hr/> <b>HOM, DAVID</b> Provider ID: 299513 Board Certified Specialty: No 9350 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1659305027 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: UCSD Medical Group	Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Website: N/A IPA: UCSD Medical Group
<hr/> <b>OTOLARYNGOLOGY</b> <hr/> <b>HOM, DAVID</b> Provider ID: 299517 Board Certified Specialty: No 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 Fax: (888) 539-8781	<hr/> <b>OTOLARYNGOLOGY</b> <hr/> <b>HOM, DAVID</b> Provider ID: 299518 Board Certified Specialty: No 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 Fax: (888) 539-8781	Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Website: N/A IPA: UCSD Medical Group

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## D. 專業提供者目錄

### **HUSSEMAN, JACOB**

Provider ID: 301051

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1124034053

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **KARI, ELINA**

Provider ID: 294828

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 857-8590

After Hours Phone: (858)  
857-8590

Provider Gender: Female

NPI: 1780860536

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS

ANGELES, PIH HEALTH

HOSPITAL - WHITTIER, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **KARI, ELINA**

Provider ID: 299447

Board Certified Specialty: No

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780860536

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS  
ANGELES, PIH HEALTH

HOSPITAL - WHITTIER, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **KARI, ELINA**

Provider ID: 299448

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780860536

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS

ANGELES, PIH HEALTH

HOSPITAL - WHITTIER, UCSD





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## D. 專業提供者目錄

LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: Rady Childrens Health  
Network, UCSD Medical Group

### OTOLARYNGOLOGY





#### **KARI, ELINA**



Provider ID: 299442  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (858) 857-8590  
 After Hours Phone: (858)  
857-8590  
Provider Gender: Female  
NPI: 1780860536  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, PIH HEALTH  
HOSPITAL - WHITTIER, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network, UCSD Medical Group

### OTOLARYNGOLOGY







#### **KARI, ELINA**

Provider ID: 299444  
Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1780860536  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, PIH HEALTH  
HOSPITAL - WHITTIER, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: Rady Childrens Health  
Network, UCSD Medical Group

### OTOLARYNGOLOGY

#### **MAGIT, ANTHONY**

Provider ID: 299484  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1891858379  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: Rady Childrens Health  
Network, UCSD Medical Group

### OTOLARYNGOLOGY


#### **MAGIT, ANTHONY**

Provider ID: 299479  
Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1891858379

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

---


### OTOLARYNGOLOGY

#### **MAGIT, ANTHONY**

Provider ID: 299478

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1891858379

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group


---


### OTOLARYNGOLOGY

#### **MAGIT, ANTHONY**

Provider ID: 299483

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1891858379

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

---


### OTOLARYNGOLOGY

#### **MATSUOKA, AKIHIRO**

Provider ID: 299594

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1669630653

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### OTOLARYNGOLOGY

#### **MATSUOKA, AKIHIRO**

Provider ID: 299589

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

926-8273

Provider Gender: Male

NPI: 1669630653

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **MATSUOKA, AKIHIRO**

Provider ID: 299588

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1669630653

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


#### **MATSUOKA, AKIHIRO**

Provider ID: 299593

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1669630653

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


#### **NGUYEN, QUYEN**

Provider ID: 299608

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1477524452

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **NGUYEN, QUYEN**

Provider ID: 299609

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1477524452

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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## D. 專業提供者目錄

American Sign Language (ASL): Provider ID: 299605

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **OTOLARYNGOLOGY**


---


#### **NGUYEN, QUYEN**

Provider ID: 299604

Board Certified Specialty: No


 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-8590

 After Hours Phone: (858)  
657-8590

Provider Gender: Female

NPI: 1477524452

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **OTOLARYNGOLOGY**

---

#### **NGUYEN, QUYEN**

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1477524452

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **OTOLARYNGOLOGY**

---


#### **VAHABZADEH-HAGH,**

#### **ANDREW**

Provider ID: 299505

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1346506920

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD

REAGAN UCLA MED CTR,

SANTA MONICA UCLA MED

CTR, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **OTOLARYNGOLOGY**

---

#### **VAHABZADEH-HAGH,**


#### **ANDREW**


Provider ID: 299504

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (858) 822-6197

 After Hours Phone: (858)  
822-6197

Provider Gender: Male

NPI: 1346506920

 Provider English Spoken: Y  
Cultural Competency: N




Hospital Affiliation: RONALD

REAGAN UCLA MED CTR,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。





## D. 專業提供者目錄



SANTA MONICA UCLA MED  
CTR, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**







#### **VAHABZADEH-HAGH, ANDREW**

Provider ID: 299510  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1346506920  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED  
CTR, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group







### **OTOLARYNGOLOGY**

#### **VAHABZADEH-HAGH, ANDREW**

Provider ID: 299506  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1346506920  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED  
CTR, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group



### **OTOLARYNGOLOGY**

#### **WATSON, DEBORAH**

Provider ID: 299644  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1346270816  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **WATSON, DEBORAH**

Provider ID: 299638  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (858) 657-8590  
Fax: (858) 657-8682  
 After Hours Phone: (858)  
657-8590  
Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

NPI: 1346270816

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **WATSON, DEBORAH**

Provider ID: 299640

Board Certified Specialty: Yes

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346270816

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: UCSD Medical Group

### OTOLARYNGOLOGY


#### **WATSON, DEBORAH**

Provider ID: 299643

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346270816

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


#### **WEISSBROD, PHILIP**

Provider ID: 299612

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR


LA JOLLA, CA 92093

 Phone: (858) 657-8590

 After Hours Phone: (858)  
657-8590

Provider Gender: Male

NPI: 1366590853


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **WEISSBROD, PHILIP**

Provider ID: 299616

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1366590853

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **WEISSBROD, PHILIP**

Provider ID: 299611

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 657-8590

After Hours Phone: (858)  
657-8590

Provider Gender: Male

NPI: 1366590853

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **WEISSBROD, PHILIP**

Provider ID: 299613

Board Certified Specialty: No

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1366590853

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **YAN, CAROL**

Provider ID: 298415

Board Certified Specialty: No

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1619237260

Provider English Spoken: Y

Provider Language(s)

Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **YAN, CAROL**

Provider ID: 298416

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1619237260

Provider English Spoken: Y

Provider Language(s)

Spoken: Chinese

Cultural Competency: N



Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄




UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N




 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **YAN, CAROL**




Provider ID: 242138  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
STE LLA  
LA JOLLA, CA 92037  
 Phone: (858) 657-8590  
 After Hours Phone: (858)  
657-8590  
Provider Gender: Female  
NPI: 1619237260  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese  
Cultural Competency: N  
Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N



 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **YAN, CAROL**




Provider ID: 298411  
Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1619237260  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese  
Cultural Competency: N  
Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N




 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC

#### **FADARE, OLUWOLE**

Provider ID: 275706  
Board Certified Specialty: No  
 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1619955804  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC

#### **HANSEN, LAWRENCE**

Provider ID: 275768  
Board Certified Specialty: No  
 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1760407498

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **PATHOLOGY ANATOMIC**

#### **PARAST, MANA**

Provider ID: 275889

Board Certified Specialty: No

📍 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1629163100

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **PATHOLOGY ANATOMIC**

#### **PATEL, CHARMI**

Provider ID: 259112

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1730389362

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Gujarati, Hindi

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **PATHOLOGY ANATOMIC**

#### **WONG, RICHARD**

Provider ID: 275815

Board Certified Specialty: No

📍 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1275084295

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **PATHOLOGY ANATOMIC**

#### **CLINICAL**








#### **AISAGBONHI, OMONIGHO**

Provider ID: 275750

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄





 9444 MEDICAL CENTER DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1043571045  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, SCRIPPS GREEN  
 HOSPITAL, SCRIPPS GREEN  
 HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC

#### CLINICAL

**AISAGBONHI, OMONIGHO**

Provider ID: 201304

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1043571045  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, SCRIPPS GREEN  
 HOSPITAL, SCRIPPS GREEN  
 HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC


#### CLINICAL

**ALLEN, ELIZABETH**

Provider ID: 275757

Board Certified Specialty: No

 9444 MEDICAL CENTER DR  
 LA JOLLA, CA 92037

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1174814065

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

UCSD MEDICAL CTR, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS GREEN HOSPITAL,

SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC

#### CLINICAL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

### **BROOME, HELEN**

Provider ID: 275722

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1184674145

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **PATHOLOGY ANATOMIC CLINICAL**

### **BUI, JACK**

Provider ID: 275746

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1942529821

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **PATHOLOGY ANATOMIC CLINICAL**

### **DON, MICHELLE**

Provider ID: 275816

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1205288396

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **PATHOLOGY ANATOMIC CLINICAL**

### **DON, MICHELLE**

Provider ID: 247149

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 249-4410

After Hours Phone: (858)  
249-4410

Provider Gender: Female

NPI: 1205288396

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

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## D. 專業提供者目錄

IPA: UCSD Medical Group


### **PATHOLOGY ANATOMIC** **CLINICAL**

#### **ELKIND, JAE**

Provider ID: 284903

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1922497700

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **PATHOLOGY ANATOMIC** **CLINICAL**


#### **HU, JINGJING**

Provider ID: 243965

Board Certified Specialty: No


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1538574744

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **PATHOLOGY ANATOMIC** **CLINICAL**


#### **HU, JINGJING**

Provider ID: 243966

Board Certified Specialty: No


 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1538574744

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Chinese

Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **PATHOLOGY ANATOMIC** **CLINICAL**

#### **ROMA, ANDRES**

Provider ID: 275827

Board Certified Specialty: No

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1295912657

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


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## D. 專業提供者目錄

American Sign Language (ASL): IPA: UCSD Medical Group

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PATHOLOGY ANATOMIC CLINICAL

#### SHABAIK, AHMED

Provider ID: 275782

Board Certified Specialty: No

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1679521579

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


### PATHOLOGY ANATOMIC CLINICAL

#### VAVINSKAYA, VERA

Provider ID: 275840

Board Certified Specialty: No

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174757181

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PATHOLOGY ANATOMIC CLINICAL

#### ZARE, SOMAYE

Provider ID: 275814

Board Certified Specialty: No

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1700334802

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PATHOLOGY ANATOMIC CLINICAL

#### ZARE, SOMAYE

Provider ID: 203172

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider Gender: Female  
NPI: 1700334802

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **PATHOLOGY ANATOMIC CLINICAL**

#### **ZHANG, HAIYAN**

Provider ID: 203176

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1457617110

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS GREEN

HOSPITAL, SCRIPPS GREEN

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **PATHOLOGY ANATOMIC CLINICAL**

#### **ZHANG, HAIYAN**

Provider ID: 275841

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1457617110

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS GREEN

HOSPITAL, SCRIPPS GREEN

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **PATHOLOGY CLINICAL**

#### **KELNER, MICHAEL**

Provider ID: 275735

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781


After Hours Phone: (800)  
926-8273

Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

NPI: 1174679849

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR, EL CENTRO REGIONAL  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PATHOLOGY CLINICAL

#### **LE DZUNG, THE**

Provider ID: 275733

Board Certified Specialty: No

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1770526931

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### **AINSWORTH, DELISSA**


Provider ID: 243366

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1750734893

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

UCSD MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PHYSICIANS ASSISTANT


#### **ALBRIGHT, KELSEY**

Provider ID: 284764

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1235653148

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### **ALLERS, JENNA**


Provider ID: 301037

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## D. 專業提供者目錄

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

*Fax: (888) 539-8781*

 After Hours Phone: (800)  
926-8273

*Provider Gender: Female*

*NPI: 1730605486*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: SALINAS*

*VALLEY MEMORIAL HOSP*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*


### **PHYSICIANS ASSISTANT**


#### **ARMEEN, GARY**

*Provider ID: 247036*

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

*Provider Gender: Male*

*NPI: 1760774863*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA*  
*JOLLA JOHN SALLY*


*THORNTON, UCSD MEDICAL*  
*CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*


### **PHYSICIANS ASSISTANT**


#### **BOYD, LISA**

*Provider ID: 217650*

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

*Provider Gender: Female*

*NPI: 1871859421*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA*  
*JOLLA JOHN SALLY*


*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*


### **PHYSICIANS ASSISTANT**


#### **BRUECKNER, TAMMIE**

*Provider ID: 255557*

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

*Provider Gender: Female*

*NPI: 1407212376*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*  
*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*


*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

### **PHYSICIANS ASSISTANT**


#### **CHERRY, REENA**

*Provider ID: 243349*

*Board Certified Specialty: No*

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---

926-8273

Provider Gender: Female

NPI: 1689729683

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **PHYSICIANS ASSISTANT**

#### **CHERRY, REENA**

Provider ID: 269494

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689729683

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **PHYSICIANS ASSISTANT**

#### **COOKISH, DAVID**

Provider ID: 286591

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1215338884


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **PHYSICIANS ASSISTANT**

#### **CRIFE, TAYLOR**

Provider ID: 210983

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1659827087

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **PHYSICIANS ASSISTANT**

#### **DEMASCO, MICHAEL**

Provider ID: 278969

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781





 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1467926295


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## D. 專業提供者目錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*









### **PHYSICIANS ASSISTANT**

#### **DEMOOR, PATRICIA**

*Provider ID: 212879*  
*Board Certified Specialty: No*  
 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1477721702*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PHYSICIANS ASSISTANT**









#### **DOUGHERTY, CLARA**

*Provider ID: 295925*  
*Board Certified Specialty: No*  
 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: 1609987619*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*

### **PHYSICIANS ASSISTANT**

#### **DOUGHERTY, CLARA**

*Provider ID: 269170*  
*Board Certified Specialty: No*

 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: 1609987619*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*

### **PHYSICIANS ASSISTANT**

#### **GOTTESFELD, STEVEN**

*Provider ID: 305278*  
*Board Certified Specialty: No*  
 9850 GENESEE AVE STE 650  
LA JOLLA, CA 92037  
 *Phone: (858) 500-2480*  
*Fax: (858) 216-1908*

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## D. 專業提供者目錄

☎ *After Hours Phone: (858) 500-2480*

*Provider Gender: Male*

*NPI: 1427068972*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

### **PHYSICIANS ASSISTANT**

#### **HASEGAWA, CHRIS**

*Provider ID: 247205*

*Board Certified Specialty: No*

📍 8939 VILLA LA JOLLA DR  
STE 110

LA JOLLA, CA 92037

☎ *Phone: (800) 926-8273*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1225698962*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### **PHYSICIANS ASSISTANT**

#### **HIGGINS, JOSHUA**

*Provider ID: 287135*

*Board Certified Specialty: No*

📍 8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

☎ *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1861624181*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### **PHYSICIANS ASSISTANT**

#### **HIGGINS, JOSHUA**

*Provider ID: 287136*

*Board Certified Specialty: No*

📍 9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

☎ *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1861624181*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### **PHYSICIANS ASSISTANT**

#### **HUNTER, JACOB**

*Provider ID: 298431*

*Board Certified Specialty: No*

📍 3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093

☎ *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (800) 926-8273*

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## D. 專業提供者目錄

Provider Gender: Male

NPI: 1114459765

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

**HUNTER, JACOB**

Provider ID: 279334

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

 Phone: (800) 826-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
826-8273

Provider Gender: Male

NPI: 1114459765


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

**HUNTER, JACOB**


Provider ID: 298432

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1114459765

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**


**HUNTER, JACOB**

Provider ID: 287450

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
STE LLA

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1114459765


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **PHYSICIANS ASSISTANT**

**HUNTER, JACOB**

Provider ID: 298429

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male


NPI: 1114459765

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

**LIN, JOYCE**

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## D. 專業提供者目錄

Provider ID: 265147

Board Certified Specialty: No

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093

Phone: (858) 554-1212

After Hours Phone: (858) 554-1212

Provider Gender: Female

NPI: 1427681022

Provider English Spoken: Y

Provider Language(s) Spoken: Taiwanese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### LIN, JOYCE

Provider ID: 265146

Board Certified Specialty: No

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 888-9268

Fax: (888) 539-8781

After Hours Phone: (800)

888-9268

Provider Gender: Female

NPI: 1427681022

Provider English Spoken: Y

Provider Language(s) Spoken: Taiwanese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### LUONG, TRAN

Provider ID: 279014

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1821532292

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish, Vietnamese

Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### LUONG, TRAN

Provider ID: 279015

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1821532292

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish, Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

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## D. 專業提供者目錄

<hr/> <b>PHYSICIANS ASSISTANT</b> <hr/> <b>MARTIN, HALEY</b> Provider ID: 305025 Board Certified Specialty: No 3855 HEALTH SCIENCES DR LA JOLLA, CA 92093 Phone: (800) 926-8273 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1093440836 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: UCSD Medical Group	Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: UCSD Medical Group	Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1104371251 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
<hr/> <b>PHYSICIANS ASSISTANT</b> <hr/> <b>MARTIN, HALEY</b> Provider ID: 305027 Board Certified Specialty: No 9434 MEDICAL CENTER DR LA JOLLA, CA 92037 Phone: (800) 926-8273 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1093440836 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: UCSD Medical Group	Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: UCSD Medical Group	Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group
<hr/> <b>PHYSICIANS ASSISTANT</b> <hr/> <b>MARTIN, HALEY</b> Provider ID: 305024 Board Certified Specialty: No 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1093440836 Provider English Spoken: Y Cultural Competency: N	Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: UCSD Medical Group	<hr/> <b>PHYSICIANS ASSISTANT</b> <hr/> <b>MERRILL, COREY</b> Provider ID: 258039 Board Certified Specialty: No 9400 CAMPUS POINT DR LA JOLLA, CA 92093 Phone: (800) 926-8273 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1386032308 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None
<hr/> <b>PHYSICIANS ASSISTANT</b> <hr/> <b>MCADAMS, JOSEPH</b> Provider ID: 280612 Board Certified Specialty: No 9300 CAMPUS POINT DR LA JOLLA, CA 92037		


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## D. 專業提供者目錄

American Sign Language (ASL): IPA: UCSD Medical Group

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### PHYSICIANS ASSISTANT


#### OKADA, MICHELLE

Provider ID: 278017

Board Certified Specialty: No

 3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1497129860

 Provider English Spoken: Y

 Provider Language(s) Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

---


### PHYSICIANS ASSISTANT

#### OKADA, MICHELLE

Provider ID: 278016

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1497129860

 Provider English Spoken: Y

 Provider Language(s) Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### PHYSICIANS ASSISTANT

#### PELIO, DARREN


Provider ID: 293440

Board Certified Specialty: No

 3855 HEALTH SCIENCES

DR

LA JOLLA, CA 92093

 Phone: (858) 822-7967

Fax: (858) 822-6395

 After Hours Phone: (858) 822-7967

Provider Gender: Male

NPI: 1386791028

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### PHYSICIANS ASSISTANT

#### PELIO, DARREN

Provider ID: 293442

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8276

Fax: (888) 539-8784

 After Hours Phone: (800) 926-8276

Provider Gender: Male

NPI: 1386791028

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

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## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **PHYSICIANS ASSISTANT**


#### **PERREAULT, MARK**

*Provider ID: 283583*

*Board Certified Specialty: No*


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1356749451*


 *Provider English Spoken: Y*


*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **PHYSICIANS ASSISTANT**


#### **PERREAULT, MARK**

*Provider ID: 283584*

*Board Certified Specialty: No*


 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1356749451*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **PHYSICIANS ASSISTANT**


#### **ROBERTS, AUDREY**

*Provider ID: 253254*

*Board Certified Specialty: No*


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (619) 543-5540*

 *After Hours Phone: (619) 543-5540*

*Provider Gender: Female*

*NPI: 1265960256*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **PHYSICIANS ASSISTANT**


#### **ROBERTS, AUDREY**

*Provider ID: 253255*

*Board Certified Specialty: No*

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 *Phone: (858) 657-7876*

 *After Hours Phone: (858) 657-7876*

*Provider Gender: Female*

*NPI: 1265960256*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **PHYSICIANS ASSISTANT**

#### **SAIKHON, TALIA**


*Provider ID: 293439*

*Board Certified Specialty: No*

 8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*


 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

NPI: 1699263905

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**


**SANCHEZ, MICHAEL**


Provider ID: 206907

Board Certified Specialty: No

 8939 VILLA LA JOLLA DR  
STE 110


LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1184135006

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**


**SCHWARTZEL, KEVIN**

Provider ID: 214276

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1104277847

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 8AM-8PM

M-F 8AM-5PM

SA 8AM-8PM

 Website: N/A


IPA: UCSD Medical Group


### **PHYSICIANS ASSISTANT**

**SHAUL, SHERA**

Provider ID: 247976

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8373

 After Hours Phone: (800)  
926-8373

Provider Gender: Female

NPI: 1336659507

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **PHYSICIANS ASSISTANT**


**SHAUL, SHERA**

Provider ID: 247975

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1336659507

 Provider English Spoken: Y

Cultural Competency: N




Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N







請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PHYSICIANS ASSISTANT**


#### **SPEH, BRIAN**

*Provider ID: 305010*  
*Board Certified Specialty: No*  
 *9300 CAMPUS POINT DR  
LA JOLLA, CA 92037*  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)  
926-8273*  
*Provider Gender: Male*  
*NPI: 1124593926*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*




### **PHYSICIANS ASSISTANT**

#### **TESFAI, HELEN**

*Provider ID: 277072*  
*Board Certified Specialty: No*  
 *9350 CAMPUS POINT DR  
LA JOLLA, CA 92037*  
 *Phone: (800) 926-8273*  
*Fax: (800) 926-8273*  
 *After Hours Phone: (800)  
926-8273*



*Provider Gender: Female*  
*NPI: 1942724042*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


### **PHYSICIANS ASSISTANT**



#### **WAHLIN, TAMARA**

*Provider ID: 299601*  
*Board Certified Specialty: No*  
 *3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093*  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*


*Provider Gender: Female*  
*NPI: 1083823322*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*



 *Accessibility: CONTACT  
PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PHYSICIANS ASSISTANT**

#### **WAHLIN, TAMARA**

*Provider ID: 299602*  
*Board Certified Specialty: No*  
 *9300 CAMPUS POINT DR  
LA JOLLA, CA 92037*  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*  
*NPI: 1083823322*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PHYSICIANS ASSISTANT**

#### **WAHLIN, TAMARA**

*Provider ID: 299597*  
*Board Certified Specialty: No*  
 *9350 CAMPUS POINT DR  
LA JOLLA, CA 92037*  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

926-8273

Provider Gender: Female

NPI: 1083823322

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### PHYSICIANS ASSISTANT

#### **WAHLIN, TAMARA**

Provider ID: 299596

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1083823322

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### **WEIR, JACQUELINE**

Provider ID: 278202

Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (800) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932494499

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PSYCHOLOGIST


#### **BAILIS, JESSICA**

Provider ID: 300043

Board Certified Specialty: No

 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1760739049

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST


#### **BOOTH, CHRISTOPHER**


Provider ID: 209117

Board Certified Specialty: No

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male


NPI: 1568893162


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

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## D. 專業提供者目錄

 Website: N/A  
IPA: UCSD Medical Group

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### **PSYCHOLOGIST**


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#### **BOOTH, CHRISTOPHER**

Provider ID: 209118

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1568893162

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **PSYCHOLOGIST**


---

#### **BOUTELLE, KERRI**


Provider ID: 302876

Board Certified Specialty: No

 3344 N TORREY PINES CT  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1780620906

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **PSYCHOLOGIST**

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#### **BOUTELLE, KERRI**

Provider ID: 240034

Board Certified Specialty: No


 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1780620906

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **PSYCHOLOGIST**

---


#### **BOUTELLE, KERRI**

Provider ID: 258988

Board Certified Specialty: No


 8950 VILLA LA JOLLA DR  
STE C212  
LA JOLLA, CA 92037

 Phone: (858) 246-1654

 After Hours Phone: (858)  
246-1654

Provider Gender: Male

NPI: 1780620906

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **PSYCHOLOGIST**

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## D. 專業提供者目錄

### **CHESHER, NICHOLAS**

Provider ID: 273812

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1124539697

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **PSYCHOLOGIST**

### **CLAUDAT, KIMBERLY**

Provider ID: 285237

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1699200949

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **PSYCHOLOGIST**

### **CRANDAL, BRENT**

Provider ID: 291463

Board Certified Specialty: No

8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

Phone: (800) 926-8372

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8372

Provider Gender: Male

NPI: 1588739452

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **PSYCHOLOGIST**

### **DUARTE, KRISTEN**

Provider ID: 255479

Board Certified Specialty: No

8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093119364

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **PSYCHOLOGIST**

### **DUARTE, KRISTEN**

Provider ID: 255480

Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1093119364

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### **PSYCHOLOGIST**

#### **EICHEN, DAWN**

Provider ID: 302888  
Board Certified Specialty: No  
3344 N TORREY PINES CT  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1861043366

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Website: N/A  
IPA: UCSD Medical Group

### **PSYCHOLOGIST**

#### **EICHEN, DAWN**

Provider ID: 245715  
Board Certified Specialty: No  
8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1861043366

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### **PSYCHOLOGIST**

#### **EICHEN, DAWN**

Provider ID: 259524  
Board Certified Specialty: No  
8950 VILLA LA JOLLA DR  
STE C212  
LA JOLLA, CA 92037  
Phone: (858) 246-1654  
Fax: (858) 246-3181

After Hours Phone: (858)  
246-1654

Provider Gender: Female  
NPI: 1861043366

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### **PSYCHOLOGIST**

#### **LASSWELL, EVE**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider ID: 208260

Board Certified Specialty: No

8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1013483635

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

#### LINKE, SARAH

Provider ID: 273640

Board Certified Specialty: No

8939 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1487026415

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

#### MAGINOT-CHESSER, TAMARA

Provider ID: 273224

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 534-7792

Fax: (619) 471-9017

After Hours Phone: (858)  
534-7792

Provider Gender: Female

NPI: 1043441165

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

#### MENDEZ, ANDRES

Provider ID: 279058

Board Certified Specialty: No

8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1841482692

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### REED, KRISTIE

Provider ID: 302867

Board Certified Specialty: No

3344 N TORREY PINES CT  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1679869556

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

### REED, KRISTIE

Provider ID: 291395

Board Certified Specialty: No

8950 VILLA LA JOLLA DR  
STE C212  
LA JOLLA, CA 92037

Phone: (800) 926-8372

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8372

Provider Gender: Female

NPI: 1679869556

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

### TARLE, STEPHANIE

Provider ID: 303116

Board Certified Specialty: No

8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1659920403

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

### ZLATAR, ZVINKA

Provider ID: 272712

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1497139059

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PULMONARY DISEASES

### BAILEY, JACOB

Provider ID: 299925

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1598150039

Provider English Spoken: Y  
Cultural Competency: N

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## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **PULMONARY DISEASES**


#### **JOSHUA, JISHA**

Provider ID: 238060

Board Certified Specialty: No


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1023436417

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Malayalam

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **PULMONARY DISEASES**

#### **MCGUIRE, WILLIAM**

Provider ID: 299987

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1841684081

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

SHARP CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **PULMONARY DISEASES**


#### **PEARCE, ALEX**

Provider ID: 300054

Board Certified Specialty: No

 9300 CAMPUS POINT DR

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265896856

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **BERMAN, ZACHARY**

Provider ID: 269319

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033521190

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


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## D. 專業提供者目錄

American Sign Language (ASL): **CARSWELL, AIMEE**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **RADIOLOGY DIAGNOSTIC**

#### **BRANCH, CODY**

Provider ID: 283676

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1851770622

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


---

### **RADIOLOGY DIAGNOSTIC**


Provider ID: 303056

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (858) 554-1212

Fax: (858) 795-1195

 After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1619156635

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### **RADIOLOGY DIAGNOSTIC**

#### **CHENG, KAREN**

Provider ID: 283227

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1427430511

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **RADIOLOGY DIAGNOSTIC**

#### **FAZELI, SOUDABEH**

Provider ID: 299993

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1639553613

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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## D. 專業提供者目錄

<hr/> <b>RADIOLOGY DIAGNOSTIC</b> <hr/> <b>FORCIER, NANCY</b> Provider ID: 286955 Board Certified Specialty: No 📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037 ☎ Phone: (800) 926-8273 Fax: (888) 539-8781 🕒 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1497721724 🗣 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, Providence Mission Hospital Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-5PM 🌐 Website: N/A IPA: UCSD Medical Group	Provider Gender: Female NPI: 1255457941 🗣 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-5PM 🌐 Website: N/A IPA: UCSD Medical Group	NPI: 1720465396 🗣 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, Stanford Health Care, STANFORD HEALTH CARE TRI-VALLEY Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-5PM 🌐 Website: N/A IPA: UCSD Medical Group
<hr/> <b>RADIOLOGY DIAGNOSTIC</b> <hr/> <b>FOWLER, KATHRYN</b> Provider ID: 201290 Board Certified Specialty: No 📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037 ☎ Phone: (800) 926-8273 🕒 After Hours Phone: (800) 926-8273	<hr/> <b>RADIOLOGY DIAGNOSTIC</b> <hr/> <b>GRISSOM, MURRAY</b> Provider ID: 271568 Board Certified Specialty: No 📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037 ☎ Phone: (800) 926-8273 Fax: (888) 539-8781 🕒 After Hours Phone: (800) 926-8273 Provider Gender: Male	<hr/> <b>RADIOLOGY DIAGNOSTIC</b> <hr/> <b>HANNSUN, GEMMY</b> Provider ID: 282790 Board Certified Specialty: No 📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037 ☎ Phone: (800) 926-8273 Fax: (888) 539-8781 🕒 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1992120026 🗣 Provider English Spoken: Y 🗣 Provider Language(s) Spoken: Khmer, Spanish Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**


**HORKY, LAURA**

Provider ID: 241854

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1598967812

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**


**HORKY, LAURA**

Provider ID: 241855

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1598967812

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**


**JAFFRAY, PAUL**

Provider ID: 299959

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1275700999

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Los

Angeles General Medical  
Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**


**JAZBEH, SAMMER**

Provider ID: 271128

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1770825457

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

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## D. 專業提供者目錄


### THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

### KONDILI, DHIMITER

Provider ID: 283144

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: 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): Board Certified Specialty: No  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

### MARKS, ROBERT

Provider ID: 300066

Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1952389934

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ST MARY  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

### RITCHIE, DAVID

Provider ID: 300033

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1407201916

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**


### SADAT, SAYED

Provider ID: 299967

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1679000806

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

### SCHULTZ, HEATHER


Provider ID: 240343


Board Certified Specialty: No

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## D. 專業提供者目錄

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1871910810

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **SEARLEMAN, ADAM**

Provider ID: 299950

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1134570641

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **SLATER, JERRY**

Provider ID: 283311

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1851746382

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, LOMA LINDA

UNIVERSITY MED CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **SPENGLER, NATHAN**

Provider ID: 303050

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1992919666

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**


#### **TADDONIO, MICHAEL**

Provider ID: 240406

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273


 After Hours Phone: (800)  
926-8273

Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄


NPI: 1386987261

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### RADIOLOGY DIAGNOSTIC

#### **TADROS, ANTHONY**

Provider ID: 268545

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1306112057

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

#### **THOMPSON, COLE**

Provider ID: 299990

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1700315264


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### RADIOLOGY DIAGNOSTIC

#### **UNSDORFER, KYLE**

Provider ID: 300036

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male


NPI: 1285165183

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### RADIOLOGY DIAGNOSTIC


#### **VAHDOT, NOUSHIN**

Provider ID: 300069

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1396700852

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

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## D. 專業提供者目錄

**PROVIDER**  
Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC YORK, VINCENT**

Provider ID: 283518  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1790146611  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### **REGISTERED DIETITIAN / NUTRITIONIST**

**SIEVERING, DENISE**  
Provider ID: 268249  
Board Certified Specialty: No  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1356478929  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### **REGISTERED PHYSICAL THERAPIST**

**BERGERON, PATRICK**  
Provider ID: 258296  
Board Certified Specialty: No  
9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1285061390  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### **REGISTERED PHYSICAL THERAPIST**

**BERGERON, PATRICK**  
Provider ID: 206533  
Board Certified Specialty: No  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1285061390  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### **REGISTERED PHYSICAL THERAPIST**

**BUNOSKY, ABIGAIL**  
Provider ID: 246021  
Board Certified Specialty: No  
9350 CAMPUS POINT DR

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## D. 專業提供者目錄

STE LLD  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
☎ Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1780018416  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

**CHIEN, PEI**  
Provider ID: 214699  
Board Certified Specialty: No  
📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1891260238  
🗣 Provider English Spoken: Y  
🗣 Provider Language(s) Spoken: Chinese  
Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

**CHIEN, PEI**  
Provider ID: 258324  
Board Certified Specialty: No  
📍 9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
☎ Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1891260238

🗣 Provider English Spoken: Y  
🗣 Provider Language(s) Spoken: Chinese  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

**HOUSELY, ALEXIS**  
Provider ID: 299971  
Board Certified Specialty: No  
📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
☎ Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1689321416  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

**MAROLLA, ALICE**  
Provider ID: 241145  
Board Certified Specialty: No  
📍 9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
☎ Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273

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## D. 專業提供者目錄

Provider Gender: Female

NPI: 1477018729

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **REGISTERED PHYSICAL THERAPIST**

#### **NUTHALL, KAITLIN**

Provider ID: 258431

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1992210090

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, UCSD  
LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **REGISTERED PHYSICAL THERAPIST**


#### **NUTHALL, KAITLIN**

Provider ID: 202327

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1992210090

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, UCSD

LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **REGISTERED PHYSICAL THERAPIST**


#### **RUDD, CHRISTOPHER**

Provider ID: 207559

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1831539337

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **REGISTERED PHYSICAL THERAPIST**

#### **RUDD, CHRISTOPHER**

Provider ID: 258372

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## D. 專業提供者目錄

Board Certified Specialty: No

9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037

Phone: (855) 543-0333

Fax: (858) 657-6873

After Hours Phone: (855)  
543-0333

Provider Gender: Male

NPI: 1831539337

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **REGISTERED PHYSICAL THERAPIST**

#### **SKINNER, NICOLE**

Provider ID: 206546

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1386964997

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **REGISTERED PHYSICAL THERAPIST**

#### **TRIMM, CASSIDY**

Provider ID: 258442

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (855) 543-0333

Fax: (858) 657-6873

After Hours Phone: (855)  
543-0333

Provider Gender: Male

NPI: 1740708478

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **REGISTERED PHYSICAL THERAPIST**

#### **TRIMM, CASSIDY**

Provider ID: 258443

Board Certified Specialty: No

9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037

Phone: (855) 543-0333

Fax: (858) 657-6873

After Hours Phone: (855)  
543-0333

Provider Gender: Male

NPI: 1740708478

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

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## D. 專業提供者目錄

 Website: N/A  
IPA: UCSD Medical Group

---

### REGISTERED PHYSICAL THERAPIST


---


#### **VASQUEZ, BENJAMIN**

Provider ID: 200968

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1568938413

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### REGISTERED PHYSICAL THERAPIST

---

#### **VASQUEZ, BENJAMIN**


Provider ID: 258480

Board Certified Specialty: No


 9350 CAMPUS POINT DR

STE LLD

LA JOLLA, CA 92037

 Phone: (858) 657-6879

Fax: (858) 657-6873

 After Hours Phone: (858)  
657-6879

Provider Gender: Male

NPI: 1568938413

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### REGISTERED PHYSICAL THERAPIST

---


#### **WILLIAMS, STACY**

Provider ID: 258496

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
STE LLD

LA JOLLA, CA 92037

 Phone: (858) 657-6879

Fax: (858) 657-6873

 After Hours Phone: (858)  
657-6879

Provider Gender: Female

NPI: 1689962169

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### REGISTERED PHYSICAL THERAPIST

---


#### **YU, AUDRINE**

Provider ID: 258481

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
STE LLD

LA JOLLA, CA 92037

 Phone: (858) 657-6879

Fax: (858) 657-6873

 After Hours Phone: (858)  
657-6879

Provider Gender: Female

NPI: 1639271208

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes




Min/Max Age: 0\None

American Sign Language (ASL):

N

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## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **SPEECH PATHOLOGIST**


#### **SCHIEDERMAYER, BENJAMIN**

*Provider ID: 288939*

*Board Certified Specialty: No*

 *3855 HEALTH SCIENCES DR*

*LA JOLLA, CA 92093*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1164979837*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **SPEECH PATHOLOGIST**

#### **SCHIEDERMAYER, BENJAMIN**

*Provider ID: 288938*

*Board Certified Specialty: No*

 *9400 CAMPUS POINT DR  
LA JOLLA, CA 92093*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1164979837*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **SPEECH PATHOLOGIST**

#### **UNGER, LINDSEY**


*Provider ID: 265338*

*Board Certified Specialty: No*

 *9350 CAMPUS POINT DR  
LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1972936813*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Sign Language*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **SURGERY COLON SURGERY**

#### **LIU, SHANGLEI**

*Provider ID: 273364*

*Board Certified Specialty: No*

 *9300 CAMPUS POINT DR  
LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1043558653*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON, UNIVERSITY HSP*

*OF SAN DIEGO CO*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

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## D. 專業提供者目錄

### **SURGERY COLON SURGERY**

#### **LOPEZ, NICOLE**

Provider ID: 286388

Board Certified Specialty: No

3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

Phone: (858) 822-6100

After Hours Phone: (858)  
822-6100

Provider Gender: Female

NPI: 1518163005

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **SURGERY COLON SURGERY**

#### **PARRY, LISA**

Provider ID: 278551

Board Certified Specialty: No

3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1235369067

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY COLON SURGERY**

#### **RAMAMOORTHY, SONIA**

Provider ID: 286371

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1801812656

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY CRITICAL CARE**

#### **ADAMS, LAURA**

Provider ID: 284408

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1144616541

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

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## D. 專業提供者目錄

### **SURGERY CRITICAL CARE**

#### **POTENZA, BRUCE**

Provider ID: 277299

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (619) 543-7200

After Hours Phone: (619)  
543-7200

Provider Gender: Male

NPI: 1548281496

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY CRITICAL CARE**

#### **VENTRO, GEORGE**

Provider ID: 284419

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1548604648

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY CRITICAL CARE**

#### **WEAVER, JESSICA**

Provider ID: 243240

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1396044657

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY GENERAL**

#### **AL-NOURI, OMAR**

Provider ID: 211905

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1770742264

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

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## D. 專業提供者目錄

<hr/> <b>SURGERY GENERAL</b> <hr/> <b>AL-NOURI, OMAR</b> Provider ID: 211904 Board Certified Specialty: No 9434 MEDICAL CENTER DR FL 1 LA JOLLA, CA 92037 Phone: (800) 926-8273 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1770742264 Provider English Spoken: Y Provider Language(s) Spoken: Arabic Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group	LA JOLLA, CA 92093 Phone: (858) 822-6100 After Hours Phone: (858) 822-6100 Provider Gender: Female NPI: 1861759383 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: MEDICAL CTR AT UCSF, UCSF Medical Center At Mission Bay, UCSF MEDICAL CENTER AT MOUNT ZION, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group	<input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group
<hr/> <b>SURGERY GENERAL</b> <hr/> <b>ARMANI, AVA</b> Provider ID: 282142 Board Certified Specialty: No 3855 HEALTH SCIENCES DR	3855 HEALTH SCIENCES DR LA JOLLA, CA 92093 Phone: (800) 926-8273 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1982787131	<hr/> <b>SURGERY GENERAL</b> <hr/> <b>HORGAN, SANTIAGO</b> Provider ID: 286380 Board Certified Specialty: No 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (619) 471-0755 After Hours Phone: (619) 471-0755 Provider Gender: Male NPI: 1932297231 Provider English Spoken: Y Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON Medi-Cal Open Panel: Yes Min/Max Age: 0\None


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## D. 專業提供者目錄

American Sign Language (ASL): Provider ID: 272304

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **SURGERY GENERAL**


#### **JACOBSEN, GARTH**

Provider ID: 201728

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (619) 471-0755

 After Hours Phone: (619)  
471-0755

Provider Gender: Male

NPI: 1265649966

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


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### **SURGERY GENERAL**

#### **SANTORELLI, JARRETT**

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033529201

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **SURGERY GENERAL**


#### **VASCULAR**


#### **BARLEBEN, ANDREW**

Provider ID: 275371

Board Certified Specialty: Yes

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1497936900

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **SURGERY GENERAL**

#### **VASCULAR**


#### **BARLEBEN, ANDREW**


Provider ID: 275373

Board Certified Specialty: No

 9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1497936900

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

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## D. 專業提供者目錄

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### SURGERY GENERAL

#### VASCULAR


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#### **GAFFEY, ANN**

Provider ID: 287012

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1316232010

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): IPA: UCSD Medical Group

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### SURGERY GENERAL

#### VASCULAR

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#### **HOWE, STEVEN**

Provider ID: 206760

Board Certified Specialty: No

 9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037

 Phone: (858) 657-7777

Fax: (858) 657-5058

 After Hours Phone: (858)  
657-7777

Provider Gender: Male

NPI: 1497702740

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, TRI CITY

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### SURGERY HAND ORTHOPEDIC

#### **STEPHENSON, SAMUEL**

Provider ID: 284935

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1578058665

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### SURGERY HAND ORTHOPEDIC

#### **STEPHENSON, SAMUEL**

Provider ID: 284936

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1578058665

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

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## D. 專業提供者目錄

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY NEUROLOGICAL


**BARBA, DAVID**

Provider ID: 275678


Board Certified Specialty: No

 9350 CAMPUS POINT DR  
STE 2A

LA JOLLA, CA 92037

 Phone: (619) 543-5540

Fax: (619) 287-7663

 After Hours Phone: (619)  
543-5540

Provider Gender: Male

NPI: 1093730251

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR,

UCSD LA JOLLA JOHN SALLY

THORNTON, SCRIPPS

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY NEUROLOGICAL


**BEAUMONT, THOMAS**


Provider ID: 214126

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR


LA JOLLA, CA 92093

 Phone: (858) 657-8540

 After Hours Phone: (858)  
657-8540

Provider Gender: Male

NPI: 1497067573

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### SURGERY NEUROLOGICAL

**BEN-HAIM, SHARONA**

Provider ID: 244070

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1942469663

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hebrew, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### SURGERY NEUROLOGICAL

**BLASKIEWICZ, DONALD**

Provider ID: 270282

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

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## D. 專業提供者目錄

Provider Gender: Male

NPI: 1215176839

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **MARSHALL, LAWRENCE**

Provider ID: 244149

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1750306171

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: German, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **MURTHY, NIKHIL**

Provider ID: 299994

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1710371273

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **MURTHY, NIKHIL**

Provider ID: 299995

Board Certified Specialty: No

📍 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: 1710371273

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **OSORIO, JOSEPH**

Provider ID: 242005

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1437416591

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT

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## D. 專業提供者目錄

**PROVIDER**  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **OSORIO, JOSEPH**

Provider ID: 242006  
Board Certified Specialty: No  
📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
📞 Phone: (800) 926-8273  
🕒 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1437416591

🗒 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **PHAM, MARTIN**

Provider ID: 244159  
Board Certified Specialty: No  
📍 9350 CAMPUS POINT DR

LA JOLLA, CA 92037  
📞 Phone: (800) 926-8273  
🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1609130921

🗒 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **U, HOI**

Provider ID: 244133

Board Certified Specialty: Yes

📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

📞 Phone: (800) 926-8273

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1164468146

🗒 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

#### **ANDRY, JAMES**

Provider ID: 302085

Board Certified Specialty: No

📍 9834 GENESEE AVE STE  
228

LA JOLLA, CA 92037

📞 Phone: (858) 824-1703

Fax: (858) 455-6473

🕒 After Hours Phone: (858)  
824-1703

Provider Gender: Male

NPI: 1679726103

🗒 Provider English Spoken: Y  
🗒 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS MERCY

HOSPITAL, SHARP CHULA



VISTA MED CTR, SHARP

CORONADO HOSP AND







HEALTHCARE CTR, Sharp

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

Grossmont Hospital, SHARP  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **SURGERY ORTHOPEDIC**





**BLAIS, MICAH**  
Provider ID: 299944  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1972867562  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**





**BLAIS, MICAH**  
Provider ID: 299945  
Board Certified Specialty: No  
 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: 1972867562  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

**BUKATA, SUSAN**  
Provider ID: 277947  
Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273



Provider Gender: Female  
NPI: 1932140639  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

**CHIARAPPA, FRANK**  
Provider ID: 244460  
Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1932536828  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER





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## D. 專業提供者目錄

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**


#### **CHOI, JIHOON**


Provider ID: 284787  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1285097741  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**


#### **CHOI, JIHOON**

Provider ID: 284786  
Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273  
Fax: (888) 539-8181



 After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1285097741

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

#### **FLINT, JAMES**

Provider ID: 203177  
Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273



Provider Gender: Male  
NPI: 1629239140

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

#### **GOEB, YANNICK**

Provider ID: 284793  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1730542747

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: German, Spanish  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON



Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。









## D. 專業提供者目錄

### PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

#### **GOEB, YANNICK**


Provider ID: 284792  
Board Certified Specialty: No  
 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  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group


### **SURGERY ORTHOPEDIC**

#### **KUSNEZOV, NICHOLAS**


Provider ID: 303194

Board Certified Specialty: No

 9834 GENESEE AVE STE  
228  
LA JOLLA, CA 92037


 Phone: (858) 455-9942

Fax: (858) 455-6473

 After Hours Phone: (858)  
455-9942

Provider Gender: Male

NPI: 1396185161

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: TWIN

CITIES COMMUNITY

HOSPITAL, PARADISE VALLEY

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SHARP CHULA

VISTA MED CTR, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, Sharp

Grossmont Hospital, SHARP

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **SURGERY ORTHOPEDIC**


#### **PALLIA, CHRISTOPHER**

Provider ID: 302103


Board Certified Specialty: No

 9834 GENESEE AVE STE  
228

LA JOLLA, CA 92037

 Phone: (858) 455-9942

Fax: (858) 455-6473

 After Hours Phone: (858)  
455-9942

Provider Gender: Male

NPI: 1497751457

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **SURGERY ORTHOPEDIC**

#### **SULLIVAN, THOMAS**







Provider ID: 285246

Board Certified Specialty: No





 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037




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## D. 專業提供者目錄

 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1437565488  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**


**SULLIVAN, THOMAS**  
Provider ID: 285245  
Board Certified Specialty: No  
 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: 1437565488  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group


### **SURGERY ORTHOPEDIC**

**TAYLOR, MARIO**  
Provider ID: 299908  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1407380512  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

**TAYLOR, MARIO**  
Provider ID: 299910  
Board Certified Specialty: No  
 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: 1407380512  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **SURGERY PLASTIC**

**HINCHCLIFF, KATHARINE**  
Provider ID: 277289  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1346674561  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD

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## D. 專業提供者目錄


MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group


### **SURGERY PLASTIC**


**REID, CHRISTOPHER**

Provider ID: 224796

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982964276

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group


### **SURGERY THORACIC**


**BOYS, JOSHUA**

Provider ID: 243533

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-7777

 After Hours Phone: (858)  
657-7777

Provider Gender: Male

NPI: 1114368990

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY THORACIC**


**GRAMINS, DANIEL**

Provider ID: 210047

Board Certified Specialty: Yes

 9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1164495750

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY THORACIC**

**KEARNS, MARK**

Provider ID: 274296

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-8817

Fax: (888) 539-8781

 After Hours Phone: (858)  
657-8817

Provider Gender: Male




NPI: 1033683719

 Provider English Spoken: Y

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## D. 專業提供者目錄

*Cultural Competency: N*  
*Hospital Affiliation: CEDARS SINAI MEDICAL CENTER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **SURGERY THORACIC**







#### **KEARNS, MARK**

*Provider ID: 274297*  
*Board Certified Specialty: No*  
 9434 MEDICAL CENTER DR FL 1  
LA JOLLA, CA 92037  
 *Phone: (858) 647-8817*  
*Fax: (858) 853-9878*  
 *After Hours Phone: (858) 647-8817*  
*Provider Gender: Male*  
*NPI: 1033683719*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: CEDARS SINAI MEDICAL CENTER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **SURGERY THORACIC**




#### **POLLEMA, TRAVIS**

*Provider ID: 210576*  
*Board Certified Specialty: No*  
 9434 MEDICAL CENTER DR FL 1  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1871752956*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*

*IPA: UCSD Medical Group*

### **SURGERY THORACIC**

#### **RAMIREZ, ALFREDO**

*Provider ID: 256390*  
*Board Certified Specialty: No*  
 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: UNIVERSITY HSP OF SAN DIEGO CO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*


*IPA: UCSD Medical Group*

### **SURGERY THORACIC**

#### **ZANDER, ASHLEY**


*Provider ID: 291383*

*Board Certified Specialty: No*

 9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1780940031

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **SURGERY THORACIC**


#### **ZANDER, ASHLEY**

Provider ID: 291382

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780940031

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

#### **PROVIDER**

 Website: N/A

IPA: UCSD Medical Group

---


### **SURGERY THORACIC**

#### **ZANDER, ASHLEY**

Provider ID: 291381

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780940031

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### **UROLOGY**

#### **CRAWFORD, ELWARD**

Provider ID: 244131

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (858) 657-7876

Fax: (888) 539-8781

 After Hours Phone: (858)  
657-7876

Provider Gender: Male


NPI: 1902814379


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **UROLOGY**


#### **HSIEH, TUNG CHIN**

Provider ID: 294878

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (858) 249-3534

 After Hours Phone: (858)  
249-3534

Provider Gender: Male

NPI: 1073758652

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes



Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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## D. 專業提供者目錄


 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group



### UROLOGY

#### KATZ, JONATHAN

Provider ID: 299917  
Board Certified Specialty: No  
 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: 1952756207

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group



### UROLOGY

#### WANG, LUKE

Provider ID: 299934  
Board Certified Specialty: No  
 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: 1033630173

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### LA MESA




### CARDIOVASCULAR DISEASE

#### KOTHA, PURUSHOTHAM

Provider ID: 32053  
Board Certified Specialty: Yes  
 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: ALVARADO  
HOSPITAL LLC, GROSSMONT  
HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC

### CARDIOVASCULAR DISEASE




#### REDDY, REDDIWANDLA

Provider ID: 265393  
Board Certified Specialty: No  
 5565 GROSSMONT  
CENTER DR STE 202  
LA MESA, CA 91942  
 Phone: (619) 461-6130  
Fax: (619) 461-3108  
 After Hours Phone: (619)  
461-6130

Provider Gender: Male  
NPI: 1710996384

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Kannada, Spanish,  
Telugu  
Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL,  
ALVARADO HOSPITAL LLC  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
IPA: BLUE SHIELD PROMISE

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## D. 專業提供者目錄

HEALTH PLAN DIRECT

### CARDIOVASCULAR DISEASE

#### **SHEREV, DIMITRI**

Provider ID: 290704

Board Certified Specialty: Yes

8851 CENTER DR STE 304  
LA MESA, CA 91942

Phone: (619) 867-0557

Fax: (619) 867-0558

After Hours Phone: (619)  
867-0557

Provider Gender: Male

NPI: 1154323996

Provider English Spoken: Y

Provider Language(s)  
Spoken: Bulgarian, Russian,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,  
GROSSMONT HOSPITAL,  
ALVARADO COMMUNITY  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,

ALVARADO HOSPITAL LLC,  
SHARP CHULA VISTA MED  
CTR, SHARP CHULA VISTA  
MED CTR, TRI CITY MEDICAL  
CTR, SCRIPPS MERCY

HOSPITAL CHULA VISTA,  
Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): Provider ID: 217692

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### CERTIFIED NURSE

#### PRACTITIONER

#### **LANE, KIMBERLY**

Provider ID: 295955

Board Certified Specialty: No

8851 CENTER DR STE 501  
LA MESA, CA 91942

Phone: (619) 697-2456

Fax: (858) 429-7930

After Hours Phone: (619)  
697-2456

Provider Gender: Female

NPI: 1457670119

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE

#### PRACTITIONER

#### **RESELLI, LYNDSEY**

Provider ID: 217692

Board Certified Specialty: No

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

Phone: (619) 464-6434

After Hours Phone: (619)  
464-6434

Provider Gender: Female

NPI: 1558854000

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### CERTIFIED NURSE

#### PRACTITIONER

#### **RESELLI, LYNDSEY**

Provider ID: 217693

Board Certified Specialty: No

8881 FLETCHER PKWY STE  
205

LA MESA, CA 91942

Phone: (619) 464-6434

After Hours Phone: (619)  
464-6434

Provider Gender: Female

NPI: 1558854000

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


### **EMERGENCY MEDICINE**

#### **BELLOMO, THOMAS**

Provider ID: 205600

Board Certified Specialty: No

 5565 GROSSMONT CENTER DR STE 2 STE 2 LA MESA, CA 91942

 Phone: (619) 713-5375

Fax: (619) 713-5379

 After Hours Phone: (619) 713-5375

Provider Gender: Male

NPI: 1700926698

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N


 Accessibility: CONTACT

PROVIDER

Hours: SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A


IPA: Rady Childrens Health Network


### **EMERGENCY MEDICINE**

#### **LOVEJOY, AMY**

Provider ID: 206106

Board Certified Specialty: No

 5565 GROSSMONT CENTER DR STE 2 STE 2 LA MESA, CA 91942

 Phone: (619) 713-5375

Fax: (619) 713-5379

 After Hours Phone: (619) 713-5375

Provider Gender: Female

NPI: 1790856557

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSPITAL OF ORANGE COUNTY


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


### **EMERGENCY MEDICINE**

#### **QUINONES-PEREZ, BIANCA**

Provider ID: 206948

Board Certified Specialty: No

 5565 GROSSMONT CENTER DR STE 2 STE 2 LA MESA, CA 91942

 Phone: (619) 713-5375

Fax: (619) 713-5379

 After Hours Phone: (619) 713-5375

Provider Gender: Female

NPI: 1124360565

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network

### **HEARING AID DEALER /**

#### **SUPPLIER**

#### **ANDERSON, ELAINE**

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## D. 專業提供者目錄

Provider ID: 268693

Board Certified Specialty: No

5565 GROSSMONT  
CENTER DR

LA MESA, CA 91942

Phone: (619) 589-5414

Fax: (619) 589-7391

After Hours Phone: (619)  
589-5414

Provider Gender: Female

NPI: 1063558856

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### HEMATOLOGY / ONCOLOGY

#### **BATRA, REEMA**

Provider ID: 58612

Board Certified Specialty: No

5555 GROSSMONT  
CENTER DR

LA MESA, CA 91942

Phone: (619) 644-3030

Fax: (619) 644-3638

After Hours Phone: (619)  
644-3030

Provider Gender: Female

NPI: 1629286505

Provider English Spoken: Y

Provider Language(s)

Spoken: Hindi, Mandarin

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### HEMATOLOGY / ONCOLOGY

#### **BATRA, REEMA**

Provider ID: 295692

Board Certified Specialty: No

5555 GROSSMONT  
CENTER DR

LA MESA, CA 91942

Phone: (619) 644-3030

Fax: (619) 644-3638

After Hours Phone: (619)  
644-3030

Provider Gender: Female

NPI: 1629286505

Provider English Spoken: Y

Provider Language(s)

Spoken: Hindi, Mandarin

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### HEMATOLOGY / ONCOLOGY

#### **MEDIC, IGOR**

Provider ID: 295654

Board Certified Specialty: No

5555 GROSSMONT  
CENTER DR

LA MESA, CA 91942

Phone: (619) 644-3030

Fax: (619) 644-3638

After Hours Phone: (619)  
644-3030

Provider Gender: Male

NPI: 1154618593

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Serbian,  
Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

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## D. 專業提供者目錄

IHP of Southern Cal-PHP

### HEMATOLOGY / ONCOLOGY

#### **MEDIC, IGOR**

Provider ID: 119509

Board Certified Specialty: No

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Phone: (619) 644-3030

Fax: (619) 644-3638

After Hours Phone: (619)  
644-3030

Provider Gender: Male

NPI: 1154618593

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Serbian,  
Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### HEMATOLOGY / ONCOLOGY

#### **ZU, KAI**

Provider ID: 295711

Board Certified Specialty: No

5555 GROSSMONT  
CENTER DR

LA MESA, CA 91942

Phone: (619) 644-3030

Fax: (619) 644-3638

After Hours Phone: (619)  
644-3030

Provider Gender: Male

NPI: 1164583639

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### HEMATOLOGY / ONCOLOGY

#### **ZU, KAI**

Provider ID: 43199

Board Certified Specialty: No

5555 GROSSMONT  
CENTER DR

LA MESA, CA 91942

Phone: (619) 644-3030

Fax: (619) 644-3638

After Hours Phone: (619)

644-3030

Provider Gender: Male

NPI: 1164583639

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### INTERVENTIONAL

### CARDIOLOGY

#### **TAGHIZADEH, BEHZAD**

Provider ID: 269161

Board Certified Specialty: No

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:


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## D. 專業提供者目錄

GROSSMONT HOSPITAL,  
ALVARADO HOSPITAL LLC  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### INTERVENTIONAL CARDIOLOGY

#### **YELLEN, LAURENCE**

Provider ID: 269173

Board Certified Specialty: No

 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,  
ALVARADO HOSPITAL LLC,


USC Arcadia Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### MATERNAL AND FETAL MEDICINE

#### **ADAMI, REBECCA**

Provider ID: 272676

Board Certified Specialty: No

 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942


 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1992149447

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MEMORIAL  
HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network


### MATERNAL AND FETAL MEDICINE

#### **MCCULLOUGH, DEIRDRE**

Provider ID: 244873

Board Certified Specialty: No

 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1639153018

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
Sharp Grossmont Hospital,  
SHARP MEMORIAL HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### MATERNAL AND FETAL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

<b>MEDICINE</b>	
<b>MELBER, DORA</b> Provider ID: 296997 Board Certified Specialty: No 8851 CENTER DR STE 201 LA MESA, CA 91942 Phone: (858) 966-6710 Fax: (858) 966-6711 After Hours Phone: (858) 966-6710 Provider Gender: Female NPI: 1124413026 Provider English Spoken: Y Provider Language(s) Spoken: Hungarian, Spanish Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network, UCSD Medical Group	Board Certified Specialty: No 8851 CENTER DR STE 201 LA MESA, CA 91942 Phone: (858) 966-6710 Fax: (858) 966-6711 After Hours Phone: (858) 966-6710 Provider Gender: Female NPI: 1801207634 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network
<b>MATERNAL AND FETAL MEDICINE</b>	<b>MATERNAL AND FETAL MEDICINE</b>
<b>REIMERS, REBECCA</b> Provider ID: 294656 Board Certified Specialty: No 5555 GROSSMONT CENTER DR LA MESA, CA 91942 Phone: (858) 966-6710 Fax: (858) 966-6711 After Hours Phone: (858) 966-6710	<b>RICHARDSON, ALVIE</b> Provider ID: 277317 Board Certified Specialty: No 5555 GROSSMONT CENTER DR LA MESA, CA 91942 Phone: (858) 966-6710 Fax: (858) 966-6711 After Hours Phone: (858) 966-6710 Provider Gender: Male NPI: 1154305977 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

DIEGO, Sharp Grossmont  
Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### MATERNAL AND FETAL MEDICINE

#### **SCHWENDEMANN, WADE**

Provider ID: 277305

Board Certified Specialty: No

 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Male

NPI: 1477563302

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN

AND NEWBORNS, TRI CITY  
MEDICAL CTR, Sharp

Grossmont Hospital, Sharp

Grossmont Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### MATERNAL AND FETAL MEDICINE

#### **WILLIAMS, KRISTIN**

Provider ID: 277384

Board Certified Specialty: No

 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1992847131

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
SAN MATEO MEDICAL CTR,  
SHARP MEMORIAL HOSPITAL,

SHARP MARY BIRCH HOSP  
FOR WOMEN AND

NEWBORNS, TRI CITY

MEDICAL CTR, CALIFORNIA

PACIFIC MED CTR,

CALIFORNIA PACIFIC MED

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### NEPHROLOGY

#### **LEININGER, DANIEL**

Provider ID: 295640

Board Certified Specialty: No

 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: 1164956264

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp  
Grossmont Hospital,  
GROSSMONT HOSPITAL,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

ALVARADO HOSPITAL LLC,  
ALVARADO COMMUNITY  
HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### NEPHROLOGY

**LEININGER, DANIEL**

Provider ID: 293480

Board Certified Specialty: No

 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: 1164956264

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital,

GROSSMONT HOSPITAL,

ALVARADO HOSPITAL LLC,

ALVARADO COMMUNITY


HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### NEUROLOGY

**MOHAMMAD, AHMAD SHAH**

Provider ID: 39868

Board Certified Specialty: No

 8851 CENTER DR STE 307  
LA MESA, CA 91942


 Phone: (619) 337-7900


Fax: (619) 337-7902

 After Hours Phone: (619)  
337-7900

Provider Gender: Male

NPI: 1902973472

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Arabic, Farsi,

French, German, Pushto,

Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MERCY HOSPITAL, SHARP

CHULA VISTA MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### OPHTHALMOLOGY


**CHIU, STEPHAN**

Provider ID: 297585

Board Certified Specialty: No

 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: 1053846956

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Mandarin, Spanish

Cultural Competency: N

Hospital Affiliation: RONALD

REAGAN UCLA MED CTR,

SANTA MONICA UCLA MED

CTR, SCRIPPS MEMORIAL


HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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## D. 專業提供者目錄

### OPHTHALMOLOGY

#### HAIGHT, BRUCE

Provider ID: 305885

Board Certified Specialty: No

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
551

LA MESA, CA 91942

Phone: (800) 898-2020

Fax: (844) 897-3788

After Hours Phone: (800)  
898-2020

Provider Gender: Male

NPI: 1427029628

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: CONTACT  
PROVIDER

Hours: M 8AM-4PM

TU-W 8:30AM-4PM

TH 8AM-4PM

F 8AM-0PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### OPHTHALMOLOGY

#### HAIGHT, BRUCE

Provider ID: 295984

Board Certified Specialty: No

5565 GROSSMONT  
CENTER DR STE 2-3  
LA MESA, CA 91942

Phone: (619) 463-0331

Fax: (619) 463-0138

After Hours Phone: (619)  
463-0331

Provider Gender: Male

NPI: 1427029628

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: CONTACT  
PROVIDER

Hours: M-TH 8:30AM-4PM  
F 8AM-0PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OPHTHALMOLOGY

#### HAIGHT, BRUCE

Provider ID: 269112

Board Certified Specialty: No

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
551

LA MESA, CA 91942

Phone: (800) 898-2020

Fax: (844) 897-3788

After Hours Phone: (800)  
898-2020

Provider Gender: Male

NPI: 1427029628

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: CONTACT  
PROVIDER

Hours: M 8AM-4PM

TU-W 8:30AM-4PM

TH 8AM-4PM

F 8AM-0PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### OPHTHALMOLOGY

#### HAIGHT, BRUCE

Provider ID: 288660

Board Certified Specialty: No

7339 EL CAJON BLVD STE  
J AND K

LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619)  
722-8460

Provider Gender: Male

NPI: 1427029628

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### **OPHTHALMOLOGY**

**HUDSON, HENRY**  
 Provider ID: 297578  
 Board Certified Specialty: No  
 7339 EL CAJON BLVD STE  
 J AND K  
 LA MESA, CA 91942  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619)  
 722-8460  
 Provider Gender: Male  
 NPI: 1851349195  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL, TRI  
 CITY MEDICAL CTR, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MERCY  
 HOSPITAL, SCRIPPS  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-4:30PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### **OPHTHALMOLOGY**

**HUDSON, HENRY**  
 Provider ID: 297577  
 Board Certified Specialty: Yes  
 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: 1851349195  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL, TRI  
 CITY MEDICAL CTR, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MERCY  
 HOSPITAL, SCRIPPS  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8AM-4:30PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### **OPTOMETRIST**

**AOTO, KIM**  
 Provider ID: 288652  
 Board Certified Specialty: No  
 7339 EL CAJON BLVD STE  
 J AND K  
 LA MESA, CA 91942  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619)  
 722-8460  
 Provider Gender: Female  
 NPI: 1780935650  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### **OTOLARYNGOLOGY**

**MOSHTAGHI, OMID**  
 Provider ID: 302380  
 Board Certified Specialty: No  
 5565 GROSSMONT

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 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
 者目錄中的資訊可能會更改。

## D. 專業提供者目錄

CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942  
☎ Phone: (619) 464-3353  
Fax: (619) 464-6720  
🕒 After Hours Phone: (619) 464-3353  
Provider Gender: Male  
NPI: 1730675927  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, Sharp  
Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### OTOLARYNGOLOGY

**SAEZ, NEIL**  
Provider ID: 302431  
Board Certified Specialty: No  
📍 5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942  
☎ Phone: (619) 464-3353  
Fax: (619) 464-6720  
🕒 After Hours Phone: (619) 464-3353  
Provider Gender: Male  
NPI: 1518456508

☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### PEDIATRIC EMERGENCY MEDICINE

**BETTY, MARYANN**  
Provider ID: 245753  
Board Certified Specialty: No  
📍 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942  
☎ Phone: (619) 713-5375  
Fax: (619) 713-5379  
🕒 After Hours Phone: (619) 713-5375  
Provider Gender: Female  
NPI: 1285014498  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

**GROSS, MATTHEW**  
Provider ID: 297177  
Board Certified Specialty: No  
📍 5565 GROSSMONT  
CENTER DR STE 2 STE 2  
LA MESA, CA 91942  
☎ Phone: (619) 713-5375  
Fax: (619) 713-5379  
🕒 After Hours Phone: (619) 713-5375  
Provider Gender: Male  
NPI: 1942223664  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Website: N/A

IPA: Rady Childrens Health Network

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### PEDIATRIC EMERGENCY MEDICINE


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#### **JOSHI, WEENA**

Provider ID: 262233

Board Certified Specialty: No

 5565 GROSSMONT CENTER DR STE 2 STE 2 LA MESA, CA 91942

 Phone: (619) 713-5375

Fax: (619) 713-5379

 After Hours Phone: (619) 713-5375

Provider Gender: Female

NPI: 1376862177

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

---

### PEDIATRIC EMERGENCY MEDICINE


---

#### **MINKA, GENEVIEVE**

Provider ID: 205335

Board Certified Specialty: No

 5565 GROSSMONT CENTER DR STE 2 LA MESA, CA 91942


 Phone: (619) 713-5375

Fax: (619) 713-5379

 After Hours Phone: (619) 713-5375

Provider Gender: Female

NPI: 1689646689

 Provider English Spoken: Y

 Provider Language(s) Spoken: French

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY


HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network

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### PEDIATRIC EMERGENCY MEDICINE


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#### **OZAKI, YOSHIHIRO**

Provider ID: 241925

Board Certified Specialty: No

 5565 GROSSMONT CENTER DR STE 2 LA MESA, CA 91942

 Phone: (619) 713-5375

Fax: (619) 713-5379

 After Hours Phone: (619) 713-5375

Provider Gender: Male

NPI: 1467898239

 Provider English Spoken: Y

 Provider Language(s) Spoken: Japanese

Cultural Competency: N


Hospital Affiliation: VALLEY CHILDRENS HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### PEDIATRIC EMERGENCY MEDICINE


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#### **PARKER, SHERINE**

Provider ID: 205786

Board Certified Specialty: No

 5565 GROSSMONT CENTER DR STE 2 LA MESA, CA 91942

 Phone: (619) 713-5375

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## D. 專業提供者目錄

Fax: (619) 713-5379

☎ After Hours Phone: (619) 713-5375

Provider Gender: Female

NPI: 1477626513

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: GLENDALE ADVENTIST MED CTR, GLENDALE MEMORIAL HOSP AND HEALTH CTR, TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

#### **VARGAS, JACLYN**

Provider ID: 285936

Board Certified Specialty: No

📍 5555 GROSSMONT CENTER DR  
LA MESA, CA 91942

☎ Phone: (858) 966-6710

Fax: (858) 966-6711

☎ After Hours Phone: (858) 966-6710

Provider Gender: Female

NPI: 1619359718

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, Los Angeles General Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

#### **WANG, EMILY**

Provider ID: 265955

Board Certified Specialty: No

📍 5565 GROSSMONT CENTER DR STE 2 BLDG 2  
LA MESA, CA 91942

☎ Phone: (619) 713-5375

Fax: (619) 713-5379

☎ After Hours Phone: (619) 713-5375

Provider Gender: Female

NPI: 1427142363

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRICS

#### **CLAY, CORRIE**

Provider ID: 278807

Board Certified Specialty: No

📍 8881 FLETCHER PKWY STE 200  
LA MESA, CA 91942

☎ Phone: (619) 464-6434

Fax: (619) 464-5109

☎ After Hours Phone: (619) 464-6434

Provider Gender: Female

NPI: 1437207750

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。








## D. 專業提供者目錄



HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-6PM  
SA 11:30AM-3:30PM  
 Website: N/A  
IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT

### **PHYSICIANS ASSISTANT**

#### **DOUGHERTY, CLARA**




Provider ID: 301590  
Board Certified Specialty: No  
 8851 CENTER DR STE 501  
LA MESA, CA 91942  
 Phone: (619) 697-2456  
Fax: (858) 429-7930  
 After Hours Phone: (619)  
697-2456  
Provider Gender: Female  
NPI: 1609987619  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **PHYSICIANS ASSISTANT**







#### **ELO, KRISTIN**

Provider ID: 241862  
Board Certified Specialty: No  
 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942  
 Phone: (619) 644-3030  
Fax: (619) 644-3083  
 After Hours Phone: (619)  
644-3030  
Provider Gender: Female  
NPI: 1164664306  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital,  
GROSSMONT HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP



### **PHYSICIANS ASSISTANT**

#### **ELO, KRISTIN**

Provider ID: 295736  
Board Certified Specialty: No  
 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942  
 Phone: (619) 644-3030  
Fax: (619) 644-3083  
 After Hours Phone: (619)  
644-3030  
Provider Gender: Female  
NPI: 1164664306  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital,  
GROSSMONT HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **PHYSICIANS ASSISTANT**

#### **FERRARA, SAMANTHA**

Provider ID: 306005  
Board Certified Specialty: No  
 7339 EL CAJON BLVD STE I  
LA MESA, CA 91942  
 Phone: (619) 698-0606

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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Fax: (619) 698-0609

☎ After Hours Phone: (619)  
698-0606

Provider Gender: Female

NPI: 1437822434

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:30AM-5:30PM

🌐 Website: N/A

IPA: Community Care IPA LLC

---

### PHYSICIANS ASSISTANT

#### HINKLE, CORINNE

Provider ID: 305425

Board Certified Specialty: No

📍 7339 EL CAJON BLVD STE 1  
LA MESA, CA 91942

☎ Phone: (619) 698-0606

Fax: (619) 698-0609

☎ After Hours Phone: (619)  
698-0606

Provider Gender: Female

NPI: 1508451949

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: Valleywise

Health Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

---

### PHYSICIANS ASSISTANT

#### RAYMOND, ALAIN

Provider ID: 269057

Board Certified Specialty: No

📍 8851 CENTER DR STE 505  
LA MESA, CA 91942

☎ Phone: (619) 461-3880

Fax: (619) 461-3895

☎ After Hours Phone: (619)  
461-3880

Provider Gender: Male

NPI: 1164729125

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: French

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: Community Care IPA LLC

---

### PHYSICIANS ASSISTANT

#### VAWTER, ERIN

Provider ID: 295755

Board Certified Specialty: No

📍 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

☎ Phone: (619) 644-3030

Fax: (619) 644-3638

☎ After Hours Phone: (619)  
644-3030

Provider Gender: Female

NPI: 1376988691

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8:30AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### PHYSICIANS ASSISTANT

#### WHITE, KYLE

Provider ID: 302382

Board Certified Specialty: No

📍 5565 GROSSMONT  
CENTER DR BLDG 3 STE  
101

LA MESA, CA 91942

☎ Phone: (619) 464-3353

Fax: (619) 464-7509

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ After Hours Phone: (619) 464-3353

Provider Gender: Male

NPI: 1922768860

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **RADIATION ONCOLOGY**

#### **CARMONA, RUBEN**

Provider ID: 303099

Board Certified Specialty: No

📍 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

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, Sharp

Grossmont Hospital, SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

### **RADIATION ONCOLOGY**

#### **COLEMAN, LORI**

Provider ID: 221089

Board Certified Specialty: No

📍 5555 GROSSMONT

CENTER DR

LA MESA, CA 91942

☎ Phone: (619) 740-4500

Fax: (619) 740-8499

☎ After Hours Phone: (619) 740-4500

Provider Gender: Female

NPI: 1053348920

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SHARP MEMORIAL HOSPITAL,

GROSSMONT HOSPITAL,

PALOMAR MEDICAL CENTER,

Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 19\100

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

### **RADIATION ONCOLOGY**

#### **VOLPP, PAUL**

Provider ID: 221104

Board Certified Specialty: No

📍 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: 1225186232

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,

GROSSMONT HOSPITAL,

PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 19\100

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

### **RADIATION ONCOLOGY**

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## D. 專業提供者目錄

### **WEINSTEIN, GEOFFREY**

Provider ID: 220040

Board Certified Specialty: No

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: 1841233947

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
SHARP CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 19\100

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **RADIOLOGY DIAGNOSTIC**

### **MOORE, BRIAN**

Provider ID: 243960

Board Certified Specialty: No

8860 CENTER DR STE 100  
LA MESA, CA 91942

Phone: (619) 460-2770

Fax: (619) 460-2774

After Hours Phone: (619)  
460-2770

Provider Gender: Male

NPI: 1831144005

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: CONTACT  
PROVIDER

Hours: M-F 7AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **RADIOLOGY DIAGNOSTIC**

### **MOORE, BRIAN**

Provider ID: 243959

Board Certified Specialty: No

8881 FLETCHER PKWY STE  
102  
LA MESA, CA 91942

Phone: (619) 460-2770

Fax: (619) 460-2774

After Hours Phone: (619)  
460-2770

Provider Gender: Male

NPI: 1831144005

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: CONTACT  
PROVIDER

Hours: M-F 7AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **RADIOLOGY DIAGNOSTIC**

### **VENKATESH, VIJAY**

Provider ID: 269659

Board Certified Specialty: No

8860 CENTER DR STE 100  
LA MESA, CA 91942

Phone: (619) 460-2770

Fax: (619) 460-2774

After Hours Phone: (619)  
460-2770

Provider Gender: Male

NPI: 1689627085

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: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **RADIOLOGY DIAGNOSTIC**

### **VENKATESH, VIJAY**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider ID: 269660  
 Board Certified Specialty: No  
 8881 FLETCHER PKWY STE 102  
 LA MESA, CA 91942  
 Phone: (619) 460-2770  
 Fax: (619) 460-2774  
 After Hours Phone: (619) 460-2770  
 Provider Gender: Male  
 NPI: 1689627085  
 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: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### RHEUMATOLOGY

**KOTHA, ROSHAN**  
 Provider ID: 63454  
 Board Certified Specialty: No  
 8860 CENTER DR STE 400  
 LA MESA, CA 91942  
 Phone: (619) 229-1995  
 Fax: (619) 229-1109  
 After Hours Phone: (619) 229-1995  
 Provider Gender: Female  
 NPI: 1417117839

Provider English Spoken: Y  
 Provider Language(s) Spoken: Hindi, Spanish, Telugu  
 Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### SURGERY ORTHOPEDIC

**BALLARD, BROOKE**  
 Provider ID: 262205  
 Board Certified Specialty: No  
 8860 CENTER DR STE 350  
 LA MESA, CA 91942  
 Phone: (619) 286-9480  
 Fax: (619) 286-4568  
 After Hours Phone: (619) 286-9480  
 Provider Gender: Female  
 NPI: 1841447950  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: French, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: ALVARADO HOSPITAL LLC, SHARP CORONADO HOSP AND HEALTHCARE CTR, SHARP


MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Imperial Health Holdings Medical Group-SD


### UROLOGY

**SALMASI, AMIRALI**  
 Provider ID: 129643  
 Board Certified Specialty: No  
 8851 CENTER DR STE 501  
 LA MESA, CA 91942  
 Phone: (619) 697-2456  
 Fax: (858) 429-7930  
 After Hours Phone: (619) 697-2456  
 Provider Gender: Male  
 NPI: 1609187962  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, GROSSMONT HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N

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## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,  
UCSD Medical Group*

### LAKE ELSINORE


#### OBSTETRICS / GYNECOLOGY

##### FRANCIS, LARRY

*Provider ID: 290293*

*Board Certified Specialty: No*

 30195 FRASER DR  
LAKE ELSINORE, CA 92530


 *Phone: (951) 252-2720*

*Fax: (760) 414-3892*

 *After Hours Phone: (951)  
252-2720*

*Provider Gender: Male*

*NPI: 1215008552*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation:*


*SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
POMONA VALLEY HOSP MED  
CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*


#### OPTOMETRIST

##### GEE, JENNIFER

*Provider ID: 290211*

*Board Certified Specialty: No*

 30195 FRASER DR  
LAKE ELSINORE, CA 92530

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760)  
631-5000*

*Provider Gender: Female*

*NPI: 1336589332*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation:*


*COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC  
MEDICAL CENTER - D P APH*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*


#### OPTOMETRIST

##### MORA, WENDY

*Provider ID: 290239*

*Board Certified Specialty: No*

 30195 FRASER DR  
LAKE ELSINORE, CA 92530

 *Phone: (951) 252-2720*

*Fax: (760) 414-3892*

 *After Hours Phone: (951)  
252-2720*

*Provider Gender: Female*

*NPI: 1376958389*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*


#### OPTOMETRIST

##### TAM, EMILY

*Provider ID: 290319*

*Board Certified Specialty: No*

 30195 FRASER DR  
LAKE ELSINORE, CA 92530

 *Phone: (951) 525-2720*


*Fax: (760) 414-3892*

 *After Hours Phone: (951)  
525-2720*

*Provider Gender: Female*

*NPI: 1497161236*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Mandarin*

*Cultural Competency: N*

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## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### LAKESIDE


#### CHIROPRACTOR

##### CASTRO, DAVID

Provider ID: 305617

Board Certified Specialty: No

 10039 VINE ST  
LAKESIDE, CA 92040


 Phone: (858) 218-3000

Fax: (360) 462-2744

 After Hours Phone: (858)  
218-3000

Provider Gender: Male

NPI: 1841557733

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


#### CHIROPRACTOR

##### FULKS, ZACKARY

Provider ID: 301145

Board Certified Specialty: No

 10039 VINE ST  
LAKESIDE, CA 92040

 Phone: (619) 390-9975

Fax: (360) 462-2744

 After Hours Phone: (619)  
390-9975

Provider Gender: Male

NPI: 1407562531


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


#### CHIROPRACTOR

##### FULKS, ZACKARY

Provider ID: 303813

Board Certified Specialty: No

 10039 VINE ST  
LAKESIDE, CA 92040


 Phone: (619) 390-9975

Fax: (360) 462-2744

 After Hours Phone: (619)  
390-9975

Provider Gender: Male

NPI: 1407562531


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,


IHP of Southern Cal-PHP


#### CHIROPRACTOR

##### HOURIHAN, KEITH

Provider ID: 257549

Board Certified Specialty: No

 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  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<p style="text-align: center;"><b>CHIROPRACTOR</b></p> <p><b>MCCOWN, BARRY</b>            Provider ID: 303816            Board Certified Specialty: No   10039 VINE ST            LAKESIDE, CA 92040   Phone: (619) 390-9975            Fax: (360) 462-2744   After Hours Phone: (619) 390-9975            Provider Gender: Male            NPI: 1487781035   Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Community Care IPA LLC,            IHP of Southern Cal-PHP</p>	<p>NPI: 1487781035   Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Community Care IPA LLC,            IHP of Southern Cal-PHP</p>	<p style="text-align: center;"><b>LANCASTER</b></p> <p style="text-align: center;"><b>CERTIFIED NURSE PRACTITIONER</b></p> <p><b>JONES, TYESHIA</b>            Provider ID: 306079            Board Certified Specialty: No   43845 10TH ST W STE 1D            LANCASTER, CA 93534   Phone: (833) 438-8763            Fax: (833) 438-8700   After Hours Phone: (833) 438-8763            Provider Gender: Female            NPI: 1104276419   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: PALMDALE REGIONAL MEDICAL CENTER, ST BERNARDINE MED CTR, CALIFORNIA HOSP MED CTR LOS ANGELES            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Community Care IPA LLC</p>
<p style="text-align: center;"><b>CHIROPRACTOR</b></p> <p><b>MCCOWN, BARRY</b>            Provider ID: 301344            Board Certified Specialty: No   10039 VINE ST            LAKESIDE, CA 92040   Phone: (619) 390-9975            Fax: (360) 462-2744   After Hours Phone: (619) 390-9975            Provider Gender: Male</p>	<p style="text-align: center;"><b>PSYCHOLOGIST</b></p> <p><b>BRUNETTO, HEIDI</b>            Provider ID: 290407            Board Certified Specialty: No   10039 VINE ST            LAKESIDE, CA 92040   Phone: (619) 390-9975            Fax: (858) 633-4690   After Hours Phone: (619) 390-9975            Provider Gender: Female            NPI: 1023250453   Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-TH 8AM-5PM   Website: N/A            IPA: IHP of Southern Cal-PHP</p>	<p style="text-align: center;"><b>LOS ANGELES</b></p> <p style="text-align: center;"><b>CERTIFIED NURSE PRACTITIONER</b></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

### **JONES, TYESHIA**

Provider ID: 306076

Board Certified Specialty: No

1513 S GRAND AVE STE 200  
LOS ANGELES, CA 90015

Phone: (833) 438-8763

Fax: (833) 438-8700

After Hours Phone: (833)  
438-8763

Provider Gender: Female

NPI: 1104276419

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALMDALE  
REGIONAL MEDICAL CENTER,  
ST BERNARDINE MED CTR,  
CALIFORNIA HOSP MED CTR  
LOS ANGELES

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **CERTIFIED NURSE PRACTITIONER**

### **JONES, TYESHIA**

Provider ID: 306077

Board Certified Specialty: No

1660 W 3RD ST  
LOS ANGELES, CA 90017

Phone: (833) 438-8763

Fax: (833) 438-8700

After Hours Phone: (833)  
438-8763

Provider Gender: Female

NPI: 1104276419

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALMDALE  
REGIONAL MEDICAL CENTER,  
ST BERNARDINE MED CTR,  
CALIFORNIA HOSP MED CTR  
LOS ANGELES

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **PSYCHOLOGIST**

### **CALANDRA, JOAN**

Provider ID: 289989

Board Certified Specialty: No

11911 SAN VICENTE BLVD  
STE 280  
LOS ANGELES, CA 90049

Phone: (310) 433-7723

After Hours Phone: (310)  
433-7723

Provider Gender: Female

NPI: 1730173865

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT

### **MENIFEE**

### **PHYSICIANS ASSISTANT**

### **SMITH, KELLI**

Provider ID: 272954

Board Certified Specialty: No

30420 HAUN RD  
MENIFEE, CA 92584

Phone: (951) 676-4193

After Hours Phone: (951)  
676-4193

Provider Gender: Female

NPI: 1841771664

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **MORENO VALLEY**







### **OPTOMETRIST**

### **BULLUM, ANTHONY**

Provider ID: 290330

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## D. 專業提供者目錄




*Board Certified Specialty: No*  
 22675 ALESSANDRO BLVD  
 MORENO VALLEY, CA  
 92553  
 *Phone: (951) 571-2350*  
*Fax: (951) 571-2370*  
 *After Hours Phone: (951)  
 571-2350*  
*Provider Gender: Male*  
*NPI: 1992773956*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT  
 PROVIDER*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### MURRIETA

#### ANESTHESIOLOGY






#### **HYLTON, DIANA**




*Provider ID: 241738*  
*Board Certified Specialty: No*  
 25500 MEDICAL CENTER  
 DR  
 MURRIETA, CA 92562  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)  
 926-8273*  
*Provider Gender: Female*  
*NPI: 1932527751*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*

JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR, SOUTHWEST  
 HEALTHCARE INLAND  
 VALLEY HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT  
 PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

#### ANESTHESIOLOGY

#### **KRAUSE, MARTIN**






*Provider ID: 287655*  
*Board Certified Specialty: No*  
 25500 MEDICAL CENTER  
 DR  
 MURRIETA, CA 92562  
 *Phone: (951) 696-6000*  
*Fax: (951) 677-9757*  
 *After Hours Phone: (951)  
 696-6000*  
*Provider Gender: Male*  
*NPI: 1417243239*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
 Spoken: German*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY*

THORNTON  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT  
 PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### CARDIAC



#### ELECTROPHYSIOLOGY

#### **HAN, FREDERICK**

*Provider ID: 210100*  
*Board Certified Specialty: No*  
 41011 CALIFORNIA OAKS  
 RD STE 104  
 MURRIETA, CA 92562  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)  
 926-8273*  
*Provider Gender: Male*  
*NPI: 1427255967*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT  
 PROVIDER*

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## D. 專業提供者目錄





 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group




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### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **HEAD, KRISTIN**

Provider ID: 268658  
Board Certified Specialty: No  
 25170 HANCOCK AVE STE 1  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
Fax: (951) 600-1760  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Female  
NPI: 1699078923  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network


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### **CERTIFIED NURSE** **PRACTITIONER**

---

**KLEMENCIC, TAHNEE**  
Provider ID: 302627

Board Certified Specialty: No  
 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: 1134802283  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: No  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N





 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network

---

### **CERTIFIED NURSE** **PRACTITIONER**

---




**MIRACLE, ANGELYN**  
Provider ID: 300259  
Board Certified Specialty: No  
 25170 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
 Phone: (951) 461-9300  
Fax: (951) 461-9399  
 After Hours Phone: (951)  
461-9300

Provider Gender: Female  
NPI: 1144539842  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: No  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 8:30AM-0PM  
M-F 8AM-5PM  
SA 8:30AM-0PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

**SNYDER, MICHELLE**  
Provider ID: 210676  
Board Certified Specialty: No  
 41011 CALIFORNIA OAKS  
RD STE 104  
MURRIETA, CA 92562  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1851561054  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

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## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**

---

#### **STEVENSON, REHEIA**

Provider ID: 210794

Board Certified Specialty: No

 41011 CALIFORNIA OAKS  
RD STE 104

MURRIETA, CA 92562

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346696044

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **EMERGENCY MEDICINE**

---


#### **LI, JINGHONG**


Provider ID: 255941

Board Certified Specialty: No

 25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

 Phone: (951) 696-6000

 After Hours Phone: (951)  
696-6000

Provider Gender: Female

NPI: 1619014479

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **INTERNAL MEDICINE**

---

#### **CRITICAL CARE MEDICINE**

---

#### **BEGOVIC, ADNAN**


Provider ID: 210826

Board Certified Specialty: No

 41011 CALIFORNIA OAKS

RD STE 104

MURRIETA, CA 92562

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1093791014

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **INTERNAL MEDICINE**

---


#### **CRITICAL CARE MEDICINE**

---

#### **CHEN, KENNETH**

Provider ID: 283132








Board Certified Specialty: No

 25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562


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## D. 專業提供者目錄

 Phone: (951) 696-6000  
Fax: (951) 677-9757  
 After Hours Phone: (951) 696-6000  
Provider Gender: Male  
NPI: 1720472657  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### INTERNAL MEDICINE CRITICAL CARE MEDICINE





#### **PATEL, SAGAR**




Provider ID: 283001  
Board Certified Specialty: No  
 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
 Phone: (951) 696-6000  
Fax: (951) 677-9757  
 After Hours Phone: (951) 696-6000  
Provider Gender: Male  
NPI: 1245672302  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### INTERNAL MEDICINE CRITICAL CARE MEDICINE







#### **TRAN, LINH**

Provider ID: 202659  
Board Certified Specialty: No  
 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
 Phone: (951) 696-6000  
 After Hours Phone: (951) 696-6000  
Provider Gender: Female  
NPI: 1851682728  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### INTERNAL MEDICINE CRITICAL CARE MEDICINE

#### **TRAN, LINH**

Provider ID: 210573  
Board Certified Specialty: No  
 41011 CALIFORNIA OAKS  
RD STE 104  
MURRIETA, CA 92562  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1851682728  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


 Website: N/A  
IPA: UCSD Medical Group


### INTERVENTIONAL CARDIOLOGY

#### **AL KHIAMI, BELAL**

Provider ID: 275994

Board Certified Specialty: No

 28062 BAXTER RD  
MURRIETA, CA 92563


 Phone: (951) 290-4000

Fax: (888) 539-8781

 After Hours Phone: (951)  
290-4000

Provider Gender: Male

NPI: 1861623506

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, PIONEERS MEMORIAL

HOSPITAL, EL CENTRO

REGIONAL MEDICAL CENTER,

LOMA LINDA UNIVERSITY

MED CTR MURRIETA,

TEMECULA VALLEY HOSPITAL  
INC

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERVENTIONAL CARDIOLOGY


#### **WETTERSTEN, NICHOLAS**

Provider ID: 210605

Board Certified Specialty: No

 41011 CALIFORNIA OAKS  
RD STE 104

MURRIETA, CA 92562


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1063701068

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### MATERNAL AND FETAL MEDICINE


#### **MELBER, DORA**

Provider ID: 296992

Board Certified Specialty: No

 25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

 Phone: (858) 966-6710


Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1124413026

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hungarian,  
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

### MATERNAL AND FETAL MEDICINE






#### **MELBER, DORA**

Provider ID: 296988

Board Certified Specialty: No


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562  
 Phone: (858) 966-6710  
Fax: (858) 966-6711  
 After Hours Phone: (858)  
966-6710  
Provider Gender: Female  
NPI: 1124413026  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hungarian,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group


### MATERNAL AND FETAL MEDICINE

#### **REIMERS, REBECCA**

Provider ID: 294649

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1801207634

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### MATERNAL AND FETAL MEDICINE


#### **REIMERS, REBECCA**

Provider ID: 294652

Board Certified Specialty: No

 25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1801207634

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### NEONATAL / PERINATAL MEDICINE


#### **NYMAN, KATHERINE**

Provider ID: 301820

Board Certified Specialty: No

 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  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19


American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

---

### NEONATAL / PERINATAL MEDICINE

---


#### **WEISS, KATHERINE**

*Provider ID: 264676*

*Board Certified Specialty: Yes*

 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: 1053541862*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: Rady Childrens Health Network, UCSD Medical Group*

---

### NEONATAL / PERINATAL MEDICINE

---


#### **WEST, JULIE**

*Provider ID: 297071*

*Board Certified Specialty: No*

 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*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

---

### NEUROLOGY

---

#### **GOLD, JEFFREY**

*Provider ID: 283334*

*Board Certified Specialty: No*

 25170 HANCOCK AVE FL 1

MURRIETA, CA 92562

 *Phone: (951) 600-1640*

*Fax: (951) 600-1760*

 *After Hours Phone: (951) 600-1640*

*Provider Gender: Male*

*NPI: 1568773984*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SHARP MEMORIAL HOSPITAL*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

---

### NEUROLOGY

---


#### **JINDAL, ANUJA**

*Provider ID: 215521*


*Board Certified Specialty: No*

 25170 HANCOCK AVE

MURRIETA, CA 92562


 *Phone: (951) 600-1640*

*Fax: (951) 600-1760*

 *After Hours Phone: (951) 600-1640*

*Provider Gender: Female*

*NPI: 1194046581*

 *Provider English Spoken: Y*




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄





*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*




*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **NEUROLOGY**





#### **SAHAGIAN, MICHELLE**




*Provider ID: 283166*  
*Board Certified Specialty: No*  
 25170 HANCOCK AVE FL 1 MURRIETA, CA 92562  
 *Phone: (951) 600-1640*  
*Fax: (951) 600-1760*  
 *After Hours Phone: (951) 600-1640*  
*Provider Gender: Female*  
*NPI: 1275604035*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **NEUROLOGY CHILD**








#### **GOLD, JEFFREY**

*Provider ID: 215691*  
*Board Certified Specialty: No*  
 25170 HANCOCK AVE MURRIETA, CA 92562  
 *Phone: (951) 600-1640*  
 *After Hours Phone: (951) 600-1640*  
*Provider Gender: Male*  
*NPI: 1568773984*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SHARP MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **NEUROLOGY CHILD**

#### **GUIDO-ESTRADA, NATALIE**

*Provider ID: 215442*  
*Board Certified Specialty: No*  
 25170 HANCOCK AVE MURRIETA, CA 92562  
 *Phone: (951) 600-1640*  
*Fax: (951) 600-1760*  
 *After Hours Phone: (951) 600-1640*  
*Provider Gender: Female*  
*NPI: 1528353521*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **NEUROLOGY CHILD**

#### **KIM MCMANUS, OLIVIA**

*Provider ID: 215666*  
*Board Certified Specialty: No*  
 25170 HANCOCK AVE MURRIETA, CA 92562  
 *Phone: (951) 600-1640*  
 *After Hours Phone: (951) 600-1640*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider Gender: Female  
NPI: 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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### **OBSTETRICS / GYNECOLOGY**


#### **BINDER, PRATIBHA**

Provider ID: 273227

Board Certified Specialty: No

 25405 HANCOCK AVE STE  
217

MURRIETA, CA 92562

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174758031

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **OPHTHALMOLOGY**


#### **BANSAL, PREETI**

Provider ID: 215606

Board Certified Specialty: No

 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  
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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **OPHTHALMOLOGY**

#### **BHATIA, SHAGUN**

Provider ID: 267317

Board Certified Specialty: No

 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄








 Website: N/A  
IPA: Rady Childrens Health Network

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### **OPHTHALMOLOGY**

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#### **HENNEIN, LAUREN**

Provider ID: 297010  
Board Certified Specialty: No  
 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
Fax: (951) 600-1760  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Female  
NPI: 1699216010  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network


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### **OPHTHALMOLOGY**

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#### **MOLL, ANGELA**

Provider ID: 215687  
Board Certified Specialty: No  
 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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network





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### **OPHTHALMOLOGY**

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#### **MOVAGHAR, MANSOOR**

Provider ID: 216415  
Board Certified Specialty: No  
 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562  
 Phone: (858) 309-7702  
 After Hours Phone: (858)  
309-7702





Provider Gender: Male  
NPI: 1497792220  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network, UCSD Medical Group

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### **OPHTHALMOLOGY**

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#### **OHALLORAN, HENRY**

Provider ID: 215685  
Board Certified Specialty: No  
 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### OTOLARYNGOLOGY

#### **BLISS, MORGAN**

Provider ID: 215684

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1760707657

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network


### OTOLARYNGOLOGY


#### **CARVALHO, DANIELA**

Provider ID: 215332

Board Certified Specialty: No


 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1154492916

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French, Spanish

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### OTOLARYNGOLOGY


#### **FRIESEN, TZYYNONG**

Provider ID: 244898

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1400

 After Hours Phone: (951)  
600-1400

Provider Gender: Female

NPI: 1952740177


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### OTOLARYNGOLOGY


#### **JIANG, WEN**

Provider ID: 215564

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1659305753

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### OTOLARYNGOLOGY


#### **KARI, ELINA**

Provider ID: 254296

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1 MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951) 600-1640

Provider Gender: Female

NPI: 1780860536

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH

HOSPITAL - WHITTIER, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group


### OTOLARYNGOLOGY


#### **KARI, ELINA**

Provider ID: 254089

Board Certified Specialty: No

 25170 HANCOCK AVE MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951) 600-1640

Provider Gender: Female

NPI: 1780860536

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS

ANGELES, PIH HEALTH

HOSPITAL - WHITTIER, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group


### OTOLARYNGOLOGY

#### **PATEL, VIJAY**


Provider ID: 297034

Board Certified Specialty: No

 25170 HANCOCK AVE STE 1 MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951) 600-1640

Provider Gender: Male

NPI: 1508250747

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, VALLEY CHILDRENS

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

### PEDIATRIC ALLERGY /

### IMMUNOLOGY








#### **COLLINS, CATHLEEN**

Provider ID: 215733

Board Certified Specialty: No


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。






## D. 專業提供者目錄

 25170 HANCOCK AVE  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
Fax: (951) 600-1760  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Female  
NPI: 1205128089  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: LUCILE  
SALTER PACKARD  
CHILDRENS HOSP, Stanford  
Health Care, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network

### **PEDIATRIC CARDIOLOGY**





#### **BORQUEZ, ALEJANDRO**




Provider ID: 284119  
Board Certified Specialty: No  
 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
Fax: (951) 600-1760  
 After Hours Phone: (951)  
600-1640

Provider Gender: Female  
NPI: 1114277787  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network

### **PEDIATRIC CARDIOLOGY**








#### **DAVIS, CHRISTOPHER**

Provider ID: 215743  
Board Certified Specialty: No  
 25170 HANCOCK AVE  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Male  
NPI: 1760691950  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network

### **PEDIATRIC CARDIOLOGY**

#### **DUMMER, KIRSTEN**

Provider ID: 215645  
Board Certified Specialty: No  
 25170 HANCOCK AVE  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Female  
NPI: 1780642280  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

IPA: Rady Childrens Health Network

### **PEDIATRIC CARDIOLOGY**

#### **MCCANDLESS, RACHEL**

Provider ID: 215601

Board Certified Specialty: No

25170 HANCOCK AVE  
MURRIETA, CA 92562

Phone: (951) 600-1640

After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1487821815

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC CARDIOLOGY**

#### **NARAYAN, HARI**

Provider ID: 239114

Board Certified Specialty: No

25170 HANCOCK AVE  
MURRIETA, CA 92562

Phone: (951) 600-1640

After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1376705707

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC CARDIOLOGY**

#### **SAH, SERENA**

Provider ID: 215643

Board Certified Specialty: No

25170 HANCOCK AVE  
MURRIETA, CA 92562

Phone: (858) 966-5855

After Hours Phone: (858)  
966-5855

Provider Gender: Female

NPI: 1295042653

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC CARDIOLOGY**

#### **SILVA SEPULVEDA, JOSE**

Provider ID: 215679

Board Certified Specialty: No

25170 HANCOCK AVE  
MURRIETA, CA 92562

Phone: (951) 600-1640

After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1417222472

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19


American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Website: N/A  
IPA: Rady Childrens Health Network

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### PEDIATRIC CARDIOLOGY


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#### **WILLIAMS, MATTHEW**

Provider ID: 215678

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1831423250

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSF BENIOFF CHILDREN'S  
HOSPITAL OAKLAND

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### PEDIATRIC EMERGENCY MEDICINE


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#### **DEVERA, GEMMIE**

Board Certified Specialty: No

 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### PEDIATRIC EMERGENCY MEDICINE

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#### **DO, STEPHANIE**

Provider ID: 216969


Board Certified Specialty: No

 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network

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### PEDIATRIC EMERGENCY MEDICINE


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#### **GROSS, MATTHEW**

Provider ID: 297173

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (858) 966-7800

Fax: (858) 966-8231

 After Hours Phone: (858)  
966-7800

Provider Gender: Male

NPI: 1942223664

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

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## D. 專業提供者目錄

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE


#### **INDRA, SEAN**

Provider ID: 302626

Board Certified Specialty: No

 25500 MEDICAL CENTER DR

MURRIETA, CA 92562

 Phone: (951) 696-6124

Fax: (951) 696-6293

 After Hours Phone: (951) 696-6124

Provider Gender: Male

NPI: 1427349091

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE


#### **KINGDON, JOANNA**

Provider ID: 302318

Board Certified Specialty: No

 25170 HANCOCK AVE STE 150

MURRIETA, CA 92562



 Phone: (858) 966-7800

Fax: (858) 966-8231

 After Hours Phone: (858) 966-7800

Provider Gender: Female

NPI: 1609495399

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health

Network

### PEDIATRIC EMERGENCY MEDICINE


#### **MESIWALA, ADNAN**

Provider ID: 275655

Board Certified Specialty: No

 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  
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE








#### **MILLS, DAVID**

Provider ID: 302147

Board Certified Specialty: No

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## D. 專業提供者目錄

 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network





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### PEDIATRIC EMERGENCY MEDICINE

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#### **OZCAN, ALI**

Provider ID: 287924  
 Board Certified Specialty: No  
 25500 MEDICAL CENTER DR  
 MURRIETA, CA 92562  
 Phone: (951) 696-6124  
 Fax: (951) 696-6293  
 After Hours Phone: (951) 696-6124  
 Provider Gender: Male






NPI: 1265867683  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Turkish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, LOMA LINDA UNIVERSITY MED CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network



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### PEDIATRIC EMERGENCY MEDICINE

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#### **PARK, BRIAN**

Provider ID: 302353  
 Board Certified Specialty: No  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network

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### PEDIATRIC EMERGENCY MEDICINE

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#### **RANASURIYA, DUNISHA**

Provider ID: 216972  
 Board Certified Specialty: No  
 25500 MEDICAL CENTER DR  
 MURRIETA, CA 92562  
 Phone: (951) 696-6161  
 After Hours Phone: (951) 696-6161  
 Provider Gender: Female  
 NPI: 1740468057  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT

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## D. 專業提供者目錄

**PROVIDER**  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health Network

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### **PEDIATRIC EMERGENCY** **MEDICINE**

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**SCHROTER, STEPHANIE**  
Provider ID: 243831  
Board Certified Specialty: No  
📍 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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health Network

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### **PEDIATRIC EMERGENCY** **MEDICINE**

---

**SHETH, SARIKA**  
Provider ID: 248172  
Board Certified Specialty: No  
📍 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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: Rady Childrens Health Network

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### **PEDIATRIC EMERGENCY** **MEDICINE**

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**SOUDER, CHRISTOPHER**  
Provider ID: 301634  
Board Certified Specialty: Yes  
📍 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562  
☎ Phone: (951) 600-1640  
Fax: (951) 600-1760  
🕒 After Hours Phone: (951) 600-1640  
Provider Gender: Male  
NPI: 1851540199

📄 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND  
Medi-Cal Open Panel: No  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health Network

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### **PEDIATRIC EMERGENCY** **MEDICINE**

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**SYED-UDDIN, SUMIYAH**  
Provider ID: 297771  
Board Certified Specialty: No  
📍 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

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## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE


#### **TANG, ANDREW**

Provider ID: 294678


Board Certified Specialty: No

 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

### PEDIATRIC EMERGENCY MEDICINE


#### **TRAN, THERESA**

Provider ID: 301835


Board Certified Specialty: No

 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC ENDOCRINOLOGY

#### **SINGH, PUJA**

Provider ID: 302819

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1 MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951) 600-1640

Provider Gender: Female

NPI: 1841721172

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC GASTROENTEROLOGY

#### **CHU, CHRISTOPHER**

Provider ID: 301640

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1 MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760


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## D. 專業提供者目錄

 After Hours Phone: (951) 600-1640

Provider Gender: Male

NPI: 1912369273

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish, Yue Chinese

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### **PEDIATRIC PULMONOLOGY**

**LENHART-PENDERGRASS, PATRICIA**

Provider ID: 294382

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1 MURRIETA, CA 92562


 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951) 600-1640

Provider Gender: Female

NPI: 1144615659

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### **PEDIATRIC PULMONOLOGY**

**RAO, APARNA**

Provider ID: 215528

Board Certified Specialty: No

 25170 HANCOCK AVE MURRIETA, CA 92562


 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951) 600-1640

Provider Gender: Female

NPI: 1649222340

 Provider English Spoken: Y

 Provider Language(s) Spoken: Hindi

Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### **PEDIATRICS**

**LOPEZ, XIMENA**

Provider ID: 302857

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1 MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951) 600-1640

Provider Gender: Female

NPI: 1740316405

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### **PEDIATRICS**

**NGO, MAI**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider ID: 302112  
Board Certified Specialty: No  
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,  
MEDICAL CTR AT UCSF, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: Rady Childrens Health  
Network

### PEDIATRICS

**PATTERSON, MARY**  
Provider ID: 215677  
Board Certified Specialty: No  
25170 HANCOCK AVE  
MURRIETA, CA 92562

Phone: (951) 600-1640  
After Hours Phone: (951)  
600-1640  
Provider Gender: Female  
NPI: 1912112020  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: Rady Childrens Health  
Network

### PEDIATRICS

**VARGAS TRUJILLO, MARCELA**  
Provider ID: 215602  
Board Certified Specialty: No  
25170 HANCOCK AVE  
MURRIETA, CA 92562  
Phone: (951) 600-1640  
After Hours Phone: (951)  
600-1640  
Provider Gender: Female  
NPI: 1952534091  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN


DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: Rady Childrens Health  
Network

### PHYSICAL MEDICINE / REHABILITATION

**ALGRA, JEFFREY**  
Provider ID: 215644  
Board Certified Specialty: No  
25170 HANCOCK AVE  
MURRIETA, CA 92562  
Phone: (951) 600-1640  
Fax: (951) 600-1760  
After Hours Phone: (951)  
600-1640  
Provider Gender: Male  
NPI: 1457664518  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄








 Website: N/A  
IPA: Rady Childrens Health  
Network

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### **PHYSICAL MEDICINE / REHABILITATION**

---

#### **BIFFL, SUSAN**

Provider ID: 283113  
Board Certified Specialty: No  
 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\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network

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### **PHYSICAL MEDICINE / REHABILITATION**

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#### **DALAL, PRITHA**

Provider ID: 215665

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
Fax: (951) 600-1760  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Female  
NPI: 1609017532  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network

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### **PHYSICAL MEDICINE / REHABILITATION**

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#### **RYAN, KYLE**

Provider ID: 275662  
Board Certified Specialty: No  
 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
Fax: (951) 600-1760  
 After Hours Phone: (951)

600-1640





Provider Gender: Male  
NPI: 1447645742  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network

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### **PHYSICAL MEDICINE / REHABILITATION**

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#### **SCOTT-WYARD, PHOEBE**

Provider ID: 283086  
Board Certified Specialty: No  
 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PHYSICAL MEDICINE / REHABILITATION

#### **SKALSKY, ANDREW**

Provider ID: 215522

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1487635272

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


### PHYSICIANS ASSISTANT

#### **ANWAR, YASMIN**

Provider ID: 300845

Board Certified Specialty: Yes

 25495 MEDICAL CENTER  
DR STE 200  
MURRIETA, CA 92562


 Phone: (951) 304-7546


Fax: (951) 696-5872

 After Hours Phone: (951)  
304-7546

Provider Gender: Female

NPI: 1588602247

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Persian, Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PHYSICIANS ASSISTANT

#### **KIVIAT, ANNETTE**

Provider ID: 302453

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1205381845

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL


Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


### PULMONARY DISEASES

#### **KUMAR, AVNEE**

Provider ID: 300014

Board Certified Specialty: No

 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1750745394

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

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American Sign Language (ASL): **WEAVER, JESSICA**

N


 Accessibility: CONTACT PROVIDER

 Website: N/A


IPA: UCSD Medical Group


Provider ID: 248113

Board Certified Specialty: No

 25500 MEDICAL CENTER DR


MURRIETA, CA 92562

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1396044657

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

NPI: 1407010556

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR,

SHARP MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

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### **PULMONARY DISEASES**


**SURI, RAJAT**

Provider ID: 283350


Board Certified Specialty: No

 25500 MEDICAL CENTER DR

MURRIETA, CA 92562


 Phone: (951) 677-1111

Fax: (951) 677-9757

 After Hours Phone: (951) 677-1111

Provider Gender: Male

NPI: 1144615337

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **SURGERY GENERAL**


**FAIRBANKS, TIMOTHY**


Provider ID: 246979

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1

MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951) 600-1640

Provider Gender: Male

---

### **SURGERY GENERAL**


**KLING, KAREN**

Provider ID: 215583

Board Certified Specialty: No

 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




---

### **SURGERY CRITICAL CARE**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## D. 專業提供者目錄




CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, NATIONAL NAVAL MED CTR, SHARP MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### SURGERY GENERAL VASCULAR





#### HOWE, STEVEN




Provider ID: 206761  
 Board Certified Specialty: No  
 28062 BAXTER RD  
 MURRIETA, CA 92563  
 Phone: (877) 558-6248  
 After Hours Phone: (877) 558-6248  
 Provider Gender: Male  
 NPI: 1497702740  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, TRI CITY

MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### SURGERY ORTHOPEDIC








#### CHENG, YU TSUN

Provider ID: 301902  
 Board Certified Specialty: No  
 25170 HANCOCK AVE  
 MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 Fax: (951) 600-1760  
 After Hours Phone: (951) 600-1640  
 Provider Gender: Male  
 NPI: 1992982854  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### SURGERY ORTHOPEDIC

#### UPASANI, VIDYADHAR

Provider ID: 283160  
 Board Certified Specialty: No  
 25170 HANCOCK AVE FL 1  
 MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 Fax: (951) 600-1760  
 After Hours Phone: (951) 600-1640  
 Provider Gender: Male  
 NPI: 1548417652  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### SURGERY PEDIATRIC

#### THANGARAJAH, HARIHARAN

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider ID: 215420

Board Certified Specialty: No

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\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **SURGERY THORACIC**

#### **GRAMINS, DANIEL**

Provider ID: 210049

Board Certified Specialty: No

41011 CALIFORNIA OAKS  
RD STE 104  
MURRIETA, CA 92562

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1164495750

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY THORACIC**

#### **HOWE, STEVEN**

Provider ID: 210169

Board Certified Specialty: No

41011 CALIFORNIA OAKS  
RD STE 104  
MURRIETA, CA 92562

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1497702740

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY

THORNTON, TRI CITY

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY THORACIC**

#### **POLLEMA, TRAVIS**

Provider ID: 210577

Board Certified Specialty: No

41011 CALIFORNIA OAKS  
RD STE 104  
MURRIETA, CA 92562

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1871752956

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<b>NATIONAL CITY</b>		
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		
<b>CUNNINGHAM, ISIS</b> Provider ID: 302115 Board Certified Specialty: No 655 EUCLID AVE STE 205 NATIONAL CITY, CA 91950 Phone: (619) 470-1945 Fax: (619) 475-5048 After Hours Phone: (619) 470-1945 Provider Gender: Female NPI: 1770124927 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 9AM-5PM Website: N/A IPA: Rady Childrens Health Network	Fax: (619) 339-5657 After Hours Phone: (844) 200-2426 Provider Gender: Female NPI: 1750019824 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-TH 8AM-6PM F 8AM-5PM Website: N/A IPA: Community Care IPA LLC	American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: SU 10AM-4PM M-F 8:30AM-5:30PM SA 8AM-2:30PM Website: N/A IPA: IHP of Southern Cal-PHP
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>	<b><u>CERTIFIED NURSE PRACTITIONER</u></b>	<b><u>CERTIFIED NURSE PRACTITIONER</u></b>
<b>DE CASTRO, SHARLENE</b> Provider ID: 299158 Board Certified Specialty: No 2743 HIGHLAND AVE NATIONAL CITY, CA 91950 Phone: (844) 200-2426	<b>DRISCOLL, SUSAN</b> Provider ID: 301775 Board Certified Specialty: No 330 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: 1477755684 Provider English Spoken: Y Provider Language(s) Spoken: Spanish Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 12\None	<b>DRISCOLL, SUSAN</b> Provider ID: 301774 Board Certified Specialty: No 340 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: 1477755684 Provider English Spoken: Y Provider Language(s) Spoken: Spanish Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 12\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: SU 10AM-4PM M-F 8:30AM-5:30PM SA 8AM-2:30PM Website: N/A IPA: IHP of Southern Cal-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<p><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>GULLY, MICHELLE</b> Provider ID: 299422 Board Certified Specialty: No 1428 HIGHLAND AVE NATIONAL CITY, CA 91950 Phone: (844) 200-2426 Fax: (619) 434-1613 After Hours Phone: (844) 200-2426 Provider Gender: Female NPI: 1801557947 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM Website: N/A IPA: Community Care IPA LLC</p>	<p>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 Accessibility: CONTACT PROVIDER Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM Website: N/A IPA: Community Care IPA LLC</p>	<p>American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM Website: N/A IPA: Community Care IPA LLC</p>
<p><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>LIM, IMELDA</b> Provider ID: 294308 Board Certified Specialty: No 2743 HIGHLAND AVE NATIONAL CITY, CA 91950 Phone: (844) 200-2426 Fax: (619) 474-3919 After Hours Phone: (844) 200-2426</p>	<p><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>MIDORO, ABEGAILLE</b> Provider ID: 303830 Board Certified Specialty: No 2835 HIGHLAND AVE STE A NATIONAL CITY, CA 91950 Phone: (844) 200-2426 Fax: (619) 477-1286 After Hours Phone: (844) 200-2426 Provider Gender: Female NPI: 1952925851 Provider English Spoken: Y Provider Language(s) Spoken: Tagalog Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None</p>	<p><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>MIDORO, ABEGAILLE</b> Provider ID: 303827 Board Certified Specialty: No 2835 HIGHLAND AVE STE B NATIONAL CITY, CA 91950 Phone: (844) 200-2426 Fax: (619) 477-2628 After Hours Phone: (844) 200-2426 Provider Gender: Female NPI: 1952925851 Provider English Spoken: Y Provider Language(s) Spoken: Tagalog Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM</p>

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## D. 專業提供者目錄

 Website: N/A  
IPA: Community Care IPA LLC

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### **CERTIFIED NURSE PRACTITIONER**


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#### **NOVENO, HILARIO**

Provider ID: 297836

Board Certified Specialty: No

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950


 Phone: (844) 200-2426


Fax: (619) 474-4008

 After Hours Phone: (844)  
200-2426

Provider Gender: Male

NPI: 1124486865

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM

 Website: N/A

IPA: Community Care IPA LLC,  
UCSD Medical Group

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### **CHIROPRACTOR**


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#### **GILIBERTO, JOSEPH**

Provider ID: 291548

Board Certified Specialty: No

 2835 HIGHLAND AVE  
NATIONAL CITY, CA 91950


 Phone: (844) 200-2426

Fax: (619) 399-5959

 After Hours Phone: (844)  
200-2426

Provider Gender: Male

NPI: 1821463159

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

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### **FAMILY PRACTICE**


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#### **DILLON, MAYRA**

Provider ID: 305287

Board Certified Specialty: No

 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: 1629232715

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA


VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **FAMILY PRACTICE**


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#### **NAVARRO, VANESSA**

Provider ID: 301784

Board Certified Specialty: No

 2400 E 8TH ST  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100


Fax: (619) 259-2807

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1952563421

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Filipino, Spanish,  
Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA  
MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

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## D. 專業提供者目錄

**PROVIDER**  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **FAMILY PRACTICE**

#### **ROBERTS, POMAI**

Provider ID: 301278  
Board Certified Specialty: No  
📍 1136 D AVE  
NATIONAL CITY, CA 91950  
📞 Phone: (619) 662-4100  
Fax: (619) 474-3722  
🕒 After Hours Phone: (619) 662-4100  
Provider Gender: Female  
NPI: 1023278314

☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP,

Imperial Health Holdings  
Medical Group-SD  
♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:30AM-5:30PM  
SA 8AM-2:30PM

🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **INTERVENTIONAL CARDIOLOGY**

#### **CAMACHO, BENJAMIN**

Provider ID: 35045  
Board Certified Specialty: No  
📍 1615 SWEETWATER RD  
NATIONAL CITY, CA 91950  
📞 Phone: (619) 474-2233  
Fax: (619) 474-2211

🕒 After Hours Phone: (619) 474-2233  
Provider Gender: Male  
NPI: 1699759936

☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
ALVARADO HOSPITAL LLC  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 9AM-6PM  
🌐 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP,  
Imperial Health Holdings  
Medical Group-SD

### **INTERVENTIONAL CARDIOLOGY**

#### **CAMACHO, BENJAMIN**

Provider ID: 290137  
Board Certified Specialty: No  
📍 1615 SWEETWATER RD STE  
D

NATIONAL CITY, CA 91950  
📞 Phone: (619) 474-2233  
Fax: (619) 474-2211

🕒 After Hours Phone: (619) 474-2233

Provider Gender: Male

NPI: 1699759936

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
ALVARADO HOSPITAL LLC

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 9AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

### **INTERVENTIONAL CARDIOLOGY**

#### **CAMACHO, BENJAMIN**

Provider ID: 269129

Board Certified Specialty: No

📍 1615 SWEETWATER RD  
NATIONAL CITY, CA 91950

📞 Phone: (619) 474-2233

Fax: (619) 474-2211

🕒 After Hours Phone: (619)

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## D. 專業提供者目錄

474-2233  
Provider Gender: Male  
NPI: 1699759936  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
ALVARADO HOSPITAL LLC  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 9AM-6PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP,  
Imperial Health Holdings  
Medical Group-SD

### INTERVENTIONAL CARDIOLOGY

**DAMANI, SAMIR**  
Provider ID: 303098  
Board Certified Specialty: No  
 655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
 Phone: (858) 800-2480  
Fax: (858) 216-1908  
 After Hours Phone: (858)  
800-2480  
Provider Gender: Male  
NPI: 1457379372  
 Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
SA 9AM-4PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### INTERVENTIONAL CARDIOLOGY

**PANDHI, JAY**  
Provider ID: 269087  
Board Certified Specialty: No  
 655 EUCLID AVE STE 208  
NATIONAL CITY, CA 91950  
 Phone: (619) 512-1915  
Fax: (619) 512-1913  
 After Hours Phone: (619)  
512-1915  
Provider Gender: Male  
NPI: 1407997406  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY

**ROUGH, STEVEN**  
Provider ID: 302044  
Board Certified Specialty: No  
 1415 E 8TH ST STE 6  
NATIONAL CITY, CA 91950  
 Phone: (619) 434-4288  
Fax: (619) 434-4315  
 After Hours Phone: (619)  
434-4288  
Provider Gender: Male  
NPI: 1386821460  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SHARP MEMORIAL HOSPITAL,  
ALVARADO HOSP MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。



## D. 專業提供者目錄

🕒 Hours: M-F 8AM-5PM  
 🌐 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP,  
 Imperial Health Holdings  
 Medical Group-SD

### INTERVENTIONAL CARDIOLOGY

#### **ROUGH, STEVEN**

Provider ID: 301320  
 Board Certified Specialty: No  
 📍 1415 E 8TH ST STE 6  
 NATIONAL CITY, CA 91950  
 📞 Phone: (619) 434-4288  
 Fax: (619) 434-4315  
 🕒 After Hours Phone: (619)  
 434-4288  
 Provider Gender: Male  
 NPI: 1386821460  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SHARP MEMORIAL HOSPITAL,  
 ALVARADO HOSP MED CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 🕒 Hours: M-F 8AM-5PM  
 🌐 Website: N/A  
 IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,  
 Imperial Health Holdings  
 Medical Group-SD

### INTERVENTIONAL CARDIOLOGY

#### **ROUGH, STEVEN**

Provider ID: 302043  
 Board Certified Specialty: No  
 📍 1415 E 8TH ST STE 6  
 NATIONAL CITY, CA 91950  
 📞 Phone: (619) 434-4288  
 Fax: (619) 434-4315  
 🕒 After Hours Phone: (619)  
 434-4288  
 Provider Gender: Male  
 NPI: 1386821460  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SHARP MEMORIAL HOSPITAL,  
 ALVARADO HOSP MED CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 🕒 Hours: M-F 8AM-5PM  
 🌐 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP,  
 Imperial Health Holdings  
 Medical Group-SD



### NEPHROLOGY

#### **COMUNALE, RODERICK**

Provider ID: 290784  
 Board Certified Specialty: No  
 📍 502 EUCLID AVE STE 205  
 NATIONAL CITY, CA 91950  
 📞 Phone: (858) 551-0276  
 Fax: (858) 454-8796  
 🕒 After Hours Phone: (858)  
 551-0276  
 Provider Gender: Male  
 NPI: 1568462109  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, PARADISE  
 VALLEY HOSPITAL,  
 ALVARADO HOSPITAL LLC,  
 SCRIPPS MERCY HOSPITAL,  
 ALVARADO HOSP MED CTR,  
 KINDRED HOSPITAL SAN  
 DIEGO, KINDRED HOSPITAL  
 SAN DIEGO, SELECT  
 SPECIALTY HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 21\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

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## D. 專業提供者目錄

 Hours: M-F 9AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP


### **OBSTETRICS / GYNECOLOGY**


#### **ASLIAN, AZITA**

Provider ID: 301797  
Board Certified Specialty: No  
 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: 1851667661  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Fataleka  
Cultural Competency: N  
Hospital Affiliation: Hemet  
Global Medical Center, Menifee  
Global Medical Center,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MERCY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 10AM-4PM  
M-F 8:30AM-5:30PM  
SA 8AM-2:30PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **OBSTETRICS / GYNECOLOGY**



#### **DEL ROSARIO, GELEN**

Provider ID: 257478  
Board Certified Specialty: No  
 502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950  
 Phone: (619) 475-1261  
Fax: (619) 475-1267  
 After Hours Phone: (619)  
475-1261  
Provider Gender: Female  
NPI: 1255643474  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
PARADISE VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT,  
Community Care IPA LLC,  
Rady Childrens Health  
Network  
**OBSTETRICS / GYNECOLOGY**  
**DEL ROSARIO, GELEN**  
Provider ID: 269247

Board Certified Specialty: No  
 502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950  
 Phone: (619) 475-1261  
Fax: (619) 475-1267  
 After Hours Phone: (619)  
475-1261  
Provider Gender: Female  
NPI: 1255643474  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
PARADISE VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT,  
Community Care IPA LLC,  
Rady Childrens Health  
Network

### **OBSTETRICS / GYNECOLOGY**

#### **DEL ROSARIO, GELEN**

Provider ID: 206092  
Board Certified Specialty: No  
 502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950  
 Phone: (619) 475-1261

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## D. 專業提供者目錄

Fax: (619) 475-1267

☎ After Hours Phone: (619) 475-1261

Provider Gender: Female

NPI: 1255643474

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

🌐 Website: N/A

IPA: BLUE SHIELD PROMISE

HEALTH PLAN DIRECT,

Community Care IPA LLC,

Rady Childrens Health

Network

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

Provider ID: 302451

Board Certified Specialty: No

📍 2400 E 8TH ST STE 8  
NATIONAL CITY, CA 91950

☎ Phone: (619) 662-4100

Fax: (619) 259-2807

☎ After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1811162456

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL,

DESERT REGIONAL MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **OPHTHALMOLOGY**

#### **HAIGHT, BRUCE**

Provider ID: 269113

Board Certified Specialty: No

📍 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

☎ Phone: (800) 898-2020

Fax: (844) 897-3788

☎ After Hours Phone: (800) 898-2020

Provider Gender: Male

NPI: 1427029628

☐ 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: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **AOTO, KIM**

Provider ID: 268722

Board Certified Specialty: No

📍 2240 E PLAZA BLVD STE  
F-G

NATIONAL CITY, CA 91950

☎ Phone: (800) 898-2020

Fax: (844) 897-3788

☎ After Hours Phone: (800) 898-2020

Provider Gender: Female

NPI: 1780935650

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **KOO, ANITA**

Provider ID: 304538

Board Certified Specialty: No

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950

Phone: (619) 425-7755

Fax: (619) 425-2138

After Hours Phone: (619)  
425-7755

Provider Gender: Female

NPI: 1669825667

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **PODIATRIST**

#### **ATMAR, AKMAL**

Provider ID: 269784

Board Certified Specialty: No

2345 E 8TH ST STE 105  
NATIONAL CITY, CA 91950

Phone: (929) 287-4511

Fax: (877) 671-6835

After Hours Phone: (929)  
287-4511

Provider Gender: Male

NPI: 1558656637

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Urdu

Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **PODIATRIST**

#### **DAVIDSON, JOHN**

Provider ID: 129542

Board Certified Specialty: No

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-4:30PM

Website: N/A

IPA: Community Care IPA LLC

### **PULMONARY DISEASES**

#### **LIM, ROSEMARIE**

Provider ID: 262224

Board Certified Specialty: No

610 EUCLID AVE STE 202  
NATIONAL CITY, CA 91950

Phone: (619) 472-4900

Fax: (619) 479-9468

After Hours Phone: (619)  
472-4900

Provider Gender: Female

NPI: 1841303419

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SHARP MEMORIAL HOSPITAL,

SHARP CORONADO HOSP

AND HEALTHCARE CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


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## D. 專業提供者目錄

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-4:30PM

 Website: N/A

IPA: Imperial Health Holdings  
Medical Group-SD


### REGISTERED PHYSICAL THERAPIST

**CHENG, BRANDON**

Provider ID: 304531

Board Certified Specialty: No

 3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950

 Phone: (619) 482-3000

Fax: (619) 695-0050

 After Hours Phone: (619)  
482-3000

Provider Gender: Male

NPI: 1336894724


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 7AM-7PM  
F 7AM-5PM  
SA 8AM-1PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### REGISTERED PHYSICAL


### THERAPIST

**JIMENEZ, ANDREA**

Provider ID: 299888

Board Certified Specialty: No

 3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950


 Phone: (619) 482-3000

Fax: (619) 482-3001

 After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1407440670

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 7AM-7PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### REGISTERED PHYSICAL THERAPIST

**KARANDE, PRACHI**

Provider ID: 287102

Board Certified Specialty: No

 3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950

 Phone: (619) 482-3000

Fax: (619) 482-3001

 After Hours Phone: (619)

482-3000

Provider Gender: Female

NPI: 1699357525

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 7AM-6PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### REGISTERED PHYSICAL THERAPIST

**NGUYEN, TIA**

Provider ID: 305011

Board Certified Specialty: No

 3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950

 Phone: (619) 482-3000

Fax: (619) 695-0050

 After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1457136269

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None



American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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## D. 專業提供者目錄





 Hours: M-TH 7AM-7PM  
F 7AM-4PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP




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### **REGISTERED PHYSICAL THERAPIST**

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#### **NGUYEN, TIA**

Provider ID: 305012  
Board Certified Specialty: No  
 3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
 Phone: (619) 482-3000  
Fax: (619) 695-0050  
 After Hours Phone: (619)  
482-3000  
Provider Gender: Female  
NPI: 1457136269  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH 7AM-7PM  
F 7AM-4PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

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### **REGISTERED PHYSICAL THERAPIST**

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#### **NOVENCIDO, ANDREW**

Provider ID: 286784

Board Certified Specialty: No  
 3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
 Phone: (619) 482-3000  
Fax: (619) 695-0050  
 After Hours Phone: (619)  
482-3000




Provider Gender: Male  
NPI: 1447723937  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


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### **REGISTERED PHYSICAL THERAPIST**

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#### **NOVENCIDO, ANDREW**

Provider ID: 301996  
Board Certified Specialty: No  
 3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
 Phone: (619) 482-3000  
Fax: (619) 695-0050  
 After Hours Phone: (619)  
482-3000

Provider Gender: Male  
NPI: 1447723937  
 Provider English Spoken: Y  
Cultural Competency: N




Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP





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### **REGISTERED PHYSICAL THERAPIST**

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#### **SPARKS, TODD**

Provider ID: 301110  
Board Certified Specialty: No  
 3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
 Phone: (619) 482-3000  
Fax: (619) 695-0050  
 After Hours Phone: (619)  
482-3000

Provider Gender: Male  
NPI: 1265481139  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M 7AM-7PM  
TU 7AM-0PM  
W-TH 7AM-7PM

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## D. 專業提供者目錄

F 7AM-OPM  
Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **REGISTERED PHYSICAL THERAPIST**

#### **SUGGS, SARAH**

Provider ID: 298366  
Board Certified Specialty: No  
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: 1083353650  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 7AM-7PM  
Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **REGISTERED PHYSICAL THERAPIST**

#### **SUGGS, SARAH**

Provider ID: 301430  
Board Certified Specialty: No  
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: 1083353650  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 7AM-7PM  
Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **REGISTERED PHYSICAL THERAPIST**

**VILLANUEVA, GIOVANNI**  
Provider ID: 301533  
Board Certified Specialty: No  
3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
Phone: (619) 482-3000  
Fax: (619) 695-0050  
After Hours Phone: (619)  
482-3000  
Provider Gender: Male  
NPI: 1063046878  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 7AM-7PM  
Website: N/A  
IPA: IHP of Southern Cal-PHP

## **OCEANSIDE**



### **ANESTHESIOLOGY PAIN MANAGEMENT**

#### **DAIRO, BRANDON**

Provider ID: 299882  
Board Certified Specialty: No  
3231 WARING CT STE K  
OCEANSIDE, CA 92056  
Phone: (760) 607-5350  
After Hours Phone: (760)  
607-5350  
Provider Gender: Male  
NPI: 1689092470  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\100  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

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## D. 專業提供者目錄

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

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### **CERTIFIED NURSE** **PRACTITIONER**


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#### **BAE, JINYI**

Provider ID: 298197  
Board Certified Specialty: No  
 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: 1871154526  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\64  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4:30PM


 Website: N/A  
IPA: IHP of Southern Cal-PHP



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### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **BALDWIN, ANDREA**

Provider ID: 294937  
Board Certified Specialty: No  
 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): Network  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU 8AM-5PM  
W 8AM-7PM  
TH-F 8AM-5PM  
SA 9AM-6PM



 Website: N/A  
IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE** **PRACTITIONER**



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#### **BINETTE, DONYA**

Provider ID: 303861  
Board Certified Specialty: No  
 2210 MESA DR STE 300  
OCEANSIDE, CA 92054  
 Phone: (760) 736-6767  
Fax: (760) 736-8740


 After Hours Phone: (760)  
736-6767


Provider Gender: Female  
NPI: 1427325166

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4:30PM



 Website: N/A  
IPA: Rady Childrens Health  
Network

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### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **CARLSON, KATHLEEN**

Provider ID: 300217  
Board Certified Specialty: No  
 2210 MESA DR STE 300  
OCEANSIDE, CA 92054  
 Phone: (760) 736-6767  
Fax: (760) 566-1501



 After Hours Phone: (760)  
736-6767

Provider Gender: Female  
NPI: 1629180161

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER















 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: IHP of Southern Cal-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄


<hr/> <b>CERTIFIED NURSE PRACTITIONER</b> <hr/> <b>CHILAKA, SAMUEL</b> Provider ID: 301314 Board Certified Specialty: No 4700 N RIVER RD OCEANSIDE, CA 92057 Phone: (760) 631-5000 Fax: (760) 414-3892 After Hours Phone: (760) 631-5000 Provider Gender: Male NPI: 1679140644 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-TH 8AM-8PM F 8AM-5PM SA 9AM-4PM Website: N/A IPA: IHP of Southern Cal-PHP	 After Hours Phone: (760) 631-5000 Provider Gender: Male NPI: 1679140644  Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-TH 8AM-8PM F 8AM-5PM SA 9AM-4PM  Website: N/A IPA: IHP of Southern Cal-PHP	 Accessibility: CONTACT PROVIDER  Hours: M-TH 8AM-8PM F 8AM-5PM SA 9AM-4PM  Website: N/A IPA: IHP of Southern Cal-PHP
<hr/> <b>CERTIFIED NURSE PRACTITIONER</b> <hr/> <b>CHILAKA, SAMUEL</b> Provider ID: 301315 Board Certified Specialty: No 517 N HORNE ST OCEANSIDE, CA 92054 Phone: (760) 631-5000 Fax: (760) 414-3892	<hr/> <b>CERTIFIED NURSE PRACTITIONER</b> <hr/> <b>CHILAKA, SAMUEL</b> Provider ID: 301313 Board Certified Specialty: No 818 PIER VIEW WAY OCEANSIDE, CA 92054 Phone: (760) 631-5000 Fax: (760) 414-3892 After Hours Phone: (760) 631-5000 Provider Gender: Male NPI: 1679140644  Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N	<hr/> <b>CERTIFIED NURSE PRACTITIONER</b> <hr/> <b>CHIRIBOGA, MEGAN ELISE</b> Provider ID: 295492 Board Certified Specialty: No 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: 1942931589  Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: IHP of Southern Cal-PHP
<hr/> <b>CERTIFIED NURSE PRACTITIONER</b> <hr/> <b>CHILAKA, SAMUEL</b> Provider ID: 301315 Board Certified Specialty: No 517 N HORNE ST OCEANSIDE, CA 92054 Phone: (760) 631-5000 Fax: (760) 414-3892	<hr/> <b>CERTIFIED NURSE PRACTITIONER</b> <hr/> <b>CHILAKA, SAMUEL</b> Provider ID: 301313 Board Certified Specialty: No 818 PIER VIEW WAY OCEANSIDE, CA 92054 Phone: (760) 631-5000 Fax: (760) 414-3892 After Hours Phone: (760) 631-5000 Provider Gender: Male NPI: 1679140644  Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N	<hr/> <b>CERTIFIED NURSE PRACTITIONER</b> <hr/> <b>CHOI, JI</b> Provider ID: 299765

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

*Board Certified Specialty: No*

 3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058


 Phone: (760) 736-6767


Fax: (760) 566-1501

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1891207668

 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

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

**CHOI, JI**

Provider ID: 299766

*Board Certified Specialty: No*

 605 CROUCH ST STE C  
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 566-1501

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1891207668

 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

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

**CHRISTY, TYLER**


Provider ID: 303931

*Board Certified Specialty: No*

 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: 1689094971

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

**CHRISTY, TYLER**

Provider ID: 303930

*Board Certified Specialty: No*

 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: 1689094971

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

**CISZEK, ALEXANDRA**

Provider ID: 306002

*Board Certified Specialty: No*

 605 CROUCH ST  
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

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## D. 專業提供者目錄


NPI: 1578220612


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 2\None

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **GENOVESE, KELLY**

Provider ID: 301304

Board Certified Specialty: No

 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: 1326052457

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **HARRIS, PAMELA**

Provider ID: 302289

Board Certified Specialty: No

 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: 1407545221


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **HARRIS, PAMELA**

Provider ID: 302290

Board Certified Specialty: No

 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: 1407545221


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **HEAD, KRISTIN**

Provider ID: 268660

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1699078923

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO




























Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):





























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## D. 專業提供者目錄

<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: Rady Childrens Health Network</i></p>	<p><i>Provider ID: 302300</i>  <i>Board Certified Specialty: No</i>   517 N HORNE ST            OCEANSIDE, CA 92054   <i>Phone: (760) 631-5000</i>  <i>Fax: (760) 414-3892</i>   <i>After Hours Phone: (760) 631-5000</i></p>	<p><i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>
<hr/>		
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		
<p><b>HERNANDEZ, JESSICA</b>  <i>Provider ID: 302299</i>  <i>Board Certified Specialty: No</i>   4700 N RIVER RD            OCEANSIDE, CA 92057   <i>Phone: (760) 631-5000</i>  <i>Fax: (760) 414-3892</i>   <i>After Hours Phone: (760) 631-5000</i>  <i>Provider Gender: Female</i>  <i>NPI: 1013668680</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i></p>	<p><i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</i></p>	<p><i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>
<hr/>		
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		
<p><b>HERNANDEZ, JESSICA</b>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</i></p>	<p><i>Provider ID: 302298</i>  <i>Board Certified Specialty: No</i>   818 PIER VIEW WAY            OCEANSIDE, CA 92054   <i>Phone: (760) 631-5000</i>  <i>Fax: (760) 414-3892</i>   <i>After Hours Phone: (760) 631-5000</i>  <i>Provider Gender: Female</i>  <i>NPI: 1013668680</i>   <i>Provider English Spoken: Y</i></p>	<p><i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>
<hr/>		
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		
<p><b>HERNANDEZ, JESSICA</b></p>	<p><i>Provider ID: 304494</i>  <i>Board Certified Specialty: No</i>   818 PIER VIEW WAY            OCEANSIDE, CA 92054   <i>Phone: (760) 631-5000</i>  <i>Fax: (760) 414-3892</i>   <i>After Hours Phone: (760) 631-5000</i>  <i>Provider Gender: Female</i>  <i>NPI: 1013668680</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i></p>	<p><i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</i></p>

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## D. 專業提供者目錄

<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>HERNANDEZ, JESSICA</b>            Provider ID: 304495            Board Certified Specialty: No   517 N HORNE ST            OCEANSIDE, CA 92054   Phone: (760) 631-5000            Fax: (760) 414-3892   After Hours Phone: (760) 631-5000            Provider Gender: Female            NPI: 1013668680   Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p>	<p>Provider Gender: Female            NPI: 1245695006   Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: TRI CITY MEDICAL CTR            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network</p>	<p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network</p>
<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>KELLEHER, BRIDGET</b>            Provider ID: 298084            Board Certified Specialty: No   4700 N RIVER RD            OCEANSIDE, CA 92057   Phone: (760) 631-5000   After Hours Phone: (760) 631-5000</p>	<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>KELLEHER, BRIDGET</b>            Provider ID: 298081            Board Certified Specialty: No   517 N HORNE ST            OCEANSIDE, CA 92054   Phone: (760) 631-5000   After Hours Phone: (760) 631-5000            Provider Gender: Female            NPI: 1245695006   Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: TRI CITY MEDICAL CTR</p>	<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>KELLEHER, BRIDGET</b>            Provider ID: 298082            Board Certified Specialty: No   818 PIER VIEW WAY            OCEANSIDE, CA 92054   Phone: (760) 631-5000   After Hours Phone: (760) 631-5000            Provider Gender: Female            NPI: 1245695006   Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: TRI CITY MEDICAL CTR            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: IHP of Southern Cal-PHP,</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Rady Childrens Health  
Network

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**CERTIFIED NURSE**  
**PRACTITIONER**

---

**MONTGOMERY, KEITH ALLEN**

Provider ID: 295287

Board Certified Specialty: No

📍 4700 N RIVER RD

OCEANSIDE, CA 92057

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1790978617

🗣 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 6\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TU 8AM-5PM  
W 10AM-7PM  
TH-F 8AM-5PM  
SA 9AM-4PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**MONTGOMERY, KEITH ALLEN**

Provider ID: 295285

Board Certified Specialty: No

📍 517 N HORNE ST

OCEANSIDE, CA 92054

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1790978617

🗣 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 6\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TU 8AM-5PM  
W 10AM-7PM  
TH-F 8AM-5PM  
SA 9AM-4PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**MONTGOMERY, KEITH ALLEN**

Provider ID: 295286

Board Certified Specialty: No

📍 818 PIER VIEW WAY

OCEANSIDE, CA 92054

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1790978617

🗣 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 6\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TU 8AM-5PM  
W 10AM-7PM  
TH-F 8AM-5PM  
SA 9AM-4PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**PRITZKER, JOELY**

Provider ID: 239772

Board Certified Specialty: No

📍 4700 N RIVER RD

OCEANSIDE, CA 92057

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1619384351

🗣 Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM  
SA 9AM-4PM

🌐 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

IPA: Community Care IPA LLC

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### **CERTIFIED NURSE** **PRACTITIONER**

---

**RAYTA, NICOLE**

Provider ID: 304682

Board Certified Specialty: No

517 N HORNE ST  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1689027542

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

**RONCAROLO DE VRIES,  
ROXANE**

Provider ID: 298765

Board Certified Specialty: No

2210 MESA DR STE 5  
OCEANSIDE, CA 92054

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1497402184

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

**SANTIAGO, AMANDA**

Provider ID: 242607

Board Certified Specialty: No

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1619488731

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 9AM-4PM

Website: N/A

IPA: Community Care IPA LLC

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### **CERTIFIED NURSE** **PRACTITIONER**

---

**SHAHBAZ, LINNAE**

Provider ID: 304822

Board Certified Specialty: No

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: 1427712215

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: TU-W 0PM-8PM

Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

**SHAHBAZ, LINNAE**


Provider ID: 304821

Board Certified Specialty: No

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## D. 專業提供者目錄

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1427712215

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: TU-W 0PM-8PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER


---

**TAYLOR, CHRISTOPHER**

Provider ID: 295506

Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1851747166

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 12\None

American Sign Language (ASL): Network

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-2PM  
SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,

Rady Childrens Health

Network

---

### CERTIFIED NURSE PRACTITIONER


---

**TAYLOR, CHRISTOPHER**

Provider ID: 295505

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1851747166

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 12\None

American Sign Language (ASL): Network

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-2PM  
SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,

Rady Childrens Health

---

### CERTIFIED NURSE PRACTITIONER


---

**TAYLOR, CHRISTOPHER**

Provider ID: 295503

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1851747166


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 12\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-2PM  
SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,

Rady Childrens Health

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### CERTIFIED NURSE PRACTITIONER

---

**WINDHAM, SUZONNE**

Provider ID: 303841


Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

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## D. 專業提供者目錄

 Phone: (760) 631-5000  
Fax: (760) 414-3892


 After Hours Phone: (760) 631-5000


Provider Gender: Female  
NPI: 1679926208


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 12\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4PM


 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **WINDHAM, SUZONNE**

Provider ID: 303722  
Board Certified Specialty: No

 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: 1679926208


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 12\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4PM


 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **WINDHAM, SUZONNE**

Provider ID: 303725  
Board Certified Specialty: No

 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: 1679926208


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 12\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4PM


 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **WINDHAM, SUZONNE**

Provider ID: 303723  
Board Certified Specialty: No

 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: 1679926208


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 12\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4PM


 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### CERTIFIED REGISTERED NURSE MIDWIFE

#### **KELLY, KATHERINE**

Provider ID: 290312  
Board Certified Specialty: No

 2210 MESA DR STE 5  
OCEANSIDE, CA 92054

 Phone: (760) 757-5841  
Fax: (760) 736-8740

 After Hours Phone: (760)

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## D. 專業提供者目錄

757-5841  
Provider Gender: Female  
NPI: 1801134275  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**

---

**PERLMAN, TAMARA**  
Provider ID: 290733  
Board Certified Specialty: No  
 2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
 Phone: (760) 757-5841  
Fax: (760) 736-8740  
 After Hours Phone: (760)  
757-5841  
Provider Gender: Female  
NPI: 1730274374  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**

---

**SCHROEDER, MARY**  
Provider ID: 290688  
Board Certified Specialty: No  
 2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
 Phone: (760) 757-5841  
Fax: (760) 736-8740  
 After Hours Phone: (760)  
757-5841  
Provider Gender: Female  
NPI: 1164431664  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

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### **CHIROPRACTOR**

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**ANDREWS, BRAD**  
Provider ID: 290542  
Board Certified Specialty: No  
 619 CROUCH ST  
OCEANSIDE, CA 92054  
 Phone: (760) 736-6767  
Fax: (760) 736-8740  
 After Hours Phone: (760)  
736-6767  
Provider Gender: Male  
NPI: 1750791745  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

---

### **CHIROPRACTOR**


---

**JU, NATHANIEL**  
Provider ID: 290221  
Board Certified Specialty: No  
 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Male  
NPI: 1972883882  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese

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## D. 專業提供者目錄

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### EMERGENCY MEDICINE

#### PHAM, LILY

Provider ID: 304934

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1000

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1000

Provider Gender: Female

NPI: 1811423072

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### FAMILY PRACTICE

#### MARTINEZ, LESLY

Provider ID: 298005

Board Certified Specialty: No

 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: 1629509260

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-5PM  
TU 10AM-7PM

W-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### FAMILY PRACTICE

#### MARTINEZ, LESLY

Provider ID: 298004

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (766) 315-0000

Fax: (760) 414-3892

 After Hours Phone: (766)  
315-0000

Provider Gender: Female

NPI: 1629509260

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-5PM  
TU 10AM-7PM

W-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### FAMILY PRACTICE

#### MARTINEZ, LESLY

Provider ID: 298006

Board Certified Specialty: No

 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: 1629509260

 Provider English Spoken: Y








 Provider Language(s)

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## D. 專業提供者目錄





*Spoken: Spanish*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M 8AM-5PM  
TU 10AM-7PM  
W-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **FAMILY PRACTICE**




**NGUYEN, DANIELA**  
*Provider ID: 305350*  
*Board Certified Specialty: No*  
 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: 1891069662*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 12\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM  
SA 9AM-4PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*





### **FAMILY PRACTICE**

**NGUYEN, DANIELA**  
*Provider ID: 305348*  
*Board Certified Specialty: No*  
 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: 1891069662*






 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 12\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **FAMILY PRACTICE**

**NGUYEN, DANIELA**  
*Provider ID: 305349*  
*Board Certified Specialty: No*  
 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: 1891069662*




 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 12\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TU 8AM-5PM  
W 8AM-7PM  
TH-F 8AM-5PM  
SA 9AM-4PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **FAMILY PRACTICE**

**SALAMANCA, OMAR**  
*Provider ID: 295469*  
*Board Certified Specialty: No*  
 605 CROUCH ST  
OCEANSIDE, CA 92054  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-8740*  
 *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*

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## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM  
SA 8AM-4:30PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*



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### **FAMILY PRACTICE**

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#### **VIDAL, MONICA**

*Provider ID: 293353*  
*Board Certified Specialty: No*  
 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: 1871791749*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*



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### **FAMILY PRACTICE**

---




#### **VIDAL, MONICA**

*Provider ID: 293352*  
*Board Certified Specialty: No*  
 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: 1871791749*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*



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### **FAMILY PRACTICE**

---




#### **VIDAL, MONICA**

*Provider ID: 293350*  
*Board Certified Specialty: No*  
 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 *Phone: (844) 308-5003*  
*Fax: (760) 414-3763*  
 *After Hours Phone: (844)  
308-5003*  
*Provider Gender: Female*  
*NPI: 1871791749*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

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### **GYNECOLOGIC ONCOLOGY**

---

#### **ESKANDER, RAMEZ**



*Provider ID: 282166*  
*Board Certified Specialty: No*  
 4002 VISTA WAY  
OCEANSIDE, CA 92056  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*  
*NPI: 1144486929*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, EARL AND  
LORRAINE MILLER  
CHILDRENS HSP, LONG  
BEACH MEMORIAL MED CTR,  
Providence St Joseph Hospital,  
Providence St Jude Medical  
Center, ORANGE COAST MEM  
MED CTR, FOUNTAIN VALLEY  
REGIONAL HOSP AND MED  
CTR, FOUNTAIN VALLEY  
REGIONAL HOSP AND MED*




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## D. 專業提供者目錄








CTR, CORONA REGIONAL  
MED CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

**MELBER, DORA**  
Provider ID: 296991  
Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858)  
966-6710  
 Provider Gender: Female  
 NPI: 1124413026  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hungarian,  
Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO








Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
Network, UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

**REIMERS, REBECCA**  
Provider ID: 294651  
Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858)  
966-6710  
 Provider Gender: Female  
 NPI: 1801207634  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: Rady Childrens Health  
Network

### MATERNAL AND FETAL MEDICINE

**RICHARDSON, ALVIE**  
Provider ID: 264686  
Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858)  
966-6710  
 Provider Gender: Male  
 NPI: 1154305977  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, Sharp Grossmont  
Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
Network

### MATERNAL AND FETAL MEDICINE

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### SCHWENDEMANN, WADE

Provider ID: 205437

Board Certified Specialty: No

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Male

NPI: 1477563302

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL

HOSPITAL, GROSSMONT

HOSPITAL, SHARP MEMORIAL

HOSPITAL, SHARP MARY

BIRCH HOSP FOR WOMEN

AND NEWBORNS, TRI CITY

MEDICAL CTR, Sharp

Grossmont Hospital, Sharp

Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

### MATERNAL AND FETAL

### MEDICINE

### WESTERMANN, MELISSA

Provider ID: 255793

Board Certified Specialty: No

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1760730758

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

EARL AND LORRAINE MILLER

CHILDRENS HSP, LONG

BEACH MEMORIAL MED CTR,

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR, SHARP

MEMORIAL HOSPITAL,

GROSSMONT HOSPITAL,

Sharp Grossmont Hospital,

Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

### MATERNAL AND FETAL

### MEDICINE

### WILLIAMS, KRISTIN

Provider ID: 206230

Board Certified Specialty: No

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1992847131

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Stanford

Health Care, LUCILE SALTER

PACKARD CHILDRENS HOSP,

SAN MATEO MEDICAL CTR,

SHARP MEMORIAL HOSPITAL,

SHARP MARY BIRCH HOSP

FOR WOMEN AND

NEWBORNS, TRI CITY

MEDICAL CTR, CALIFORNIA

PACIFIC MED CTR,

CALIFORNIA PACIFIC MED

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):


N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Website: N/A  
IPA: Rady Childrens Health  
Network

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### NEPHROLOGY


---

#### LIU, ANDREW

Provider ID: 301573

Board Certified Specialty: No

 3300 VISTA WAY  
OCEANSIDE, CA 92056


 Phone: (760) 967-9900

Fax: (760) 967-6769

 After Hours Phone: (760)  
967-9900

Provider Gender: Male

NPI: 1710481866

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### NEPHROLOGY


---

#### LIU, ANDREW

Provider ID: 305443

Board Certified Specialty: No

 3300 VISTA WAY STE B  
OCEANSIDE, CA 92056


 Phone: (760) 967-9900

Fax: (760) 967-6769

 After Hours Phone: (760)  
967-9900

Provider Gender: Male

NPI: 1710481866

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### NEUROLOGY


---

#### JINDAL, ANUJA

Provider ID: 206266

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056


 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1194046581

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

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### NEUROLOGY CHILD


---

#### SAHAGIAN, MICHELLE

Provider ID: 206075

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1275604035

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

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## D. 專業提供者目錄

---

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

---


### **OBSTETRICS / GYNECOLOGY**

#### **BINDER, PRATIBHA**

*Provider ID: 273226*

*Board Certified Specialty: No*

 4002 VISTA WAY  
OCEANSIDE, CA 92056

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1174758031*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **OPHTHALMOLOGY**

#### **BANSAL, PREETI**

*Provider ID: 205619*

*Board Certified Specialty: No*

 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*  
*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*


*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

---


### **OPHTHALMOLOGY**

#### **BHATIA, SHAGUN**

*Provider ID: 267318*

*Board Certified Specialty: No*

 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*


*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

---


### **OPHTHALMOLOGY**

#### **HENNEIN, LAUREN**

*Provider ID: 297013*

*Board Certified Specialty: No*

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 *Phone: (760) 547-1020*

*Fax: (760) 547-1021*

 *After Hours Phone: (760)*

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## D. 專業提供者目錄

547-1020  
Provider Gender: Female  
NPI: 1699216010  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health  
Network

### **OPHTHALMOLOGY**

**JACOBSEN, BRADLEY**  
Provider ID: 302868  
Board Certified Specialty: Yes  
📍 3231 WARING CT STE S  
OCEANSIDE, CA 92056  
☎ Phone: (760) 631-6144  
Fax: (760) 724-3920  
🕒 After Hours Phone: (760)  
631-6144  
Provider Gender: Male  
NPI: 1760845184  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **OPHTHALMOLOGY**

**MOLL, ANGELA**  
Provider ID: 205509  
Board Certified Specialty: No  
📍 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
☎ Phone: (760) 547-1020  
Fax: (760) 547-1021  
🕒 After Hours Phone: (760)  
547-1020  
Provider Gender: Female  
NPI: 1861648602  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT

PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health  
Network

### **OPHTHALMOLOGY**


**MOVAGHAR, MANSOOR**  
Provider ID: 216416  
Board Certified Specialty: No  
📍 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
☎ Phone: (760) 547-1020  
🕒 After Hours Phone: (760)  
547-1020  
Provider Gender: Male  
NPI: 1497792220  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health  
Network, UCSD Medical Group

### **OPHTHALMOLOGY**

**OHALLORAN, HENRY**  
Provider ID: 205887  
Board Certified Specialty: No

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## D. 專業提供者目錄

 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### **OPHTHALMOLOGY**

#### **SHEILS, CATHERINE**


Provider ID: 305308  
 Board Certified Specialty: No  
 3637 VISTA WAY  
 OCEANSIDE, CA 92056  
 Phone: (760) 758-2008  
 Fax: (760) 758-2004  
 After Hours Phone: (760)  
 758-2008  
 Provider Gender: Female

NPI: 1932605649  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TU 8:30AM-4PM  
 W-F 8:30AM-1PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP,  
 UCSD Medical Group

### **OPHTHALMOLOGY**







#### **SONG, DELU**

Provider ID: 302871  
 Board Certified Specialty: No  
 3231 WARING CT STE S  
 OCEANSIDE, CA 92056  
 Phone: (760) 631-6144  
 Fax: (760) 724-3920  
 After Hours Phone: (760)  
 631-6144  
 Provider Gender: Male  
 NPI: 1437689536  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese, Mandarin  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, UCSD MEDICAL  
 CTR, RADY CHILDRENS  
 HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP,  
 UCSD Medical Group

### **OPTOMETRIST**

#### **GEE, JENNIFER**

Provider ID: 290927  
 Board Certified Specialty: No  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Provider Gender: Female  
 NPI: 1336589332  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 COMMUNITY REGIONAL  
 MEDICAL CENTER-FRESNO,  
 CALIFORNIA PACIFIC  
 MEDICAL CENTER - D P APH  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **GEE, JENNIFER**

Provider ID: 290210

Board Certified Specialty: No

517 N HORNE ST  
OCEANSIDE, CA 92054

Phone: (951) 252-2720

Fax: (760) 414-3892

After Hours Phone: (951)  
252-2720

Provider Gender: Female

NPI: 1336589332

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC

MEDICAL CENTER - D P APH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **KIM, MICHAEL**

Provider ID: 290904

Board Certified Specialty: No

517 N HORNE ST  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1164546313

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 8AM-5PM  
M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **KIM, MICHAEL**

Provider ID: 290902

Board Certified Specialty: No

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1164546313

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 8AM-5PM  
M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **MORA, WENDY**

Provider ID: 290929

Board Certified Specialty: No

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1376958389

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N































Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP







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## D. 專業提供者目錄


<p><b>OPTOMETRIST</b></p> <p><b>MORA, WENDY</b>            Provider ID: 290237            Board Certified Specialty: No   517 N HORNE ST            OCEANSIDE, CA 92054   Phone: (760) 631-5000            Fax: (760) 414-3892   After Hours Phone: (760) 631-5000            Provider Gender: Female            NPI: 1376958389   Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p>	<p>NPI: 1336228840   Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M 10AM-7PM            TU-TH 9AM-5PM            F 9AM-0PM   Website: N/A            IPA: Community Care IPA LLC</p>	<p> Accessibility: CONTACT PROVIDER   Website: N/A            IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p>
<p><b>OPTOMETRIST</b></p> <p><b>RING, ROBERT</b>            Provider ID: 269380            Board Certified Specialty: No   3998 VISTA WAY STE 204            OCEANSIDE, CA 92056   Phone: (760) 726-9383            Fax: (760) 726-9897   After Hours Phone: (760) 726-9383            Provider Gender: Male</p>	<p><b>OPTOMETRIST</b></p> <p><b>TAM, EMILY</b>            Provider ID: 290318            Board Certified Specialty: No   517 N HORNE ST            OCEANSIDE, CA 92054   Phone: (760) 631-5000            Fax: (760) 414-3892   After Hours Phone: (760) 631-5000            Provider Gender: Female            NPI: 1497161236   Provider English Spoken: Y   Provider Language(s) Spoken: Mandarin            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p>	<p><b>OPTOMETRIST</b></p> <p><b>TAM, EMILY</b>            Provider ID: 290317            Board Certified Specialty: No   4700 N RIVER RD            OCEANSIDE, CA 92057   Phone: (760) 631-5000            Fax: (760) 414-3892   After Hours Phone: (760) 631-5000            Provider Gender: Female            NPI: 1497161236   Provider English Spoken: Y   Provider Language(s) Spoken: Mandarin            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p>
		<p><b>OPTOMETRIST</b></p> <p><b>TRAN, JESSICA</b>            Provider ID: 304887            Board Certified Specialty: No   4700 N RIVER RD</p>




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## D. 專業提供者目錄




OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
Provider Gender: Female  
NPI: 1457922957  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **OPTOMETRIST**

**TRAN, JESSICA**  
Provider ID: 303732  
Board Certified Specialty: No  
 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: 1457922957  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 5\21  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP








### **OPTOMETRIST**

**TRAN, JESSICA**  
Provider ID: 304886  
Board Certified Specialty: No  
 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: 1457922957





 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **OPTOMETRIST**

**TRAN, JESSICA**  
Provider ID: 303731  
Board Certified Specialty: No

 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: 1457922957  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 5\21  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **OPTOMETRIST**

**TRAN, JESSICA**  
Provider ID: 303730  
Board Certified Specialty: No  
 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: 1457922957  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 5\21


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## D. 專業提供者目錄

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### **OTOLARYNGOLOGY**

**BLISS, MORGAN**

Provider ID: 206086

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1760707657

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **OTOLARYNGOLOGY**


**FRIESEN, TZYYNONG**

Provider ID: 244899

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

 After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1952740177

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **OTOLARYNGOLOGY**

**LEUIN, SHELBY**

Provider ID: 206111

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056


 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1124230909

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **OTOLARYNGOLOGY**

**PATEL, VIJAY**

Provider ID: 297036

Board Certified Specialty: No

 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


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## D. 專業提供者目錄

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### PEDIATRIC EMERGENCY MEDICINE

#### **AGHILI, ROXANA**

Provider ID: 303781

Board Certified Specialty: No

 3605 VISTA WAY STE 172 OCEANSIDE, CA 92056

 Phone: (760) 547-1000

Fax: (760) 547-1021

 After Hours Phone: (760) 547-1000

Provider Gender: Female

NPI: 1851927883

Provider English Spoken: Y

Provider Language(s) Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: KAISER FOUNDATION HOSPITAL SAN DIEGO, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19


American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network

---


### PEDIATRIC EMERGENCY MEDICINE

#### **BELLOMO, THOMAS**

Provider ID: 205603

Board Certified Specialty: No

 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: 1700926698

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network

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### PEDIATRIC EMERGENCY MEDICINE

#### **BETTY, MARYANN**

Provider ID: 245755

Board Certified Specialty: No

 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: 1285014498


Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network

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### PEDIATRIC EMERGENCY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

### **MEDICINE**

#### **CHOO, SUN**

Provider ID: 296537

Board Certified Specialty: No

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

Phone: (760) 547-1000  
Fax: (760) 547-1021

After Hours Phone: (760)  
547-1000

Provider Gender: Female

NPI: 1700047628

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC EMERGENCY**

#### **MEDICINE**

#### **GORHAM, LAURA**

Provider ID: 275786

Board Certified Specialty: No

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

Phone: (760) 547-1000  
Fax: (760) 547-1021

After Hours Phone: (760)  
547-1000

Provider Gender: Female

NPI: 1316162324

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC EMERGENCY**

#### **MEDICINE**

#### **GROSS, MATTHEW**

Provider ID: 297175

Board Certified Specialty: No

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: 1942223664

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC EMERGENCY**

#### **MEDICINE**

#### **JOSHI, WEENA**

Provider ID: 262236

Board Certified Specialty: No

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: 1376862177

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR HEALTH  
Medi-Cal Open Panel: Yes

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## D. 專業提供者目錄

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE

#### **KINGDON, JOANNA**

Provider ID: 302319

Board Certified Specialty: No

 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\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE

#### **LOVEJOY, AMY**

Provider ID: 206109

Board Certified Specialty: No

 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: 1790856557

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, CHILDRENS HOSPITAL  
OF ORANGE COUNTY


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY


### MEDICINE

#### **PARK, RONALD**

Provider ID: 295456

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1000

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1000

Provider Gender: Male

NPI: 1881695914

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE

#### **PARKER, SHERINE**


Provider ID: 205787

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## D. 專業提供者目錄

*Board Certified Specialty: No*

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

*Provider Gender: Female*

*NPI: 1477626513*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: GLENDALE  
ADVENTIST MED CTR,  
GLENDALE MEMORIAL HOSP  
AND HEALTH CTR, TRI CITY  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, VALLEY CHILDRENS  
HOSPITAL*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*

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### **PEDIATRIC EMERGENCY MEDICINE**

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**QUINONES-PEREZ, BIANCA**

*Provider ID: 206951*

*Board Certified Specialty: No*

 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: 1124360565*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: SU 1PM-10PM  
M-F 4PM-10PM*

*SA 1PM-10PM*

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*

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### **PEDIATRIC EMERGENCY MEDICINE**


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**RUSSELL, SAMUEL**

*Provider ID: 301251*

*Board Certified Specialty: No*

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1000


Fax: (760) 547-1021

 After Hours Phone: (760)

547-1000

*Provider Gender: Male*

*NPI: 1215564265*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: SU 1PM-10PM  
M-F 4PM-10PM*

*SA 1PM-10PM*

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*

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### **PEDIATRIC EMERGENCY MEDICINE**


---

**SANACORA, RACHEL**

*Provider ID: 297730*

*Board Certified Specialty: No*

 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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE

**TODD, SARAH**

Provider ID: 302801

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1000

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1000

Provider Gender: Female

NPI: 1407299787

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED

CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO, UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE

**VAIDYA, KAMALA**

Provider ID: 205813

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1000

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1000

Provider Gender: Female

NPI: 1083840920

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE

**VARGAS, JACLYN**

Provider ID: 296485

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1000

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1000

Provider Gender: Female

NPI: 1619359718


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, Los Angeles General  
Medical Center


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health  
Network

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<b><u>PEDIATRIC EMERGENCY MEDICINE</u></b>	<b><u>PEDIATRIC PULMONOLOGY</u></b>	<b><u>PHYSICAL MEDICINE / REHABILITATION</u></b>
<b>WANG, EMILY</b> Provider ID: 265953 Board Certified Specialty: No 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: 1427142363 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network	<b>CHU, CHRISTOPHER</b> Provider ID: 301642 Board Certified Specialty: No 3605 VISTA WAY STE 172 OCEANSIDE, CA 92056 Phone: (760) 547-1020 Fax: (760) 547-1021 After Hours Phone: (760) 547-1020 Provider Gender: Male NPI: 1912369273 Provider English Spoken: Y Provider Language(s) Spoken: Spanish, Yue Chinese Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network	Phone: (760) 547-1020 Fax: (760) 547-1021 After Hours Phone: (760) 547-1020 Provider Gender: Female NPI: 1144615659 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network
<b><u>PEDIATRIC GASTROENTEROLOGY</u></b>	<b>LENHART-PENDERGRASS, PATRICIA</b> Provider ID: 294643 Board Certified Specialty: No 3605 VISTA WAY STE 172 OCEANSIDE, CA 92056	<b>RICHARDSON, HENRY</b> Provider ID: 295852 Board Certified Specialty: No 3231 WARING CT STE K OCEANSIDE, CA 92056 Phone: (760) 607-5350 Fax: (760) 607-5365 After Hours Phone: (760) 607-5350 Provider Gender: Male NPI: 1407052459 Provider English Spoken: Y Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, PALOMAR MEDICAL  
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### PHYSICAL MEDICINE / REHABILITATION


---

#### RYAN, KYLE

Provider ID: 275661

Board Certified Specialty: No

 3605 VISTA WAY  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Male

NPI: 1447645742

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

---

### PHYSICIANS ASSISTANT


---

#### BASIN, NATALIE

Provider ID: 304442

Board Certified Specialty: No

 3629 VISTA WAY  
OCEANSIDE, CA 92056


 Phone: (760) 757-7546

Fax: (760) 547-2311

 After Hours Phone: (760)  
757-7546

Provider Gender: Female

NPI: 1477196897

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### PHYSICIANS ASSISTANT


---

#### BASIN, NATALIE

Provider ID: 302864

Board Certified Specialty: No

 3629 VISTA WAY  
OCEANSIDE, CA 92056

 Phone: (760) 757-7546  
Fax: (760) 547-2311

 After Hours Phone: (760)  
757-7546

Provider Gender: Female

NPI: 1477196897

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### PHYSICIANS ASSISTANT


---

#### KIVIAT, ANNETTE

Provider ID: 302455

Board Certified Specialty: No

 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

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## D. 專業提供者目錄

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL  
Medi-Cal Open Panel: No  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network

### PHYSICIANS ASSISTANT

#### **RAMOS, ELENA**

Provider ID: 301307  
Board Certified Specialty: No  
 605 CROUCH ST BLDG C  
OCEANSIDE, CA 92054  
 Phone: (760) 736-6767  
Fax: (760) 566-1501  
 After Hours Phone: (760)  
736-6767  
Provider Gender: Female  
NPI: 1306489570  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 2\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT

#### **WRIGHT, DEREK**

Provider ID: 305530  
Board Certified Specialty: No  
 3231 WARING CT STE K  
OCEANSIDE, CA 92056  
 Phone: (760) 607-5350  
Fax: (760) 607-5365  
 After Hours Phone: (760)  
607-5350  
Provider Gender: Male  
NPI: 1629674858

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### **COOK, SHERYL**

Provider ID: 304924  
Board Certified Specialty: No  
 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: 1750420816

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M 9AM-6:15PM  
W 9AM-6PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### **JENSEN, BRIAN**

Provider ID: 290775  
Board Certified Specialty: No  
 619 CROUCH ST  
OCEANSIDE, CA 92054  
 Phone: (760) 566-1620  
Fax: (760) 433-4040  
 After Hours Phone: (760)  
566-1620  
Provider Gender: Male  
NPI: 1518138049

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

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## D. 專業提供者目錄

### PROVIDER

 Website: N/A  
IPA: IHP of Southern Cal-PHP


### PSYCHOLOGIST

#### KRAPES, MICHAEL

Provider ID: 290097  
Board Certified Specialty: No  
 2210 MESA DR STE 300  
OCEANSIDE, CA 92054  
 Phone: (760) 736-6767  
Fax: (760) 566-1501  
 After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1215233028

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PSYCHOLOGIST

#### MAUHILI, KENNA


Provider ID: 298272  
Board Certified Specialty: No  
 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: 1386949360

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM




 Website: N/A

IPA: IHP of Southern Cal-PHP

### REGISTERED PHYSICAL


### THERAPIST

#### FARRAR, COURTNEY


Provider ID: 295874  
Board Certified Specialty: No  
 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: 1124577952

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 13\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER




 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### SURGERY COLON SURGERY

#### NASSERY, KRISTEN

Provider ID: 300122  
Board Certified Specialty: No  
 3601 VISTA WAY STE 203  
OCEANSIDE, CA 92056  
 Phone: (760) 724-5352  
Fax: (760) 724-5447  
 After Hours Phone: (760)  
724-5352

Provider Gender: Female

NPI: 1396059440


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-5PM  
F 8AM-4:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### SURGERY ORTHOPEDIC

#### CIDAMBI, EMILY


Provider ID: 246469  
Board Certified Specialty: No

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## D. 專業提供者目錄

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (858) 966-6789  
Fax: (858) 966-8519

 After Hours Phone: (858)  
966-6789

Provider Gender: Female

NPI: 1659634699

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **SURGERY ORTHOPEDIC**

#### **PRUSS, ERIKA**

Provider ID: 303798

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020  
Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1538402441

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN


DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **SURGERY ORTHOPEDIC**

#### **UPASANI, VIDYADHAR**

Provider ID: 260954

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020  
Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Male

NPI: 1548417652

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **SURGERY PEDIATRIC**

#### **FAIRBANKS, TIMOTHY**

Provider ID: 205498

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020  
Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Male

NPI: 1407010556

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SHARP MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL

HOSPITAL, UCSF BENIOFF

CHILDREN'S HOSPITAL


OAKLAND


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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## D. 專業提供者目錄

### **SURGERY PEDIATRIC**

#### **KLING, KAREN**

Provider ID: 206129

Board Certified Specialty: No

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: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **SURGERY THORACIC**

#### **GRAMINS, DANIEL**

Provider ID: 210048

Board Certified Specialty: No

3998 VISTA WAY STE A  
OCEANSIDE, CA 92056

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1164495750

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **PALMDALE**

#### **CERTIFIED NURSE PRACTITIONER**

#### **JONES, TYESHIA**

Provider ID: 306078

Board Certified Specialty: No

38920 TRADE CENTER DR  
PALMDALE, CA 93551

Phone: (833) 438-8763

Fax: (833) 438-8700

After Hours Phone: (833)  
438-8763

Provider Gender: Female

NPI: 1104276419

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALMDALE  
REGIONAL MEDICAL CENTER,  
ST BERNARDINE MED CTR,  
CALIFORNIA HOSP MED CTR  
LOS ANGELES

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-3PM

Website: N/A

IPA: Community Care IPA LLC

### **PERRIS**

#### **CERTIFIED NURSE PRACTITIONER**

#### **BLAND, JACELIS**

Provider ID: 296767

Board Certified Specialty: No

1675 N PERRIS BLVD STE  
G1  
PERRIS, CA 92571

Phone: (760) 736-7676

Fax: (760) 566-1501

After Hours Phone: (760)  
736-7676

Provider Gender: Female




NPI: 1801522859

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

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## D. 專業提供者目錄




Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 8AM-4:30PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### POWAY

#### CARDIOVASCULAR DISEASE




##### ZAKOV, KAMEN




Provider ID: 122539  
Board Certified Specialty: Yes  
 15611 POMERADO RD STE 400  
POWAY, CA 92064  
 Phone: (858) 675-3110  
Fax: (858) 613-2937  
 After Hours Phone: (858) 675-3110  
Provider Gender: Male  
NPI: 1518933613  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: German  
Cultural Competency: N  
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC

#### CERTIFIED NURSE PRACTITIONER




##### JOHNSON, CHRISTINE





Provider ID: 295458  
Board Certified Specialty: No  
 13010 POWAY RD  
POWAY, CA 92064  
 Phone: (858) 218-3000  
Fax: (360) 462-2742  
 After Hours Phone: (858) 218-3000  
Provider Gender: Female  
NPI: 1295049229  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PARADISE VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 13\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

#### CERTIFIED NURSE PRACTITIONER




##### WOLFE, AMANDA

Provider ID: 243582  
Board Certified Specialty: No  
 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  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network

#### CERTIFIED NURSE PRACTITIONER

##### WRIGHT, KIMBERLY

Provider ID: 256378  
Board Certified Specialty: No  
 15611 POMERADO RD STE 400  
POWAY, CA 92064  
 Phone: (858) 675-3200  
Fax: (858) 673-1587  
 After Hours Phone: (858)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

675-3200

Provider Gender: Female


NPI: 1811400708

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


---

### **FAMILY PRACTICE**


#### **FLINN, SCOTT**

Provider ID: 270054

Board Certified Specialty: No

 15611 POMERADO RD STE  
400

POWAY, CA 92064

 Phone: (858) 675-3100

Fax: (858) 613-2938

 After Hours Phone: (858)  
675-3100

Provider Gender: Male

NPI: 1184694598

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

#### **PROVIDER**

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


---

### **FAMILY PRACTICE**


#### **NAJAND, SADAF**

Provider ID: 270055

Board Certified Specialty: No

 15611 POMERADO RD STE  
400

POWAY, CA 92064

 Phone: (858) 675-3200

Fax: (858) 613-2938

 After Hours Phone: (858)  
675-3200

Provider Gender: Female

NPI: 1669769717


Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

---

### **FAMILY PRACTICE**


#### **WHITE, KERI**

Provider ID: 269491

Board Certified Specialty: No

 15611 POMERADO RD STE  
400

POWAY, CA 92064

 Phone: (858) 675-3200

Fax: (858) 613-2938

 After Hours Phone: (858)  
675-3200

Provider Gender: Female

NPI: 1295701159

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

---

### **INTERNAL MEDICINE**


#### **CHEN, ANDREW**

Provider ID: 269315

Board Certified Specialty: No

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


### CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A


IPA: Community Care IPA LLC


### INTERNAL MEDICINE

#### MANSOUR, DAVID

Provider ID: 291544

Board Certified Specialty: No

 13010 POWAY RD  
POWAY, CA 92064


 Phone: (858) 218-3000

Fax: (360) 462-2742

 After Hours Phone: (858)  
218-3000

Provider Gender: Male

NPI: 1689164949

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 14\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: IHP of Southern Cal-PHP

### INTERNAL MEDICINE

#### THAPER, MOHINDERPAL

Provider ID: 270016

 15611 POMERADO RD STE  
575  
POWAY, CA 92064


 Phone: (760) 489-1458


Fax: (760) 489-1246

 After Hours Phone: (760)  
489-1458

Provider Gender: Male

NPI: 1295795037

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Punjabi

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL  
CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY


#### BAYAT, HAMED

Provider ID: 269450

Board Certified Specialty: No

 15611 POMERADO RD STE  
400

POWAY, CA 92064

 Phone: (858) 675-3110

Fax: (858) 675-3110

 After Hours Phone: (858)  
675-3110

Provider Gender: Male

NPI: 1356344196

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL  
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT,  
Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY


#### SERRY, ROD

Provider ID: 269471

Board Certified Specialty: No

 15611 POMERADO RD STE  
400

POWAY, CA 92064

 Phone: (858) 592-2696

Fax: (760) 743-8837

 After Hours Phone: (858)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

592-2696  
 Provider Gender: Male  
 NPI: 1912945130  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Portuguese,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL,  
 PALOMAR HEALTH, PALOMAR  
 MEDICAL CENTER  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### NEONATAL / PERINATAL MEDICINE

**SAUER, CHARLES**  
 Provider ID: 206164  
 Board Certified Specialty: No  
 15615 POMERADO RD  
 POWAY, CA 92064  
 Phone: (858) 613-4143  
 Fax: (858) 613-4539  
 After Hours Phone: (858)  
 613-4143  
 Provider Gender: Male  
 NPI: 1538388988  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MEMORIAL  
 HOSPITAL ENCINITAS,  
 PALOMAR MEDICAL CENTER,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, PALOMAR  
 HEALTH, SCRIPPS MEMORIAL  
 HOSPITAL, SOUTHWEST  
 HEALTHCARE RANCHO  
 SPRINGS HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### NEONATAL / PERINATAL MEDICINE

**WEST, JULIE**  
 Provider ID: 297072  
 Board Certified Specialty: No  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### OBSTETRICS / GYNECOLOGY

**COBB, DAMON**  
 Provider ID: 206030  
 Board Certified Specialty: No  
 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

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 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
 者目錄中的資訊可能會更改。

## D. 專業提供者目錄

HEALTH, SCRIPPS MEMORIAL  
HOSPITAL, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, PALOMAR  
MEDICAL CENTER, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 9AM-4:30PM  
F 9AM-1PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### OPHTHALMOLOGY


**LOZIER, JEFFREY**

Provider ID: 270187

Board Certified Specialty: Yes

 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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A


IPA: Community Care IPA LLC

### OPTOMETRIST


**KIM, MICHELLE**

Provider ID: 270014

Board Certified Specialty: No

 15611 POMERADO RD STE  
400

POWAY, CA 92064

 Phone: (858) 675-3140

Fax: (858) 613-2936

 After Hours Phone: (858)  
675-3140

Provider Gender: Female

NPI: 1457328825

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### PHYSICIANS ASSISTANT


**CHATFIELD, ALEXANDRA**

Provider ID: 276715

Board Certified Specialty: No

 15611 POMERADO RD STE  
525

POWAY, CA 92064

 Phone: (858) 485-0050

Fax: (858) 673-5187

 After Hours Phone: (858)  
485-0050

Provider Gender: Female


NPI: 1215584628


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Community Care IPA LLC

### PODIATRIST


**HAN, KYOUNG**

Provider ID: 296326


Board Certified Specialty: No

 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  
Cultural Competency: N

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## D. 專業提供者目錄


### Hospital Affiliation:

SADDLEBACK MEMORIAL  
MED CTR, PALOMAR HEALTH,  
PALOMAR MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

### American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### PODIATRIST

#### READ, TRENTON


Provider ID: 296656

Board Certified Specialty: No

 15706 POMERADO RD STE  
102  
POWAY, CA 92064


 Phone: (858) 485-1494

Fax: (858) 485-1515

 After Hours Phone: (858)  
485-1494

Provider Gender: Male

NPI: 1952963431

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19


### American Sign Language (ASL):

N

 Accessibility: CONTACT

### PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health  
Network


### PSYCHOLOGIST

#### VALLEZ-BARLAM, ANDREA

Provider ID: 290629

Board Certified Specialty: No

 13010 POWAY RD  
POWAY, CA 92064


 Phone: (858) 218-3000


Fax: (858) 633-4688

 After Hours Phone: (858)  
218-3000

Provider Gender: Female

NPI: 1710902143

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German, Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

### American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### RHEUMATOLOGY


#### RAO, SOUMYA

Provider ID: 46060

Board Certified Specialty: No

 15611 POMERADO RD STE  
400

POWAY, CA 92064

 Phone: (858) 675-3150


Fax: (858) 924-1775

 After Hours Phone: (858)  
675-3150

Provider Gender: Female

NPI: 1033388616

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Kannada,  
Russian, Spanish, Tagalog  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CHULA VISTA MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

### American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### RHEUMATOLOGY


#### REDDY, SMITHA

Provider ID: 269402

Board Certified Specialty: No

 15725 POMERADO RD STE  
117

POWAY, CA 92064

 Phone: (858) 312-1717

Fax: (858) 435-0207

 After Hours Phone: (858)  
312-1717

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## D. 專業提供者目錄

Provider Gender: Female  
NPI: 1750534715

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Kannada,  
Telugu

Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, PALOMAR  
HEALTH, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS GREEN HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-4PM

 Website: N/A

IPA: Community Care IPA LLC


### **SURGERY GENERAL**

#### **GROVE, JAY**


Provider ID: 305851

Board Certified Specialty: No

 15611 POMERADO RD  
POWAY, CA 92064

 Phone: (858) 675-3100

Fax: (858) 673-5187

 After Hours Phone: (858)  
675-3100

Provider Gender: Male

NPI: 1912971334

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL  
CENTER, TRI CITY MEDICAL  
CTR, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Community Care IPA LLC

### **SURGERY ORTHOPEDIC**


#### **BALIKIAN, PHILIP**

Provider ID: 119552

Board Certified Specialty: Yes

 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8:30AM-5PM

 Website: N/A

IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT,  
Community Care IPA LLC

### **SURGERY ORTHOPEDIC**


#### **BALIKIAN, PHILIP**

Provider ID: 257485

Board Certified Specialty: Yes

 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

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

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## D. 專業提供者目錄

American Sign Language (ASL): IPA: Community Care IPA LLC  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-5PM

 Website: N/A


IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT, Community Care IPA LLC

### **SURGERY ORTHOPEDIC**


#### **BRIED, JAMES**

Provider ID: 269500

Board Certified Specialty: No

 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

### **RAMONA**


#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **SALAS, JESSICA**

Provider ID: 269344

Board Certified Specialty: No

 211 13TH ST

RAMONA, CA 92065

 Phone: (760) 789-5160

Fax: (760) 788-7962

 After Hours Phone: (760) 789-5160

Provider Gender: Female

NPI: 1356817431

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


IPA: Community Care IPA LLC

### **FAMILY PRACTICE**


#### **WELLS, TODD**

Provider ID: 299118

Board Certified Specialty: No

 211 13TH ST

RAMONA, CA 92065

 Phone: (760) 789-5160

Fax: (760) 722-5292


 After Hours Phone: (760)

789-5160

Provider Gender: Male

NPI: 1952377806

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: PALOMAR HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Community Care IPA LLC


### **RIVERSIDE**


#### **PHYSICIANS ASSISTANT**

#### **DUARTE, ZULMA**

Provider ID: 295431

Board Certified Specialty: No

 8856 ARLINGTON AVE  
RIVERSIDE, CA 92503

 Phone: (951) 710-3970

Fax: (360) 462-5824

 After Hours Phone: (951) 710-3970

Provider Gender: Female

NPI: 1245885912

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish





Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


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## D. 專業提供者目錄

American Sign Language (ASL):  8110 BIRMINGHAM WAY FL  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **PHYSICIANS ASSISTANT**

#### **NJIE, EMADE**

Provider ID: 298710  
Board Certified Specialty: No  
 8856 ARLINGTON AVE  
RIVERSIDE, CA 92503  
 Phone: (951) 710-3970  
Fax: (360) 462-5824  
 After Hours Phone: (951)  
710-3970  
Provider Gender: Female  
NPI: 1881233229  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):


N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP


### **SAN DIEGO**




#### **ADOLESCENT MEDICINE**

#### **CHELVAKUMAR, GAYATHRI**

Provider ID: 296674  
Board Certified Specialty: No

 8110 BIRMINGHAM WAY FL  
2  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8493  
Fax: (858) 966-8818  
 After Hours Phone: (858)  
966-8493  
Provider Gender: Female  
NPI: 1447473848





 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network

### **ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY**

#### **HONG, KIMBERLY**

Provider ID: 246311  
Board Certified Specialty: No  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 Phone: (858) 657-8530  
 After Hours Phone: (858)  
657-8530  
Provider Gender: Female

NPI: 1346515442  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **ALLERGY IMMUNOLOGY**

#### **JAMES, CHRISTINE**

Provider ID: 284917  
Board Certified Specialty: No  
 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1144589979  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes

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## D. 專業提供者目錄

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ALLERGY IMMUNOLOGY**


**RIEDL, MARC**


Provider ID: 255768

Board Certified Specialty: Yes

 8899 UNIVERSITY CENTER LN STE 230

SAN DIEGO, CA 92122

 Phone: (858) 657-5350

 After Hours Phone: (858) 657-5350

Provider Gender: Male

NPI: 1285654889

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ANESTHESIOLOGY**


**ALEXANDER, BRENTON**

Provider ID: 242303

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1811366644

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

**BECERRA SONGOLO, TOSHA**


Provider ID: 300068

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1265938724


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **ANESTHESIOLOGY**


**BRUNO, KELLY**

Provider ID: 238903

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1891130993

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM





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## D. 專業提供者目錄

 Website: N/A  
 IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

#### **CANO, SARAH**

Provider ID: 200959  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1750517306  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, SCRIPPS GREEN  
 HOSPITAL, SCRIPPS GREEN  
 HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: UCSD Medical Group



### **ANESTHESIOLOGY**






#### **CURRAN, BRIAN**

Provider ID: 239002  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1710373642  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **ANESTHESIOLOGY**


#### **FEJLEH, ASHLEY**

Provider ID: 269502  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1609353465  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

#### **FUNDINGSLAND, BRENT**

Provider ID: 280468  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1831166560  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, SADDLEBACK  
 MEMORIAL MED CTR, UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON

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## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **ANESTHESIOLOGY**


#### **HYLTON, DIANA**

Provider ID: 241735

Board Certified Specialty: Yes

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932527751

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

#### **PROVIDER**

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **ANESTHESIOLOGY**


#### **MEYER, MEGAN**

Provider ID: 239607

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1720473044

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ANESTHESIOLOGY**


#### **MILLAR, MELISSA**


Provider ID: 201308

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (619) 543-5754

 After Hours Phone: (619)  
543-5754

Provider Gender: Female

NPI: 1417361981

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS GREEN

HOSPITAL, SCRIPPS GREEN


HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

#### **NGUYEN, QUOC SY**

Provider ID: 242188








Board Certified Specialty: No

 200 W ARBOR DR





SAN DIEGO, CA 92103




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## D. 專業提供者目錄







 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1871911644  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### ANESTHESIOLOGY

**OSWALD, JESSICA**  
Provider ID: 239600  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1427315118  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA








JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### ANESTHESIOLOGY



**SHAW, SUSANNA**  
Provider ID: 255316  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1063685477  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

 Website: N/A  
IPA: UCSD Medical Group

### ANESTHESIOLOGY

**SORIA, CLAIRE**  
Provider ID: 243294  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1447516414  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### ANESTHESIOLOGY

**SREJIC, UNA**  
Provider ID: 206383  
Board Certified Specialty: Yes  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273

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## D. 專業提供者目錄

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1588723860*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: Stanford Health Care, UCSF Medical Center At Mission Bay, UCSF MEDICAL CENTER AT MOUNT ZION, MEDICAL CTR AT UCSF, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

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### **ANESTHESIOLOGY**

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#### **SUYDAM, STEVEN**

*Provider ID: 286569*

*Board Certified Specialty: No*

📍 *200 W ARBOR DR  
SAN DIEGO, CA 92103*

☎ *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1386856821*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, TRI CITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP CHULA VISTA MED CTR, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS GREEN HOSPITAL*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

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### **ANESTHESIOLOGY**

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#### **TRIVEDI, SURAJ**

*Provider ID: 246749*

*Board Certified Specialty: No*

📍 *200 W ARBOR DR  
SAN DIEGO, CA 92103*

☎ *Phone: (800) 926-8273*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1699057885*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

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### **ANESTHESIOLOGY**

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#### **TSUDA, PAIGE**

*Provider ID: 271682*

*Board Certified Specialty: No*

📍 *200 W ARBOR DR  
SAN DIEGO, CA 92103*

☎ *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1003261595*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

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## D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **ANESTHESIOLOGY**

#### **TULLY, JEFFREY**

Provider ID: 283689

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1871912493

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UC DAVIS  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **ANESTHESIOLOGY**

#### **TZENG, ERIC**

Provider ID: 284577

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1801258264

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **ANESTHESIOLOGY**

#### **YODER, ANDREA**

Provider ID: 272804

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1629463104

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **ANESTHESIOLOGY**


#### **YOUNAN, LAWRENCE**

Provider ID: 240870

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1922432475

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **ANESTHESIOLOGY CRITICAL CARE MEDICINE**


---

#### **KRAUSE, MARTIN**

Provider ID: 280539

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1417243239

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **ANESTHESIOLOGY PAIN MANAGEMENT**


---

#### **CASTELLANOS, JOEL**

Provider ID: 243553

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1700296514

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **ANESTHESIOLOGY PAIN MANAGEMENT**


---

#### **DAIRO, BRANDON**

Provider ID: 299880

Board Certified Specialty: No

 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

 Phone: (619) 325-1161

Fax: (619) 325-1717

 After Hours Phone: (619)  
325-1161

Provider Gender: Male

NPI: 1689092470

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 18\100

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

---


### **ANESTHESIOLOGY PAIN MANAGEMENT**


---

#### **DAIRO, BRANDON**

Provider ID: 300089

Board Certified Specialty: No

 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110


 Phone: (619) 325-1161

Fax: (619) 325-1717


 After Hours Phone: (619)  
325-1161




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄






*Provider Gender: Male*  
*NPI: 1689092470*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*



### **CARDIAC ELECTROPHYSIOLOGY**

**HAN, FREDERICK**  
*Provider ID: 210012*  
*Board Certified Specialty: No*  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1427255967*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*






*JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **CARDIAC ELECTROPHYSIOLOGY**

**HAN, FREDERICK**  
*Provider ID: 210099*  
*Board Certified Specialty: No*  
 4168 FRONT ST  
 SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1427255967*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT*

**PROVIDER**  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **CARDIOVASCULAR DISEASE**

**ALANI, ANAS**  
*Provider ID: 201252*  
*Board Certified Specialty: Yes*  
 4168 FRONT ST  
 SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1154633709*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, ARROWHEAD REGIONAL MEDICAL CENTER, LOMA LINDA UNIVERSITY MED CTR, RIVERSIDE COUNTY REGIONAL MED CTR, LAC RANCHO LOS AMIGOS NATIONAL REHAB CENTER, LOS ANGELES COUNTY HARBOR UCLA MEDICAL CENTER, LOS ANGELES COUNTY HARBOR UCLA MEDICAL CENTER*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **CARDIOVASCULAR DISEASE**


#### **CASTELLANOS, LUIS**

Provider ID: 211764

Board Certified Specialty: No

 330 LEWIS ST FL 3

SAN DIEGO, CA 92103

 Phone: (858) 657-8530

Fax: (619) 543-2287

 After Hours Phone: (858) 657-8530

Provider Gender: Male

NPI: 1013059286

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, PIONEERS MEMORIAL

HOSPITAL, EL CENTRO

REGIONAL MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **CARDIOVASCULAR DISEASE**

#### **CASTELLANOS, LUIS**

Provider ID: 211765

Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1013059286

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, PIONEERS MEMORIAL

HOSPITAL, EL CENTRO


REGIONAL MEDICAL CENTER


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **CARDIOVASCULAR DISEASE**

#### **LERNER, JONATHAN**

Provider ID: 303447

Board Certified Specialty: No

 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

 Phone: (619) 616-2100

Fax: (619) 616-2104

 After Hours Phone: (619) 616-2100

Provider Gender: Male

NPI: 1962899823

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### **CARDIOVASCULAR DISEASE**

#### **MIZZELL, ANNA**


Provider ID: 214020

Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1851561021

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

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## D. 專業提供者目錄


### MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **CARDIOVASCULAR DISEASE**


#### **PHREANER, NICHOLAS**

Provider ID: 239946

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1023373040

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **CARDIOVASCULAR DISEASE**

#### **PROHASKA, THOMAS**

Provider ID: 299912

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1861889644

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **CARDIOVASCULAR DISEASE**


#### **YEANG, CALVIN**

Provider ID: 238822

Board Certified Specialty: No


 16950 VIA TAZON  
SAN DIEGO, CA 92127


 Phone: (858) 657-8530

 After Hours Phone: (858)  
657-8530

Provider Gender: Male

NPI: 1598011058

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**

#### **ARELLANO, JACQUELINE**

Provider ID: 277967

Board Certified Specialty: No

 9333 GENESEE AVE STE  
200

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1104129485

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED ACUPUNCTURIST**


#### **ARELLANO, JACQUELINE**

Provider ID: 277966

Board Certified Specialty: No

 330 LEWIS ST

SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104129485


 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED ACUPUNCTURIST**


#### **ARELLANO, JACQUELINE**

Provider ID: 304138

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1104129485

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED ACUPUNCTURIST**


#### **ARELLANO, JACQUELINE**

Provider ID: 277968

Board Certified Specialty: No

 9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104129485

 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED ACUPUNCTURIST**

#### **ARELLANO, JACQUELINE**

Provider ID: 304137

Board Certified Specialty: No

 4910 DIRECTORS PL  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104129485

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED ACUPUNCTURIST**

#### **CRAFT, KEVIN**

Provider ID: 290942

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Male

NPI: 1659745610

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## D. 專業提供者目錄

<p> <input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s)          Spoken: Spanish          Cultural Competency: N          Medi-Cal Open Panel: Yes          Min/Max Age: 0\None          American Sign Language (ASL): N  <input type="checkbox"/> Accessibility: CONTACT PROVIDER  <input type="clock"/> Hours: M-F          8:30AM-5:30PM          SA 9AM-4PM  <input type="globe"/> Website: N/A          IPA: IHP of Southern Cal-PHP       </p>	<p>         Min/Max Age: 0\None          American Sign Language (ASL): N  <input type="checkbox"/> Accessibility: CONTACT PROVIDER  <input type="clock"/> Hours: M-F 8AM-5PM  <input type="globe"/> Website: N/A          IPA: UCSD Medical Group       </p>	<hr/> <p style="text-align: center;"><b><u>CERTIFIED ACUPUNCTURIST</u></b></p> <p><b>JULIAN, FIDES</b>          Provider ID: 304131          Board Certified Specialty: No  <input type="globe"/> 4910 DIRECTORS PL          SAN DIEGO, CA 92121  <input type="phone"/> Phone: (800) 926-8273          Fax: (888) 539-8781  <input type="clock"/> After Hours Phone: (800) 926-8273          Provider Gender: Female          NPI: 1407401128</p>
<hr/> <p style="text-align: center;"><b><u>CERTIFIED ACUPUNCTURIST</u></b></p> <p><b>JULIAN, FIDES</b>          Provider ID: 277699          Board Certified Specialty: No  <input type="globe"/> 330 LEWIS ST          SAN DIEGO, CA 92103  <input type="phone"/> Phone: (800) 926-8273          Fax: (888) 539-8781  <input type="clock"/> After Hours Phone: (800) 926-8273          Provider Gender: Female          NPI: 1407401128  <input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s)          Spoken: Tagalog          Cultural Competency: N          Hospital Affiliation: UCSD          MEDICAL CTR, UCSD LA          JOLLA JOHN SALLY          THORNTON          Medi-Cal Open Panel: Yes</p>	<hr/> <p style="text-align: center;"><b><u>CERTIFIED ACUPUNCTURIST</u></b></p> <p><b>JULIAN, FIDES</b>          Provider ID: 304132          Board Certified Specialty: No  <input type="globe"/> 200 W ARBOR DR          SAN DIEGO, CA 92103  <input type="phone"/> Phone: (800) 926-8273          Fax: (888) 539-8781  <input type="clock"/> After Hours Phone: (800) 926-8273          Provider Gender: Female          NPI: 1407401128  <input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s)          Spoken: Tagalog          Cultural Competency: N          Hospital Affiliation: UCSD          MEDICAL CTR, UCSD LA          JOLLA JOHN SALLY          THORNTON          Medi-Cal Open Panel: Yes          Min/Max Age: 0\None          American Sign Language (ASL): N  <input type="checkbox"/> Accessibility: CONTACT PROVIDER  <input type="globe"/> Website: N/A          IPA: UCSD Medical Group</p>	<hr/> <p style="text-align: center;"><b><u>CERTIFIED ACUPUNCTURIST</u></b></p> <p><b>JULIAN, FIDES</b>          Provider ID: 277700          Board Certified Specialty: No  <input type="globe"/> 9333 GENESEE AVE STE          200          SAN DIEGO, CA 92121</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1407401128

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): IPA: UCSD Medical Group

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**

#### **JULIAN, FIDES**

Provider ID: 277701

Board Certified Specialty: No

📍 9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1407401128

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**

#### **LAM, KHANH**

Provider ID: 295380

Board Certified Specialty: No

📍 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

☎ Phone: (619) 325-1161

Fax: (619) 325-1717

📞 After Hours Phone: (619) 325-1161

Provider Gender: Male

NPI: 1649594979

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Chinese, French,  
Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **CERTIFIED ACUPUNCTURIST**

#### **SEITZ, GRETCHEN**

Provider ID: 246474

Board Certified Specialty: No

📍 9995 CARMEL MOUNTAIN  
RD STE B10-B11

SAN DIEGO, CA 92129

☎ Phone: (844) 200-2426

Fax: (858) 240-6470

📞 After Hours Phone: (844) 200-2426

Provider Gender: Female

NPI: 1396876959

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TU

8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM

🌐 Website: N/A

IPA: Community Care IPA LLC

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

### CERTIFIED NURSE PRACTITIONER

#### **AGUILA, YESENIA**

Provider ID: 304624

Board Certified Specialty: No

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

Phone: (619) 266-3332

Fax: (619) 266-6000

After Hours Phone: (619)  
266-3332

Provider Gender: Female

NPI: 1245966092

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **ALBARRAN-SLOVIN, MELODY**

Provider ID: 299328

Board Certified Specialty: No

1016 OUTER RD  
SAN DIEGO, CA 92154

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)

429-3733

Provider Gender: Female

NPI: 1740953249

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **ALSTEEN, STEPHANIE**

Provider ID: 291389

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1013680982

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **AMOS, MARIA**

Provider ID: 291439

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1235891953

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **BAKER, TANYA**

Provider ID: 255625

Board Certified Specialty: No

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

Phone: (858) 534-8019

After Hours Phone: (858)

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## D. 專業提供者目錄

534-8019

Provider Gender: Female

NPI: 1699184259

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### CERTIFIED NURSE PRACTITIONER

**BELTRON, KIMBERLY**

Provider ID: 302309

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 645-6405

Fax: (619) 687-1067

 After Hours Phone: (619)  
645-6405

Provider Gender: Female

NPI: 1871295493


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8:30AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### CERTIFIED NURSE PRACTITIONER

**BENARD, ROBERT**

Provider ID: 268229

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1184027724

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UNIVERSITY HSP  
OF SAN DIEGO CO, Highland


Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### CERTIFIED NURSE PRACTITIONER

**BILOTTA, NATALIE**

Provider ID: 291418

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1144809393

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RIVERSIDE  
COMMUNITY HOSP

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### CERTIFIED NURSE PRACTITIONER


**BUENROSTRO, CHRISTINA**

Provider ID: 243718

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273


 After Hours Phone: (800)  
926-8273

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

NPI: 1851749253

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER


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#### **BUI, ANH**


Provider ID: 304273

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Male

NPI: 1184309684

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 14\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER


---

#### **BUI, ANH**

Provider ID: 304272

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Male

NPI: 1184309684

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 14\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER

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#### **CAMARGO-LOWTHERS,**

#### **ANGELICA**

Provider ID: 295914

Board Certified Specialty: No

 8010 FROST ST STE 220  
SAN DIEGO, CA 92123

 Phone: (858) 637-4700

Fax: (858) 637-4701

 After Hours Phone: (858)  
637-4700

Provider Gender: Female

NPI: 1912982539

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

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### CERTIFIED NURSE PRACTITIONER


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#### **CAMARGO-LOWTHERS, ANGELICA**

Provider ID: 270981

Board Certified Specialty: No

 8010 FROST ST STE 510  
SAN DIEGO, CA 92123

 Phone: (858) 637-4700

Fax: (858) 637-4701

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ *After Hours Phone: (858) 637-4700*

*Provider Gender: Female*

*NPI: 1912982539*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 9AM-5PM*

🌐 *Website: N/A*

*IPA: Community Care IPA LLC,*

*IHP of Southern Cal-PHP,*

*Imperial Health Holdings*

*Medical Group-SD*

### CERTIFIED NURSE PRACTITIONER

#### **CAMARGO-LOWTHERS, ANGELICA**

*Provider ID: 54944*

*Board Certified Specialty: No*

📍 8010 FROST ST STE 510  
SAN DIEGO, CA 92123

☎ *Phone: (858) 637-4700*

*Fax: (858) 637-4701*

☎ *After Hours Phone: (858) 637-4700*

*Provider Gender: Female*

*NPI: 1912982539*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s)*

*Spoken: Spanish*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 9AM-5PM*

🌐 *Website: N/A*

*IPA: Community Care IPA LLC,*

*IHP of Southern Cal-PHP,*

*Imperial Health Holdings*

*Medical Group-SD*

### CERTIFIED NURSE PRACTITIONER

#### **CAPOZZI, JENNIFER**

*Provider ID: 241031*

*Board Certified Specialty: No*

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ *Phone: (800) 926-8273*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1336258276*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s)*

*Spoken: Tagalog*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### CERTIFIED NURSE PRACTITIONER

#### **CHANTALA, ELIZABETH**

*Provider ID: 291305*

*Board Certified Specialty: No*

📍 200 W ARBOR DR

SAN DIEGO, CA 92103

☎ *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1942430442*

☑ *Provider English Spoken: Y*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### CERTIFIED NURSE PRACTITIONER

#### **CHAVEZ, ALEXANDRIA**

*Provider ID: 243357*

*Board Certified Specialty: No*


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 4510 EXECUTIVE DR STE 7  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811543622

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER


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#### **CHEATHAM, BRITTANY**

Provider ID: 291461

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1184111684


 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER

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#### **CHOATE, BERNADETTE**

Provider ID: 286369

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104173558

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER

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#### **CHOATE, BERNADETTE**

Provider ID: 286368

Board Certified Specialty: No

 4303 LA JOLLA VILLAGE  
DR STE 2110

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104173558

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER

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#### **COLEMAN, PAGE**

Provider ID: 304288

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Fax: (858) 633-4682

☎ After Hours Phone: (619) 280-2058

Provider Gender: Female

NPI: 1871365312

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM  
SA 8AM-2PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **CONNER, PAMELA**

Provider ID: 299930

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1770558967

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **CONNOR, CAROLINE**

Provider ID: 279835

Board Certified Specialty: No

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1609081710

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE

### PRACTITIONER

#### **CONNOR, CAROLINE**

Provider ID: 279836

Board Certified Specialty: No

📍 6030 VILLAGE WAY  
SAN DIEGO, CA 92130

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1609081710

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **COSINO, ANJELICA**

Provider ID: 201309

Board Certified Specialty: No

📍 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

926-8273  
Provider Gender: Female  
NPI: 1295238749  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 9AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **CERTIFIED NURSE PRACTITIONER**

**DAVIES, SUMMER**  
Provider ID: 253692  
Board Certified Specialty: No  
📍 8899 UNIVERSITY CENTER  
LN STE 220  
SAN DIEGO, CA 92122  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1679850671  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **CERTIFIED NURSE PRACTITIONER**

**DAVIS, JANET**  
Provider ID: 255796  
Board Certified Specialty: No  
📍 330 LEWIS ST  
SAN DIEGO, CA 92103  
☎ Phone: (619) 471-9250  
Fax: (619) 471-9275  
🕒 After Hours Phone: (619)  
471-9250  
Provider Gender: Female  
NPI: 1164616280  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **CERTIFIED NURSE PRACTITIONER**

**DE DIOS, SARAH**  
Provider ID: 300051  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1528632742  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

### **CERTIFIED NURSE PRACTITIONER**

**DEL VECCHIO, MEGAN**  
Provider ID: 301725  
Board Certified Specialty: No  
📍 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

926-8273

Provider Gender: Female

NPI: 1437662863

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **DEL VECCHIO, MEGAN**

Provider ID: 301726

Board Certified Specialty: No

📍 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1437662863

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **DEUTSCH, KAREN**

Provider ID: 247981

Board Certified Specialty: No

📍 330 LEWIS ST  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1740517127

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **DEUTSCH, KAREN**

Provider ID: 247980

Board Certified Specialty: No

📍 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1740517127

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **DOAN, ANGELA**

Provider ID: 291425

Board Certified Specialty: No

📍 4168 FRONT ST  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1639638968

☐ Provider English Spoken: Y

Cultural Competency: N



Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group




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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **DOAN, ANGELA**

Provider ID: 291426  
Board Certified Specialty: No  
 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8372  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8372  
Provider Gender: Female

NPI: 1639638968  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group



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### **CERTIFIED NURSE** **PRACTITIONER**




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#### **DRISCOLL, KARRIE**

Provider ID: 286345  
Board Certified Specialty: No  
 4303 LA JOLLA VILLAGE

DR STE 2110  
SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1396085098

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group


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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **DRISCOLL, SUSAN**

Provider ID: 298968  
Board Certified Specialty: No  
 1666 PRECISION PARK LN  
SAN DIEGO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 758-3384  
 After Hours Phone: (619)  
662-4100

Provider Gender: Female  
NPI: 1477755684  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes

Min/Max Age: 12\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 10AM-4PM  
M-F 8:30AM-5:30PM  
SA 8AM-2:30PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP





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### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **DWYER, ERIN**

Provider ID: 269863  
Board Certified Specialty: No  
 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
 Phone: (619) 297-4707  
Fax: (858) 429-7927  
 After Hours Phone: (619)  
297-4707

Provider Gender: Female  
NPI: 1003260894  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

IHP of Southern Cal-PHP

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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **ECLARINO, GALELEO**

Provider ID: 296764

Board Certified Specialty: No

9995 CARMEL MOUNTAIN  
RD STE B1011

SAN DIEGO, CA 92129

Phone: (844) 200-2426

Fax: (858) 240-6470

After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1518687748

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **ERICKSON, LISA**

Provider ID: 278982

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1669442182

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **ERICKSON, LISA**

Provider ID: 287444

Board Certified Specialty: No

4168 FRONT ST

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1669442182

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **FELD, KEREN**

Provider ID: 297672

Board Certified Specialty: No

4290 POLK AVE

SAN DIEGO, CA 92105

Phone: (619) 563-0250

Fax: (858) 633-4681

After Hours Phone: (619)  
563-0250

Provider Gender: Female

NPI: 1730835083

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER






















Hours: M-F 8AM-5PM  
SA 8AM-2PM

Website: N/A

IPA: IHP of Southern Cal-PHP

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## D. 專業提供者目錄

<hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>FISHER, SLOANE</b> Provider ID: 301585 Board Certified Specialty: No  3020 CHILDRENS WAY SAN DIEGO, CA 92123  Phone: (858) 966-8800  After Hours Phone: (858) 966-8800 Provider Gender: Female NPI: 1538807003  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES Medi-Cal Open Panel: No Min/Max Age: 0\19 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Website: N/A IPA: Rady Childrens Health Network</p> <hr/>	<p>Fax: (888) 539-8781  After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1689232977  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group</p> <hr/>	<p>Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM SA 8AM-2PM  Website: N/A IPA: IHP of Southern Cal-PHP</p> <hr/>
<hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>GARTH, MELISSA</b> Provider ID: 274053 Board Certified Specialty: No  200 W ARBOR DR SAN DIEGO, CA 92103  Phone: (800) 926-8273</p> <hr/>	<hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>GIORGI, ASHLEY</b> Provider ID: 304877 Board Certified Specialty: No  4290 POLK AVE SAN DIEGO, CA 92105  Phone: (619) 563-0250 Fax: (858) 633-4681  After Hours Phone: (619) 563-0250 Provider Gender: Female NPI: 1952174203  Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes</p> <hr/>	<hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>GOMEZ, LESLIE</b> Provider ID: 299467 Board Certified Specialty: No  8899 UNIVERSITY CENTER LN SAN DIEGO, CA 92122  Phone: (800) 926-8273 Fax: (888) 539-8781  After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1528578713  Provider English Spoken: Y  Provider Language(s) Spoken: Spanish Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Website: N/A IPA: UCSD Medical Group</p> <hr/>
<hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/>	<hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/>	<hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/>








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## D. 專業提供者目錄

<b>PRACTITIONER</b>		<b>PROVIDER</b>
<b>GOMEZ, LESLIE</b> Provider ID: 299466 Board Certified Specialty: No 16950 VIA TAZON SAN DIEGO, CA 92127 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1528578713 Provider English Spoken: Y Provider Language(s) Spoken: Spanish Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: UCSD Medical Group	NPI: 1528578713 Provider English Spoken: Y Provider Language(s) Spoken: Spanish Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: UCSD Medical Group	Website: N/A IPA: IHP of Southern Cal-PHP, Imperial Health Holdings Medical Group-SD
		<b>CERTIFIED NURSE PRACTITIONER</b>
	<b>GUADARRAMA, IGNACIO</b> Provider ID: 262419 Board Certified Specialty: No 995 GATEWAY CENTER WAY STE 105 SAN DIEGO, CA 92102 Phone: (619) 264-1934 Fax: (619) 264-1937 After Hours Phone: (619) 264-1934 Provider Gender: Male NPI: 1821331174 Provider English Spoken: Y Provider Language(s) Spoken: Spanish Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER	<b>HA, THU</b> Provider ID: 293260 Board Certified Specialty: No 6973 LINDA VISTA RD SAN DIEGO, CA 92111 Phone: (858) 279-0925 Fax: (858) 633-4680 After Hours Phone: (858) 279-0925 Provider Gender: Female NPI: 1346443983 Provider English Spoken: Y Provider Language(s) Spoken: Vietnamese Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: IHP of Southern Cal-PHP
<b>CERTIFIED NURSE PRACTITIONER</b>		<b>CERTIFIED NURSE PRACTITIONER</b>
<b>GOMEZ, LESLIE</b> Provider ID: 299468 Board Certified Specialty: No 200 W ARBOR DR SAN DIEGO, CA 92103 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female	NPI: 1528578713 Provider English Spoken: Y Provider Language(s) Spoken: Spanish Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER	<b>HA, THU</b> Provider ID: 293261 Board Certified Specialty: No






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## D. 專業提供者目錄

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
Fax: (858) 633-4680  
 After Hours Phone: (858)  
810-8700  
Provider Gender: Female  
NPI: 1346443983  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER





**HARKNESS, RUMIKO**  
Provider ID: 208841  
Board Certified Specialty: No  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1487785093  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Japanese  
Cultural Competency: N  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER

**HAROUSH, GAL**  
Provider ID: 302475  
Board Certified Specialty: No  
 4973 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: 1992461230

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER





**HART, BECKY**

Provider ID: 305337  
Board Certified Specialty: No  
 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
Fax: (619) 687-1067  
 After Hours Phone: (619)  
233-8500  
Provider Gender: Female  
NPI: 1316626344

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER

**HEAD, KRISTIN**  
Provider ID: 268656  
Board Certified Specialty: No  
 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


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## D. 專業提供者目錄

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### **CERTIFIED NURSE PRACTITIONER**

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#### **HILL, GENIELYN**

Provider ID: 299144


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126


 Phone: (844) 200-2426

Fax: (619) 434-1613

 After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1710632435

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

#### **PROVIDER**

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

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### **CERTIFIED NURSE PRACTITIONER**

---


#### **HILLIARD, THESALONICA**

Provider ID: 284022

Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126


 Phone: (844) 200-2426


Fax: (858) 578-4417

 After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1861956724

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU  
8:30AM-5:30PM  
W 10AM-7PM

TH-F 8:30AM-5:30PM

 Website: N/A

IPA: Community Care IPA LLC

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### **CERTIFIED NURSE PRACTITIONER**

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#### **HOOPER, BONNIE**

Provider ID: 275254

Board Certified Specialty: No

 9339 GENESEE AVE STE  
350

SAN DIEGO, CA 92121

 Phone: (858) 454-4300

Fax: (858) 454-5088

 After Hours Phone: (858)  
454-4300

Provider Gender: Female

NPI: 1821062878


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

---

### **CERTIFIED NURSE PRACTITIONER**


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#### **HOOPER, BONNIE**

Provider ID: 275255

Board Certified Specialty: No

 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

 Phone: (619) 298-9809

Fax: (619) 298-9823


 After Hours Phone: (619)  
298-9809

Provider Gender: Female

NPI: 1821062878






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## D. 專業提供者目錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC*

### CERTIFIED NURSE PRACTITIONER







#### **IBARRA, MARTHA**

*Provider ID: 295392*  
*Board Certified Specialty: No*  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
*Fax: (858) 633-4680*  
 *After Hours Phone: (858)*  
*279-0925*  
*Provider Gender: Female*  
*NPI: 1114957289*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MEMORIAL HOSPITAL,*  
*SCRIPPS MERCY HOSPITAL*  
*CHULA VISTA*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 14\None*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M 8:30AM-5:30PM*  
*TU 8:30AM-8:30PM*  
*W 8:30AM-5:30PM*  
*TH 8:30AM-8:30PM*  
*F 8:30AM-5:30PM*  
*SA 9AM-4PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### CERTIFIED NURSE PRACTITIONER








#### **IBARRA, MARTHA**

*Provider ID: 295393*  
*Board Certified Specialty: No*  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 *Phone: (858) 810-8700*  
*Fax: (858) 633-4680*  
 *After Hours Phone: (858)*  
*810-8700*  
*Provider Gender: Female*  
*NPI: 1114957289*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MEMORIAL HOSPITAL,*  
*SCRIPPS MERCY HOSPITAL*  
*CHULA VISTA*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 14\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M 8:30AM-5:30PM*  
*TU 8:30AM-8:30PM*  
*W 8:30AM-5:30PM*  
*TH 8:30AM-8:30PM*  
*F 8:30AM-5:30PM*  
*SA 9AM-4PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*





### CERTIFIED NURSE PRACTITIONER

#### **INSTONE, SUSAN**

*Provider ID: 293254*  
*Board Certified Specialty: No*  
 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: 1710223268*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*  
*CHILDRENS HOSPITAL SAN*  
*DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

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## D. 專業提供者目錄

<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>INSTONE, SUSAN</b>            Provider ID: 293255            Board Certified Specialty: No   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: 1710223268   Provider English Spoken: Y   Provider Language(s)            Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: RADY            CHILDRENS HOSPITAL SAN            DIEGO            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Website: N/A            IPA: IHP of Southern Cal-PHP</p>	<p> Phone: (800) 926-8273            Fax: (888) 539-8781   After Hours Phone: (800) 926-8273            Provider Gender: Female            NPI: 1396371431   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSD LA            JOLLA JOHN SALLY            THORNTON, UCSD MEDICAL            CTR            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p>	<p>Spoken: Spanish            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 8:30AM-5PM   Website: N/A            IPA: IHP of Southern Cal-PHP</p>
<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>JONES, CHRISTA</b>            Provider ID: 275563            Board Certified Specialty: No   200 W ARBOR DR            SAN DIEGO, CA 92103</p>	<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>KEMP, KATHRINE</b>            Provider ID: 301276            Board Certified Specialty: No   1501 IMPERIAL AVE            SAN DIEGO, CA 92101   Phone: (619) 645-6405            Fax: (619) 687-1067   After Hours Phone: (619) 645-6405            Provider Gender: Female            NPI: 1316615313   Provider English Spoken: Y   Provider Language(s)</p>	<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>KI, TRISH</b>            Provider ID: 293293            Board Certified Specialty: No   6973 LINDA VISTA RD            SAN DIEGO, CA 92111   Phone: (858) 279-0925            Fax: (858) 633-4680   After Hours Phone: (858) 279-0925            Provider Gender: Female            NPI: 1376840199   Provider English Spoken: Y   Provider Language(s)            Spoken: Vietnamese            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Website: N/A            IPA: IHP of Southern Cal-PHP</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

<hr/> <b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b> <hr/> <b>KI, TRISH</b> Provider ID: 293294 Board Certified Specialty: No 📍 7011 LINDA VISTA RD SAN DIEGO, CA 92111 ☎ Phone: (858) 810-8700 ☎ Fax: (858) 633-4680 🕒 After Hours Phone: (858) 810-8700 Provider Gender: Female NPI: 1376840199 ☐ Provider English Spoken: Y ☐ Provider Language(s) Spoken: Vietnamese Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🌐 Website: N/A IPA: IHP of Southern Cal-PHP	279-0925 Provider Gender: Female NPI: 1780334110 ☐ Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-5PM 🌐 Website: N/A IPA: IHP of Southern Cal-PHP	🌐 Website: N/A IPA: IHP of Southern Cal-PHP
<hr/> <b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b> <hr/> <b>KIDANE, ZINNIA</b> Provider ID: 302426 Board Certified Specialty: No 📍 6973 LINDA VISTA RD SAN DIEGO, CA 92111 ☎ Phone: (858) 279-0925 ☎ Fax: (858) 633-4680 🕒 After Hours Phone: (858)	<hr/> <b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b> <hr/> <b>KIDANE, ZINNIA</b> Provider ID: 302427 Board Certified Specialty: No 📍 7011 LINDA VISTA RD SAN DIEGO, CA 92111 ☎ Phone: (858) 810-8700 ☎ Fax: (858) 633-4680 🕒 After Hours Phone: (858) 810-8700 Provider Gender: Female NPI: 1780334110 ☐ Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-5PM	<hr/> <b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b> <hr/> <b>KLEMENCIC, TAHNEE</b> Provider ID: 302628 Board Certified Specialty: No 📍 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: 1134802283 ☐ Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: No Min/Max Age: 0\19 American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-5PM 🌐 Website: N/A IPA: Rady Childrens Health Network
<hr/> <b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b> <hr/> <b>KIDANE, ZINNIA</b> Provider ID: 302426 Board Certified Specialty: No 📍 6973 LINDA VISTA RD SAN DIEGO, CA 92111 ☎ Phone: (858) 279-0925 ☎ Fax: (858) 633-4680 🕒 After Hours Phone: (858)	<hr/> <b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b> <hr/> <b>LAFORTEZA, JOZELLE</b> Provider ID: 202666 Board Certified Specialty: No	

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

9333 GENESEE AVE STE  
200  
SAN DIEGO, CA 92121  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1538578307

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER

---

**LANE, KIMBERLY**

Provider ID: 301597

Board Certified Specialty: No

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

Phone: (858) 485-0554

Fax: (858) 429-7933

After Hours Phone: (858)  
485-0554

Provider Gender: Female

NPI: 1457670119

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER

---

**LANE, KIMBERLY**

Provider ID: 301600

Board Certified Specialty: No

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123

Phone: (858) 430-1101

Fax: (858) 221-5049

After Hours Phone: (858)  
430-1101

Provider Gender: Female

NPI: 1457670119

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

---

### CERTIFIED NURSE PRACTITIONER

---

**LANE, KIMBERLY**

Provider ID: 301601

Board Certified Specialty: No

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123

Phone: (858) 429-7646

Fax: (858) 429-7929

After Hours Phone: (858)  
429-7646

Provider Gender: Female

NPI: 1457670119

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER

---

**LANE, KIMBERLY**

Provider ID: 301603

Board Certified Specialty: No

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Phone: (619) 297-4707

Fax: (858) 429-7927

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ After Hours Phone: (619) 297-4707

Provider Gender: Female

NPI: 1457670119

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER

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#### **MANZO, CORINA**

Provider ID: 304481

Board Certified Specialty: No

📍 2630 1ST AVE  
SAN DIEGO, CA 92103

☎ Phone: (619) 234-2158

Fax: (619) 234-0206

☎ After Hours Phone: (619) 234-2158

Provider Gender: Female

NPI: 1669087326

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER

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#### **MAROSOK, MICHELLE**

Provider ID: 305311

Board Certified Specialty: No

📍 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127

☎ Phone: (858) 649-5100

Fax: (858) 649-5099

☎ After Hours Phone: (858) 649-5100

Provider Gender: Female

NPI: 1669166112

☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER, PALOMAR  
HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

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### CERTIFIED NURSE PRACTITIONER

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#### **MARTINEZ, CAROLYN**

Provider ID: 293345

Board Certified Specialty: No

📍 1016 OUTER RD  
SAN DIEGO, CA 92154

☎ Phone: (619) 429-3733

Fax: (619) 628-5550

☎ After Hours Phone: (619) 429-3733

Provider Gender: Female

NPI: 1609101997

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER

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#### **MEDINA, RUBELETA**

Provider ID: 296673

Board Certified Specialty: No

📍 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

NPI: 1881153963


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

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### **CERTIFIED NURSE** **PRACTITIONER**

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**MENDOZA, GRETEL MARIE**

Provider ID: 303202

Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

Fax: (858) 578-4417

 After Hours Phone: (844)  
200-2426

Provider Gender: Female


NPI: 1245652387


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-6PM  
F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

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### **CERTIFIED NURSE** **PRACTITIONER**


---

**MICK, SHARON**

Provider ID: 299647

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE** **PRACTITIONER**

---


**MICK, SHARON**

Provider ID: 299649

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**

---


**MICK, SHARON**

Provider ID: 299648

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273



Provider Gender: Female

NPI: 1891061966

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*  
*JOLLA JOHN SALLY*  
*THORNTON, UCSD MEDICAL*  
*CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*



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### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **MIDORO, ABEGAILLE**

*Provider ID: 303829*  
*Board Certified Specialty: No*  
 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
 *Phone: (844) 200-2426*  
*Fax: (858) 578-4417*  
 *After Hours Phone: (844)*  
*200-2426*  
*Provider Gender: Female*  
*NPI: 1952925851*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Tagalog*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-TU*  
*8:30AM-5:30PM*  
*W 10AM-7PM*  
*TH-F 8:30AM-5:30PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC*



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### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **MIDORO, ABEGAILLE**

*Provider ID: 303828*  
*Board Certified Specialty: No*  
 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131  
 *Phone: (844) 200-2426*  
*Fax: (858) 536-8034*  
 *After Hours Phone: (844)*  
*200-2426*  
*Provider Gender: Female*  
*NPI: 1952925851*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Tagalog*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-TU*  
*8:30AM-5:30PM*  
*W 10AM-7PM*  
*TH-F 8:30AM-5:30PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC*

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### **CERTIFIED NURSE** **PRACTITIONER**




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#### **MILLER, EVA**

*Provider ID: 255833*  
*Board Certified Specialty: No*  
 330 LEWIS ST  
SAN DIEGO, CA 92103  
 *Phone: (619) 471-9210*  
 *After Hours Phone: (619)*  
*471-9210*

*Provider Gender: Female*  
*NPI: 1043492523*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*




 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **CERTIFIED NURSE** **PRACTITIONER**

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#### **MOHEBBI, ATHENA**


*Provider ID: 201325*  
*Board Certified Specialty: No*  
 4520 EXECUTIVE DR STE  
P2  
SAN DIEGO, CA 92121  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

NPI: 1952627176

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### CERTIFIED NURSE PRACTITIONER

#### **MORAN, TIFFANY**

Provider ID: 304275

Board Certified Specialty: No

 2630 1ST AVE  
SAN DIEGO, CA 92103


 Phone: (619) 234-2158

Fax: (619) 234-0206

 After Hours Phone: (619)  
234-2158

Provider Gender: Female

NPI: 1730730649

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### CERTIFIED NURSE PRACTITIONER

#### **MULVEY, CAOILFHIONN**

Provider ID: 291419

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1184386864

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


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### CERTIFIED NURSE PRACTITIONER


#### **NEJATI, FRESHTA**


Provider ID: 214112

Board Certified Specialty: No

 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER

#### **NETZEL, JENNIFER**

Provider ID: 291348

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1336896232

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **CERTIFIED NURSE** **PRACTITIONER**


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#### **NETZEL, JENNIFER**

*Provider ID: 291346*

*Board Certified Specialty: No*

 9333 GENESEE AVE  
SAN DIEGO, CA 92121

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*


*NPI: 1336896232*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **NETZEL, JENNIFER**

*Provider ID: 291347*

*Board Certified Specialty: No*

 9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1336896232*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **CERTIFIED NURSE** **PRACTITIONER**


---


#### **NOVENO, HILARIO**

*Provider ID: 286912*

*Board Certified Specialty: No*


 4168 FRONT ST  
SAN DIEGO, CA 92103


 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1124486865*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Tagalog*

*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC, UCSD Medical Group*

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### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **NOVENO, HILARIO**

*Provider ID: 286911*

*Board Certified Specialty: No*

 4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1124486865*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Tagalog*

*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC, UCSD Medical Group*

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### **CERTIFIED NURSE**

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## D. 專業提供者目錄

W 8:30AM-7PM

TH-F 8:30AM-5:30PM

 Website: N/A

IPA: Community Care IPA LLC

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### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **ORPILLA, IMELDA**

Provider ID: 243506

Board Certified Specialty: No

 9995 CARMEL MOUNTAIN  
RD STE B10-B11  
SAN DIEGO, CA 92129


 Phone: (214) 590-5306

Fax: (858) 240-6470

 After Hours Phone: (214)  
590-5306

Provider Gender: Female

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: CONTACT  
PROVIDER

 Hours: M-TU  
8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM

 Website: N/A

IPA: Community Care IPA LLC

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### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **PAI, SARAH**

Provider ID: 276870

Board Certified Specialty: No

 350 DICKINSON ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1255762167

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **PATIAG, DANIEL**

Provider ID: 293248

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680


 After Hours Phone: (858)

279-0925

Provider Gender: Male

NPI: 1073169769

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **PATIAG, DANIEL**

Provider ID: 293249

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Male

NPI: 1073169769

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes




Min/Max Age: 0\None

American Sign Language (ASL):

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## D. 專業提供者目錄

N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

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### CERTIFIED NURSE PRACTITIONER

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#### **PEREZ, ALLYSSA**

*Provider ID: 286223*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1497358915*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### CERTIFIED NURSE

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### PRACTITIONER

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#### **PEREZ, ALLYSSA**

*Provider ID: 286222*  
*Board Certified Specialty: No*  
 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1497358915*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*





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### CERTIFIED NURSE PRACTITIONER

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#### **PEREZ, ALLYSSA**

*Provider ID: 304162*  
*Board Certified Specialty: No*  
 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: 1497358915*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### CERTIFIED NURSE PRACTITIONER

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#### **PETTIS, BETH**

*Provider ID: 286878*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1326638958*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY*

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## D. 專業提供者目錄


### THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER


### RAJAEI, NILOUFAR

Provider ID: 291437

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1275904047

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE


### PRACTITIONER

### RANDLE, CARRIE

Provider ID: 299296

Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1558557348

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: NAVAL  
MEDICAL CTR SD RBE, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


 Website: N/A


IPA: Rady Childrens Health  
Network


### CERTIFIED NURSE PRACTITIONER

### RIEGO, SUZANNE

Provider ID: 214477

Board Certified Specialty: No  
 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111

 Phone: (858) 292-7200

 After Hours Phone: (858)  
292-7200

Provider Gender: Female

NPI: 1144453754

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

### ROBERTSON, RACHAEL

Provider ID: 286940

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1659912327

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

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## D. 專業提供者目錄


### THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER


### RODENMEYER, EVE

Provider ID: 295956

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

Fax: (858) 633-4682

 After Hours Phone: (619)  
280-2058

Provider Gender: Female

NPI: 1225782022

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE


### PRACTITIONER


### ROSCOE, SYDNEY

Provider ID: 305039

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1992448864

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER


### ROSCOE, SYDNEY

Provider ID: 305038

Board Certified Specialty: No

 350 DICKINSON ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1992448864

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER


### ROSCOE, SYDNEY

Provider ID: 305037

Board Certified Specialty: No

 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1992448864

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

### ROSS, CRYSTAL

Provider ID: 287763

Board Certified Specialty: No

 350 DICKINSON ST

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## D. 專業提供者目錄

SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1548683378  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON, GROSSMONT  
HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP, UCSD Medical Group

### **CERTIFIED NURSE PRACTITIONER**

**ROSS, CRYSTAL**  
Provider ID: 302559  
Board Certified Specialty: No  
📍 4290 POLK AVE  
SAN DIEGO, CA 92105  
☎ Phone: (619) 563-0250  
Fax: (858) 633-4681  
🕒 After Hours Phone: (619) 563-0250  
Provider Gender: Female

NPI: 1548683378  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON, GROSSMONT  
HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
SA 8AM-2PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP, UCSD Medical Group

### **CERTIFIED NURSE PRACTITIONER**

**ROSSI, CATHERINE**  
Provider ID: 291445  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1649934126  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **CERTIFIED NURSE PRACTITIONER**

**ROZO, JOSE**  
Provider ID: 300037  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1528787132  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **CERTIFIED NURSE PRACTITIONER**

**SABIN, NANCY**  
Provider ID: 293287  
Board Certified Specialty: No  
📍 6973 LINDA VISTA RD

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## D. 專業提供者目錄

SAN DIEGO, CA 92111  
☎ Phone: (858) 279-0925  
Fax: (858) 633-4680  
🕒 After Hours Phone: (858) 279-0925  
Provider Gender: Female  
NPI: 1285732586  
☐ Provider English Spoken: Y  
☐ Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**SABIN, NANCY**  
Provider ID: 293288  
Board Certified Specialty: No  
📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
☎ Phone: (858) 810-8700  
Fax: (858) 633-4680  
🕒 After Hours Phone: (858) 810-8700  
Provider Gender: Female  
NPI: 1285732586  
☐ Provider English Spoken: Y  
☐ Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**SAMPSON, ANDRIECE**  
Provider ID: 303282  
Board Certified Specialty: No  
📍 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: 1619594124

☐ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**SANTANGELO, JOANNE**  
Provider ID: 293285

Board Certified Specialty: No  
📍 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: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**SANTANGELO, JOANNE**  
Provider ID: 293286  
Board Certified Specialty: No  
📍 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: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

*American Sign Language (ASL):* Board Certified Specialty: No  
N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

---

### **CERTIFIED NURSE PRACTITIONER**


---

**SATTERWHITE, MAURINE**


*Provider ID: 293258*

*Board Certified Specialty: No*

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111


 *Phone: (858) 279-0925*

*Fax: (858) 633-4680*

 *After Hours Phone: (858)  
279-0925*

*Provider Gender: Female*

*NPI: 1225012842*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):* Board Certified Specialty: No  
N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

---


### **CERTIFIED NURSE PRACTITIONER**

---

**SATTERWHITE, MAURINE**

*Provider ID: 293259*

 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: 0\None*

*American Sign Language (ASL):* Board Certified Specialty: No  
N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

---

### **CERTIFIED NURSE PRACTITIONER**

---

**SEARS-WILEY, ELIZABETH**

*Provider ID: 276851*

 350 DICKINSON ST  
SAN DIEGO, CA 92103


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1215394382*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*


*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):* Board Certified Specialty: No  
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **CERTIFIED NURSE PRACTITIONER**

---


**SELBY, BLAKE**

*Provider ID: 246423*

*Board Certified Specialty: No*

 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1417194358*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation:*

*UNIVERSITY OF CALIFORNIA*

*IRVINE MED CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**

---


#### **SELBY, BLAKE**

Provider ID: 256646

Board Certified Specialty: No

 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1417194358

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**

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#### **SENA, TIFFANY**

Provider ID: 300229

Board Certified Specialty: No

 550 WASHINGTON ST STE  
300

SAN DIEGO, CA 92103

 Phone: (619) 297-5437

Fax: (619) 297-4567

 After Hours Phone: (619)  
297-5437

Provider Gender: Female

NPI: 1710539523

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL


Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-8PM  
F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### **CERTIFIED NURSE PRACTITIONER**

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#### **SWARTZ, ERIN**


Provider ID: 255787

Board Certified Specialty: No

 330 LEWIS ST

SAN DIEGO, CA 92103

 Phone: (858) 657-8530

 After Hours Phone: (858)  
657-8530

Provider Gender: Female

NPI: 1639571292

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**

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#### **TAING, JENNIFER**

Provider ID: 201573

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1649528357

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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## D. 專業提供者目錄

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER

**TALBOT, ADRIANNE**

Provider ID: 278183

Board Certified Specialty: No

 4168 FRONT ST STE 1A  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1992048557

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER


**TIMBERMAN, SARAH**

Provider ID: 295361

Board Certified Specialty: No

 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: 1144614066

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### CERTIFIED NURSE PRACTITIONER

**TONJES, ERIKA**

Provider ID: 298018

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-9676

Fax: (858) 633-4680

 After Hours Phone: (858)

279-9676

Provider Gender: Female

NPI: 1205540812

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

**TONJES, ERIKA**

Provider ID: 298019

Board Certified Specialty: No

 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: 1205540812

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N































Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>	<p>315            SAN DIEGO, CA 92121   <i>Phone: (858) 534-8019</i>   <i>After Hours Phone: (858) 534-8019</i>  <i>Provider Gender: Female</i>  <i>NPI: 1326570045</i></p>	<p><i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>
<hr/>		
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		
<hr/>		
<p><b>TOPPEN, LAURA</b>  <i>Provider ID: 215477</i>  <i>Board Certified Specialty: No</i>   200 W ARBOR DR            SAN DIEGO, CA 92103   <i>Phone: (800) 926-8273</i>   <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Female</i>  <i>NPI: 1326563495</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i></p>	<p><i>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>	<p style="text-align: center;"><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>VILLALOBOS, REBECA</b>  <i>Provider ID: 294770</i>  <i>Board Certified Specialty: No</i>   1809 NATIONAL AVE            SAN DIEGO, CA 92113   <i>Phone: (619) 515-2300</i>  <i>Fax: (619) 515-2510</i>   <i>After Hours Phone: (619) 515-2300</i>  <i>Provider Gender: Female</i>  <i>NPI: 1184224396</i></p>
<hr/>		
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		
<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>	<p style="text-align: center;"><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>VIBAL-POASTER, MARIA</b>  <i>Provider ID: 205651</i>  <i>Board Certified Specialty: No</i>   200 W ARBOR DR            SAN DIEGO, CA 92103   <i>Phone: (800) 926-8273</i>   <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Female</i>  <i>NPI: 1376046680</i></p>	<p> <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Website: N/A</i>  <i>IPA: Family Health Centers of</i></p>
<hr/>		
<p style="text-align: center;"><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>TURNER, ELIZABETH</b>  <i>Provider ID: 255601</i>  <i>Board Certified Specialty: No</i>   4510 EXECUTIVE DR STE</p>	<p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i></p>	<p><i>San Diego</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **CERTIFIED NURSE** **PRACTITIONER**

#### **VILLALOBOS, REBECA**

Provider ID: 294769

Board Certified Specialty: No

823 GATEWAY CENTER  
WAY

SAN DIEGO, CA 92102

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Provider Gender: Female

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: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

Website: N/A

IPA: Family Health Centers of  
San Diego

### **CERTIFIED NURSE** **PRACTITIONER**

#### **WALDRUP, LA'RHONDA**

Provider ID: 299260

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5888

Fax: (858) 966-7483

After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1831627181

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **CERTIFIED NURSE** **PRACTITIONER**

#### **WHITEHURST, UNIQUE**

Provider ID: 306075

Board Certified Specialty: No

286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114

Phone: (619) 662-4100

Fax: (619) 428-7952

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1124800214

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **CERTIFIED NURSE** **PRACTITIONER**

#### **WOO, ANDY**

Provider ID: 299916

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1609450550

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED NURSE** **PRACTITIONER**

#### **YEO, ALEXANDRIA**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider ID: 299941

Board Certified Specialty: No

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: 1902368319

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED NURSE ANESTHETIST**

**ALFONSO, ALVIN**

Provider ID: 256374

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1952653404

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED NURSE ANESTHETIST**

**AMADOR, LINDSAY**

Provider ID: 291388

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003556184

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED**

### **NURSE ANESTHETIST**

**APPLEGET, JOSEPH**

Provider ID: 239602

Board Certified Specialty: No

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED NURSE ANESTHETIST**

**BARBA, ARNEL**

Provider ID: 262186

Board Certified Specialty: No

286 EUCLID AVE STE 109  
SAN DIEGO, CA 92114

Phone: (619) 564-8249





After Hours Phone: (619)  
564-8249

Provider Gender: Male

NPI: 1750366928


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: Imperial Health Holdings  
Medical Group-SD

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**CERTIFIED REGISTERED  
NURSE ANESTHETIST**

**BAYLIS, CHRISTOPHER**  
Provider ID: 240763  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1174893358  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: UCSD Medical Group

---


**CERTIFIED REGISTERED  
NURSE ANESTHETIST**

**BILLINGTON, KATHERINE**  
Provider ID: 262246  
Board Certified Specialty: No  
 286 EUCLID AVE STE 109  
SAN DIEGO, CA 92114  
 Phone: (619) 564-8249  
 After Hours Phone: (619)  
564-8249  
Provider Gender: Female  
NPI: 1962787366





 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: Imperial Health Holdings  
Medical Group-SD

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**CERTIFIED REGISTERED  
NURSE ANESTHETIST**

**BOEING, KRISTINA**  
Provider ID: 274397  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1205134301

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

---




**CERTIFIED REGISTERED  
NURSE ANESTHETIST**

**BURROWS, TERENCE**  
Provider ID: 256694  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1023194560  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄





N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*




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### **CERTIFIED REGISTERED NURSE ANESTHETIST**

#### **DOLLAND, STEVEN**

*Provider ID: 280552*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1982059044*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: KERN MEDICAL CENTER, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*



N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


---

### **CERTIFIED REGISTERED NURSE ANESTHETIST**

#### **FERRITER, STACY**




*Provider ID: 265295*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*  
*NPI: 1780725556*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*



N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **CERTIFIED REGISTERED NURSE ANESTHETIST**

#### **GARCIA, CALVIN**

*Provider ID: 217365*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1427419944*




 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*




N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **CERTIFIED REGISTERED NURSE ANESTHETIST**

#### **GONZALEZ, LISA**

*Provider ID: 299905*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1083254205*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


**CERTIFIED REGISTERED**  
**NURSE ANESTHETIST**

**POLIKOWSKI, SAMANTHA**

Provider ID: 291444

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1194134114

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: KAISER

FOUNDATION HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

**CERTIFIED REGISTERED**

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**NURSE ANESTHETIST**

**RAMIREZ, NICOLE**

Provider ID: 291404

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1487213500

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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**CERTIFIED REGISTERED**  
**NURSE ANESTHETIST**

**SACKS, BRENT**

Provider ID: 278003

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982133591

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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**CERTIFIED REGISTERED**  
**NURSE ANESTHETIST**

**VINCENT, BERLIN**

Provider ID: 291454

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1144987801

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

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## D. 專業提供者目錄

IPA: UCSD Medical Group

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**CERTIFIED REGISTERED**  
**NURSE MIDWIFE**

---

**CHOI, NATHALIE**

Provider ID: 301714

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1073241618

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

---

**CERTIFIED REGISTERED**  
**NURSE MIDWIFE**

---

**CHOI, NATHALIE**

Provider ID: 301715

Board Certified Specialty: No

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1073241618

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER,  
SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

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**CERTIFIED REGISTERED**  
**NURSE MIDWIFE**

---

**EKHOLM, JANNA**

Provider ID: 290584

Board Certified Specialty: No

4290 POLK AVE  
SAN DIEGO, CA 92105

Phone: (619) 563-0250

Fax: (858) 633-4681

After Hours Phone: (619)  
563-0250

Provider Gender: Female

NPI: 1588977151

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

---

**CERTIFIED REGISTERED**  
**NURSE MIDWIFE**

---

**GOODWIN, RACHEL**

Provider ID: 210018

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1518274919

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None



American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄






 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

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### **CERTIFIED REGISTERED NURSE MIDWIFE**

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#### **GOODWIN, RACHEL**

Provider ID: 210019  
Board Certified Specialty: No  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1518274919  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group


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### **CERTIFIED REGISTERED NURSE MIDWIFE**

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#### **GREAR MANN, MELISSA**

Provider ID: 210053  
Board Certified Specialty: No  
 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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group


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### **CERTIFIED REGISTERED NURSE MIDWIFE**




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#### **GREAR MANN, MELISSA**

Provider ID: 210052  
Board Certified Specialty: No  
 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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group


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### **CERTIFIED REGISTERED NURSE MIDWIFE**




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#### **GUNTHER, HOPE**

Provider ID: 210041  
Board Certified Specialty: No  
 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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

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### **CERTIFIED REGISTERED NURSE MIDWIFE**

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#### **HIRSCH, JENNIFER**

Provider ID: 210058  
Board Certified Specialty: No

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## D. 專業提供者目錄


 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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED REGISTERED NURSE MIDWIFE**


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**HIRSCH, JENNIFER**

Provider ID: 210054

Board Certified Specialty: No

 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  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED REGISTERED NURSE MIDWIFE**


---


**HIRSCH, JENNIFER**

Provider ID: 210055

Board Certified Specialty: No

 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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED REGISTERED NURSE MIDWIFE**


---

**NATHAN, CARLY**

Provider ID: 301048

Board Certified Specialty: No

 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1235670977

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**

---

**NATHAN, CARLY**

Provider ID: 301047

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1235670977

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 210137

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED REGISTERED NURSE MIDWIFE**


---

#### **PERDION, KAREN**


Provider ID: 210134

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (619) 543-7878

Fax: (619) 543-2366

 After Hours Phone: (619)  
543-7878

Provider Gender: Female

NPI: 1518916857

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**

---


#### **PERDION, KAREN**

Provider ID: 210137

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1518916857

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CHIROPRACTOR**


---

#### **BUI, MAI**

Provider ID: 289496

Board Certified Specialty: No

 10717 CAMINO RUIZ STE 137  
SAN DIEGO, CA 92126


 Phone: (619) 692-3211

Fax: (619) 640-3211

 After Hours Phone: (619)  
692-3211

Provider Gender: Female

NPI: 1780901264

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 9AM-6PM

W 9AM-6PM

F 9AM-2PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
Imperial Health Holdings  
Medical Group-SD

---

### **CHIROPRACTOR**

---


#### **BUI, MAI**

Provider ID: 295791

Board Certified Specialty: No

 5354 UNIVERSITY AVE STE  
3

SAN DIEGO, CA 92105

 Phone: (619) 692-3211

Fax: (619) 640-3211

 After Hours Phone: (619)  
692-3211

Provider Gender: Female

NPI: 1780901264

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

































Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):




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## D. 專業提供者目錄

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 9AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP, Imperial Health Holdings Medical Group-SD</i></p>	<hr/> <p style="text-align: center;"><b>CHIROPRACTOR</b></p> <hr/> <p><b>CASTRO, DAVID</b></p> <p><i>Provider ID: 293322</i></p> <p><i>Board Certified Specialty: No</i></p> <p> 1016 OUTER RD SAN DIEGO, CA 92154</p> <p> <i>Phone: (619) 429-3733</i></p> <p><i>Fax: (619) 628-5550</i></p> <p> <i>After Hours Phone: (619) 429-3733</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1841557733</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP</i></p>	<p><i>Provider Gender: Male</i></p> <p><i>NPI: 1821463159</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Community Care IPA LLC</i></p>
<hr/> <p style="text-align: center;"><b>CHIROPRACTOR</b></p> <hr/> <p><b>BUI, MAI</b></p> <p><i>Provider ID: 125052</i></p> <p><i>Board Certified Specialty: No</i></p> <p> 5354 UNIVERSITY AVE STE 3 SAN DIEGO, CA 92105</p> <p> <i>Phone: (619) 692-3211</i></p> <p><i>Fax: (619) 640-3211</i></p> <p> <i>After Hours Phone: (619) 692-3211</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1780901264</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Vietnamese</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 9AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP, Imperial Health Holdings Medical Group-SD</i></p>	<hr/> <p style="text-align: center;"><b>CHIROPRACTOR</b></p> <hr/> <p><b>GILIBERTO, JOSEPH</b></p> <p><i>Provider ID: 291546</i></p> <p><i>Board Certified Specialty: No</i></p> <p> 9995 CARMEL MOUNTAIN RD STE D SAN DIEGO, CA 92129</p> <p> <i>Phone: (844) 200-2426</i></p> <p><i>Fax: (619) 399-5959</i></p> <p> <i>After Hours Phone: (844) 200-2426</i></p>	<hr/> <p style="text-align: center;"><b>CHIROPRACTOR</b></p> <hr/> <p><b>GILIBERTO, JOSEPH</b></p> <p><i>Provider ID: 291547</i></p> <p><i>Board Certified Specialty: No</i></p> <p> 10737 CAMINO RUIZ STE 235 SAN DIEGO, CA 92126</p> <p> <i>Phone: (844) 200-2426</i></p> <p><i>Fax: (619) 399-5959</i></p> <p> <i>After Hours Phone: (844) 200-2426</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1821463159</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p>





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## D. 專業提供者目錄



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC*

### **CHIROPRACTOR**

#### **LUU, DANIEL**

*Provider ID: 269883*  
*Board Certified Specialty: No*  
 *4419 EUCLID AVE STE 105  
SAN DIEGO, CA 92115*  
 *Phone: (619) 287-1235*  
*Fax: (619) 255-6406*  
 *After Hours Phone: (619)  
287-1235*  
*Provider Gender: Male*  
*NPI: 1225108269*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Vietnamese*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*


*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M 10AM-6PM  
TU 10AM-2PM  
W 10AM-6PM  
TH 10AM-2PM  
F 10AM-6PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC*

### **CHIROPRACTOR**

#### **ROBINSON, DEAN**

*Provider ID: 300847*  
*Board Certified Specialty: No*  
 *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: 1851320337*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:30AM-5:30PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

### **CHIROPRACTOR**

#### **ROBINSON, DEAN**

*Provider ID: 300848*  
*Board Certified Specialty: No*  
 *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: 1851320337*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:30AM-5:30PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*


### **DERMATOLOGY**

#### **CALAME, ANTOANELLA**

*Provider ID: 290301*

*Board Certified Specialty: No*

 *6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121*

 *Phone: (858) 750-2983*

*Fax: (858) 750-2984*

 *After Hours Phone: (858)  
750-2983*

*Provider Gender: Female*

*NPI: 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*


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## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### DERMATOLOGY

#### **FABRIKANT, JORDAN**

*Provider ID: 262275*  
*Board Certified Specialty: No*  
 *4060 4TH AVE STE 415  
SAN DIEGO, CA 92103*  
 *Phone: (619) 298-9809*  
*Fax: (619) 298-9823*  
 *After Hours Phone: (619)  
298-9809*  
*Provider Gender: Male*  
*NPI: 1649585753*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9AM-5PM*  
 *Website: N/A*  
*IPA: Imperial Health Holdings  
Medical Group-SD*




### DERMATOLOGY

#### **KANNAN, SWATI**

*Provider ID: 286287*

*Board Certified Specialty: No*  
 *8899 UNIVERSITY CENTER  
LN STE 350  
SAN DIEGO, CA 92122*  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*



 *After Hours Phone: (800)  
926-8273*  
*Provider Gender: Female*  
*NPI: 1508155227*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED  
CTR, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### DERMATOLOGY

#### **KAUNITZ, GENEVIEVE**





*Provider ID: 285011*  
*Board Certified Specialty: No*  
 *8899 UNIVERSITY CENTER  
LN STE 350  
SAN DIEGO, CA 92122*  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*  
*Provider Gender: Female*  
*NPI: 1053734905*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### DERMATOLOGY

#### **KOZMA, BONITA**

*Provider ID: 269301*  
*Board Certified Specialty: No*  
 *8899 UNIVERSITY CENTER  
LN STE 350  
SAN DIEGO, CA 92122*  
 *Phone: (858) 657-8322*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (858)  
657-8322*  
*Provider Gender: Female*  
*NPI: 1659654598*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation:  
PROVIDENCE SAINT JOHNS*

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## D. 專業提供者目錄

HEALTH CENTER, SANTA  
MONICA UCLA MED CTR,  
RONALD REAGAN UCLA MED  
CTR, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **DERMATOLOGY**


#### **SHI, VERONICA**

Provider ID: 271713

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN STE 350  
SAN DIEGO, CA 92122

 Phone: (858) 657-8322  
Fax: (888) 539-8781

 After Hours Phone: (858)  
657-8322

Provider Gender: Female

NPI: 1366897464

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **DERMATOLOGY**

#### **SHI, VERONICA**

Provider ID: 286335

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1366897464

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **DERMATOLOGY**

#### **SINGH, GAURAV**

Provider ID: 272612

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN STE 350  
SAN DIEGO, CA 92122

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1184073801

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **EMERGENCY MEDICINE**

#### **AMANN, CHRISTOPHER**

Provider ID: 270913

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

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## D. 專業提供者目錄

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1134326895*

☑ *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON, USC KENNETH*

*NORRIS JR CANCER*

*HOSPITAL, KECK HOSPITAL*

*OF USC, USC VERDUGO HILLS*

*HOSPITAL*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### **EMERGENCY MEDICINE**

**AUSTIN, ANDREA**

*Provider ID: 269291*

*Board Certified Specialty: No*

📍 200 W ARBOR DR

SAN DIEGO, CA 92103

☎ *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1811289093*

☑ *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON, GROSSMONT*

*HOSPITAL, Los Angeles*

*General Medical Center,*

*TEMECULA VALLEY HOSPITAL*

*INC*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### **EMERGENCY MEDICINE**

**BAGBY, JESSICA**

*Provider ID: 271136*

*Board Certified Specialty: No*

📍 200 W ARBOR DR

SAN DIEGO, CA 92103

☎ *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1093161473*

☑ *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL*

*CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### **EMERGENCY MEDICINE**

**BARRY, JEFFREY**

*Provider ID: 271130*

*Board Certified Specialty: No*

📍 4168 FRONT ST

SAN DIEGO, CA 92103

☎ *Phone: (855) 535-5864*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (855) 535-5864*

*Provider Gender: Male*

*NPI: 1801207006*

☑ *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

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## D. 專業提供者目錄

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **BARRY, JEFFREY**

Provider ID: 271132

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1801207006

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **BARRY, JEFFREY**

Provider ID: 271129

Board Certified Specialty: No

4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1801207006

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **BELLINGHAUSEN, AMY**

Provider ID: 270333

Board Certified Specialty: No

4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1801206354

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, SHARP  
MEMORIAL HOSPITAL, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **BELLINGHAUSEN, AMY**

Provider ID: 270334

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1801206354

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SHARP




MEMORIAL HOSPITAL, UCSD

LA JOLLA JOHN SALLY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## D. 專業提供者目錄

THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### EMERGENCY MEDICINE

#### BELLINGHAUSEN, AMY

Provider ID: 270336  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1801206354



Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, SHARP  
MEMORIAL HOSPITAL, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### EMERGENCY MEDICINE



#### CASTELLANO, TIFFANY





Provider ID: 301706  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1063893063  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### EMERGENCY MEDICINE




#### CASTELLANO, TIFFANY

Provider ID: 279314  
Board Certified Specialty: No  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273

Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1063893063  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### EMERGENCY MEDICINE

#### CHEN, ALICE

Provider ID: 287430  
Board Certified Specialty: No  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1427476597  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

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上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **CHEN, ALICE**

Provider ID: 287428

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1427476597

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **EMERGENCY MEDICINE**


#### **COLLINS, CATHLEEN**

Provider ID: 285133

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1205128089

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: LUCILE

SALTER PACKARD

CHILDRENS HOSP, Stanford  
Health Care, RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network


### **EMERGENCY MEDICINE**

#### **COYNE, CHRISTOPHER**


Provider ID: 303036

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-7051

Fax: (619) 543-3115

 After Hours Phone: (619)  
543-7051

Provider Gender: Male

NPI: 1043590169

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, RADY

CHILDRENS HOSPITAL SAN  
DIEGO, EL CENTRO

REGIONAL MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **EMERGENCY MEDICINE**


#### **GUITTARD, JESSE**

Provider ID: 239879

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-6400

 After Hours Phone: (619)  
543-6400


Provider Gender: Male

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## D. 專業提供者目錄

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NPI: 1770979890

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: EL


CENTRO REGIONAL MEDICAL  
CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **EMERGENCY MEDICINE**


#### **HERNANDEZ, CRISTINA**

Provider ID: 242544

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1164765046

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **EMERGENCY MEDICINE**

#### **HOGUE, BRENNIA**

Provider ID: 301711

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1043705296

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PIONEERS

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **EMERGENCY MEDICINE**


#### **HORNBEAK, KIRSTEN**

Provider ID: 240022

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1205214442

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **EMERGENCY MEDICINE**

#### **KUTZ, CRAIG**

Provider ID: 283845

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1598295925


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*  
*JOLLA JOHN SALLY*  
*THORNTON, UCSD MEDICAL*  
*CTR, TRI CITY MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

### **EMERGENCY MEDICINE**

#### **LIOTTA, BENJAMIN**

*Provider ID: 285630*

*Board Certified Specialty: No*

 *16950 VIA TAZON*

*SAN DIEGO, CA 92127*


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Male*

*NPI: 1396270278*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Chinese*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR, UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*


*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-8PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

### **EMERGENCY MEDICINE**


#### **MCDANIEL, MICHELE**


*Provider ID: 246901*

*Board Certified Specialty: No*

 *200 W ARBOR DR*

*SAN DIEGO, CA 92103*

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*

*NPI: 1366761959*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL,*

*SOUTHWEST HEALTHCARE*

*INLAND VALLEY HOSPITAL,*

*SOUTHWEST HEALTHCARE*

*RANCHO SPRINGS HOSPITAL,*

*RADY CHILDRENS HOSPITAL*

*SAN DIEGO*

*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT*

*PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health*  
*Network, UCSD Medical Group*

### **EMERGENCY MEDICINE**

#### **MUELLER, MATTHEW**

*Provider ID: 280657*

*Board Certified Specialty: No*

 *200 W ARBOR DR*

*SAN DIEGO, CA 92103*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Male*

*NPI: 1003355629*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON, EL CENTRO*

*REGIONAL MEDICAL CENTER*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

### **EMERGENCY MEDICINE**

#### **NOSTE, ERIN**

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## D. 專業提供者目錄

Provider ID: 239797

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-6400

After Hours Phone: (619)  
543-6400

Provider Gender: Female

NPI: 1871732214

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE

#### NOSTE, ERIN

Provider ID: 239798

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (858) 605-4441

After Hours Phone: (858)  
605-4441

Provider Gender: Female

NPI: 1871732214

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 8AM-10PM  
M-F 8AM-5PM  
SA 8AM-10PM

Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE

#### PARK, JAY

Provider ID: 285607

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1366478372

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE

#### PHAM, LILY

Provider ID: 304933

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2905

Fax: (619) 283-1614

After Hours Phone: (619)  
280-2905

Provider Gender: Female

NPI: 1811423072

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19


American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1PM-10PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。








## D. 專業提供者目錄

M-F 4PM-10PM  
SA 1PM-10PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network

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### EMERGENCY MEDICINE

#### PHAM, LILY

Provider ID: 304937  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
966-8800  
Provider Gender: Female  
NPI: 1811423072  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: Rady Childrens Health  
Network






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### EMERGENCY MEDICINE

#### RUDOLF, FRANCES

Provider ID: 240159





Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (858) 657-7000  
 After Hours Phone: (858)  
657-7000

Provider Gender: Female  
NPI: 1821487430  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

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### EMERGENCY MEDICINE

#### SABHA, MAHMOUD






Provider ID: 243441  
Board Certified Specialty: No  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1457747883  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

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### EMERGENCY MEDICINE

#### SLOANE, CHRISTIAN

Provider ID: 209518  
Board Certified Specialty: No  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1841233145  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, EL CENTRO  
REGIONAL MEDICAL CENTER,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

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上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

**PROVIDER**  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **TANAKA, HIDEAKI**

Provider ID: 240124  
Board Certified Specialty: No  
📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
☎ Phone: (800) 926-8273  
🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1124280730

🗑 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: EL

CENTRO REGIONAL MEDICAL  
CENTER, Sharp Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: SU 8AM-8PM  
M-F 8AM-5PM  
SA 8AM-8PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **YOU, ALAN**

Provider ID: 269936

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1225425697

🗑 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **YU, ELAINE**

Provider ID: 301708

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1528564150

🗑 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **ENDOCRINOLOGY**

### **METABOLISM DIABETES**

#### **BOEDER, SCHAFFER**

Provider ID: 255611

Board Certified Specialty: No

📍 4168 FRONT ST  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1477808285

🗑 Provider English Spoken: Y

🗑 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):

N  
♿ Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### ENDOCRINOLOGY

#### METABOLISM DIABETES


#### **EKANAYAKE, PREETHIKA**

Provider ID: 284813

Board Certified Specialty: No

 4168 FRONT ST

SAN DIEGO, CA 92103


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1083922462

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Sinhala, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### ENDOCRINOLOGY

#### METABOLISM DIABETES


#### **EKANAYAKE, PREETHIKA**

Provider ID: 284812

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1083922462

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Sinhala, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### ENDOCRINOLOGY

#### METABOLISM DIABETES

#### **GUERIN, CHRIS**

Provider ID: 284646

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1275648875

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, UCSD MEDICAL

CTR, UCSD LA JOLLA JOHN

SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### ENDOCRINOLOGY

#### METABOLISM DIABETES


#### **JUANG, PATRICIA**

Provider ID: 255605

Board Certified Specialty: No

 4168 FRONT ST

SAN DIEGO, CA 92103

 Phone: (800) 926-8273


Fax: (858) 657-7298

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265695795

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Mandarin

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ENDOCRINOLOGY**

### **METABOLISM DIABETES**

**KULASA, KRISTEN**

Provider ID: 255622

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (619) 543-6500

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932324175

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ENDOCRINOLOGY**

### **METABOLISM DIABETES**


**NAGELBERG, JODI**

Provider ID: 287780

Board Certified Specialty: No

 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1720474141


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ENDOCRINOLOGY**


### **METABOLISM DIABETES**

**NAGELBERG, JODI**

Provider ID: 287781

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1720474141


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ENDOCRINOLOGY**

### **METABOLISM DIABETES**

**NAGELBERG, JODI**

Provider ID: 287779

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1720474141

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

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## D. 專業提供者目錄

<p>N ♿ <i>Accessibility: CONTACT PROVIDER</i> 🕒 <i>Hours: M-F 8AM-5PM</i> 🌐 <i>Website: N/A</i> <i>IPA: UCSD Medical Group</i></p>	<p><i>Board Certified Specialty: No</i> 📍 4168 FRONT ST SAN DIEGO, CA 92103 ☎ <i>Phone: (800) 926-8273</i> <i>Fax: (858) 657-7298</i> 📞 <i>After Hours Phone: (800) 926-8273</i> <i>Provider Gender: Female</i> <i>NPI: 1518163799</i></p>	<p>☐ <i>Provider English Spoken: Y</i> ☐ <i>Provider Language(s) Spoken: Thai</i> <i>Cultural Competency: N</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p>
<hr/> <p><b><u>ENDOCRINOLOGY</u></b> <b><u>METABOLISM DIABETES</u></b></p>	<p><i>Provider Gender: Female</i> <i>NPI: 1518163799</i></p>	<p><i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: UCSD MEDICAL CTR</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 18\None</i> <i>American Sign Language (ASL): N</i></p>
<p><b>NAGELBERG, JODI</b> <i>Provider ID: 287782</i> <i>Board Certified Specialty: No</i> 📍 9909 MIRA MESA BLVD STE 200 SAN DIEGO, CA 92131 ☎ <i>Phone: (800) 926-8273</i> <i>Fax: (888) 539-8781</i> 📞 <i>After Hours Phone: (800) 926-8273</i> <i>Provider Gender: Female</i> <i>NPI: 1720474141</i> ☐ <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 18\None</i> <i>American Sign Language (ASL): N</i></p>	<p>☐ <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: UCSD MEDICAL CTR</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 18\None</i> <i>American Sign Language (ASL): N</i> ♿ <i>Accessibility: CONTACT PROVIDER</i> 🕒 <i>Hours: M-F 8AM-5PM</i> 🌐 <i>Website: N/A</i> <i>IPA: UCSD Medical Group</i></p>	<p><i>Provider English Spoken: Y</i> <i>Provider Language(s) Spoken: Thai</i> <i>Cultural Competency: N</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i> ♿ <i>Accessibility: CONTACT PROVIDER</i> 🕒 <i>Hours: M-F 8AM-5PM</i> 🌐 <i>Website: N/A</i> <i>IPA: UCSD Medical Group</i></p>
<hr/> <p><b><u>ENDOCRINOLOGY</u></b> <b><u>METABOLISM DIABETES</u></b></p>	<hr/> <p><b><u>ENDOCRINOLOGY</u></b> <b><u>METABOLISM DIABETES</u></b></p>	<hr/> <p><b><u>ENDOCRINOLOGY</u></b> <b><u>METABOLISM DIABETES</u></b></p>
<p><b>SANTOS CAVAIOLA, TRICIA</b> <i>Provider ID: 256091</i></p>	<p><b>TANTISIRA, LALITA</b> <i>Provider ID: 286323</i> <i>Board Certified Specialty: No</i> 📍 4303 LA JOLLA VILLAGE DR STE 2110 SAN DIEGO, CA 92122 ☎ <i>Phone: (800) 926-8273</i> <i>Fax: (888) 539-8781</i> 📞 <i>After Hours Phone: (800) 926-8273</i> <i>Provider Gender: Female</i> <i>NPI: 1508874298</i></p>	<p><b>VALDEZ, KRISTAL</b> <i>Provider ID: 299743</i> <i>Board Certified Specialty: No</i> 📍 10737 CAMINO RUIZ STE 235 SAN DIEGO, CA 92126 ☎ <i>Phone: (844) 200-2426</i> <i>Fax: (858) 578-4417</i> 📞 <i>After Hours Phone: (844) 200-2426</i> <i>Provider Gender: Female</i> <i>NPI: 1629480272</i> ☐ <i>Provider English Spoken: Y</i> ☐ <i>Provider Language(s) Spoken: Spanish, Tagalog</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: TWIN CITIES COMMUNITY HOSPITAL, SIERRA VISTA REGIONAL MED CTR, PARADISE VALLEY HOSPITAL</i></p>

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## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 18\100

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### ENDOCRINOLOGY

#### METABOLISM DIABETES


#### **VALDEZ, KRYSAL**

Provider ID: 299363


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

Fax: (858) 578-4417

 After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1629480272

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TWIN

CITIES COMMUNITY

HOSPITAL, SIERRA VISTA

REGIONAL MED CTR,

PARADISE VALLEY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### FAMILY PRACTICE

#### **ALVAREZ-ESTRADA, MIGUEL**


Provider ID: 301761

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113


 Phone: (619) 662-4100


Fax: (619) 595-0258

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1588197826

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL, PARADISE VALLEY

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 10AM-4PM

M-F 8:30AM-5:30PM

SA 8AM-2:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### FAMILY PRACTICE

#### **BELL, TRACY**


Provider ID: 304813

Board Certified Specialty: No

 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

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### FAMILY PRACTICE

#### **BELL, TRACY**

Provider ID: 304814

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

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## D. 專業提供者目錄

☎ After Hours Phone: (858) 810-8700

Provider Gender: Female

NPI: 1497821318

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 14\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:30AM-5:30PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **FAMILY PRACTICE**

**BERNADETT, ALEX**

Provider ID: 296739

Board Certified Specialty: No

📍 6699 ALVARADO RD STE  
2100

SAN DIEGO, CA 92120

☎ Phone: (619) 229-3909

Fax: (619) 229-3902

☎ After Hours Phone: (619)  
229-3909

Provider Gender: Male

NPI: 1215382841

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\99

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **FAMILY PRACTICE**

**BERNADETT, ALEX**

Provider ID: 296740

Board Certified Specialty: No

📍 10505 SORRENTO VALLEY  
RD STE 200

SAN DIEGO, CA 92121

☎ Phone: (858) 793-7860

Fax: (858) 436-1289

☎ After Hours Phone: (858)  
793-7860

Provider Gender: Male

NPI: 1215382841

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\99

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **FAMILY PRACTICE**

**CAMPBELL, BRIANNA**

Provider ID: 298950

Board Certified Specialty: No

📍 950 S EUCLID AVE  
SAN DIEGO, CA 92114

☎ Phone: (619) 662-4100

Fax: (619) 662-4158

☎ After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1316479892

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: CHULA  
VISTA COMM HOSP

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: SU 10AM-4PM  
M-F 8:30AM-5:30PM  
SA 8AM-2:30PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **FAMILY PRACTICE**

**CHEN, ALICE**

Provider ID: 207167

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265810337

☑ Provider English Spoken: Y  
☑ Provider Language(s)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Spoken: Chinese  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None






American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group




### **FAMILY PRACTICE**

**CHEN, ALICE**  
 Provider ID: 207164  
 Board Certified Specialty: No  
 330 LEWIS ST  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1265810337  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Chinese  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None









American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **FAMILY PRACTICE**

**CHEN, ALICE**  
 Provider ID: 207163  
 Board Certified Specialty: No  
 9333 GENESEE AVE STE 200  
 SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1265810337  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Chinese  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **FAMILY PRACTICE**

**HILL, LINDA**  
 Provider ID: 293210  
 Board Certified Specialty: No  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 279-0925  
 Provider Gender: Female  
 NPI: 1467434811  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: French, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### **FAMILY PRACTICE**

**HILL, LINDA**  
 Provider ID: 293211  
 Board Certified Specialty: No  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8700

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## D. 專業提供者目錄

Fax: (858) 633-4680

☎ After Hours Phone: (858) 810-8700

Provider Gender: Female

NPI: 1467434811

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **FAMILY PRACTICE**

#### **JOHN, TANNER**

Provider ID: 303515

Board Certified Specialty: No

📍 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

☎ Phone: (619) 662-4100

Fax: (619) 595-0258

☎ After Hours Phone: (619) 662-4100

Provider Gender: Male

NPI: 1043707326

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **FAMILY PRACTICE**

#### **JOLICOEUR, MEGAN**

Provider ID: 300060

Board Certified Specialty: No

📍 330 LEWIS ST  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1114366192

☐ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **FAMILY PRACTICE**

#### **JOLICOEUR, MEGAN**

Provider ID: 300057

Board Certified Specialty: No

📍 8899 UNIVERSITY CENTER  
LN STE 350

SAN DIEGO, CA 92122

☎ Phone: (858) 249-6890

☎ After Hours Phone: (858) 249-6890

Provider Gender: Female

NPI: 1114366192

☐ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **FAMILY PRACTICE**

#### **JOLICOEUR, MEGAN**

Provider ID: 300059

Board Certified Specialty: No

📍 9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1114366192

☐ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Website: N/A  
IPA: UCSD Medical Group

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### **FAMILY PRACTICE**


---


#### **JOLICOEUR, MEGAN**

Provider ID: 300058

Board Certified Specialty: No

 9333 GENESEE AVE  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1114366192

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **FAMILY PRACTICE**

---

#### **KUROSACA, MOMO**

Provider ID: 291448

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1205848363

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **FAMILY PRACTICE**

---


#### **KUROSACA, MOMO**

Provider ID: 291447

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1205848363


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **FAMILY PRACTICE**


---

#### **MCLAUGHLIN, ERIK**

Provider ID: 303847

Board Certified Specialty: No

 2630 1ST AVE  
SAN DIEGO, CA 92103

 Phone: (619) 234-2158

Fax: (619) 234-0505

 After Hours Phone: (619)  
234-2158

Provider Gender: Male

NPI: 1861637217


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **FAMILY PRACTICE**


---

#### **PERESS, LILIA**

Provider ID: 304277

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1275945446

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Ukrainian

Cultural Competency: N

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## D. 專業提供者目錄

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### FAMILY PRACTICE

#### **PERESS, LILIA**

Provider ID: 304276

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1275945446

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Ukrainian

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### FAMILY PRACTICE

#### **RISSER, JOSEPH**


Provider ID: 293216

Board Certified Specialty: Yes

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Male

NPI: 1952386765

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### FAMILY PRACTICE

#### **RISSER, JOSEPH**

Provider ID: 293217

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Male

NPI: 1952386765


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### FAMILY PRACTICE

#### **ROSADO, IVAN**

Provider ID: 299244

Board Certified Specialty: No

 316 25TH ST  
SAN DIEGO, CA 92102

 Phone: (619) 662-4100

Fax: (619) 238-3807

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1316479603

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 8:30AM-5:30PM  
M-F 8:30AM-5:30PM

SA 8:30AM-2:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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## D. 專業提供者目錄

<hr/> <b>FAMILY PRACTICE</b> <hr/> <b>SCOTT, LAGINA</b> Provider ID: 302648 Board Certified Specialty: No 292 EUCLID AVE STE 210 SAN DIEGO, CA 92114 Phone: (619) 662-4100 Fax: (619) 263-9601 After Hours Phone: (619) 662-4100 Provider Gender: Female NPI: 1558897009 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: IHP of Southern Cal-PHP	<input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: IHP of Southern Cal-PHP	American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: IHP of Southern Cal-PHP
<hr/> <b>FAMILY PRACTICE</b> <hr/> <b>SUMMERS-DAY, COURTNEY</b> Provider ID: 290976 Board Certified Specialty: Yes 1016 OUTER RD SAN DIEGO, CA 92154 Phone: (619) 429-3733 Fax: (619) 628-5550 After Hours Phone: (619) 429-3733 Provider Gender: Female NPI: 1124288873	<hr/> <b>FAMILY PRACTICE</b> <hr/> <b>VAN PRATT LEVIN, BENJAMIN</b> Provider ID: 302531 Board Certified Specialty: No 1016 OUTER RD SAN DIEGO, CA 92154 Phone: (619) 429-3733 Fax: (619) 328-5550 After Hours Phone: (619) 429-3733 Provider Gender: Male NPI: 1619438330 Provider English Spoken: Y Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL Medi-Cal Open Panel: Yes Min/Max Age: 0\None	<hr/> <b>FAMILY PRACTICE</b> <hr/> <b>VO, PHU LUONG</b> Provider ID: 303332 Board Certified Specialty: No 4690 EL CAJON BLVD SAN DIEGO, CA 92115 Phone: (619) 662-4100 Fax: (619) 205-6305 After Hours Phone: (619) 662-4100 Provider Gender: Female NPI: 1043849177 Provider English Spoken: Y Provider Language(s) Spoken: Spanish, Vietnamese Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: IHP of Southern Cal-PHP
	<hr/> <b>FAMILY PRACTICE GERIATRIC MEDICINE</b> <hr/> <b>MILLER, SCOTT</b>	

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## D. 專業提供者目錄

Provider ID: 271539

Board Certified Specialty: No

9878 CARMEL MOUNTAIN RD STE B

SAN DIEGO, CA 92129

Phone: (858) 312-1440

Fax: (760) 788-7983

After Hours Phone: (858) 312-1440

Provider Gender: Male

NPI: 1104845536

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **FEMALE PELVIC MED AND RECONSTRUCTIVE SURG**

#### **LUKACZ, EMILY**

Provider ID: 256956

Board Certified Specialty: No

4520 EXECUTIVE DR STE 360

SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1750339446

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **FEMALE PELVIC MED AND RECONSTRUCTIVE SURG**

#### **LUKACZ, EMILY**

Provider ID: 256955

Board Certified Specialty: No

4168 FRONT ST

SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1750339446

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **GASTROENTEROLOGY**

#### **ANAND, GOBIND**

Provider ID: 272837

Board Certified Specialty: No

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (619) 543-2347

Fax: (858) 657-7259

After Hours Phone: (619) 543-2347

Provider Gender: Male

NPI: 1861626814

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **GASTROENTEROLOGY**

#### **ANAND, GOBIND**

Provider ID: 304187


Board Certified Specialty: No

6655 ALVARADO RD

SAN DIEGO, CA 92120

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## D. 專業提供者目錄

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1861626814

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **GASTROENTEROLOGY**


#### **BAUMAN, LAURA**

Provider ID: 260041

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

 Phone: (858) 966-4003

Fax: (858) 560-6798

 After Hours Phone: (858)  
966-4003

Provider Gender: Female

NPI: 1255697850

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### **GASTROENTEROLOGY**

#### **DAVE, SHRAVAN**

Provider ID: 304204

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1588081814


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **GASTROENTEROLOGY**

#### **DAVE, SHRAVAN**

Provider ID: 270450

Board Certified Specialty: No

 4510 EXECUTIVE DR STE 7  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1588081814


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **GASTROENTEROLOGY**

#### **HASAN, AWS**

Provider ID: 299951

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1780047597

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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## D. 專業提供者目錄

American Sign Language (ASL): **KUMAR, SOMA**

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **GASTROENTEROLOGY**


**HILDRETH, AMBER**

Provider ID: 280464

Board Certified Specialty: No

 3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123

 Phone: (858) 966-4003

Fax: (858) 560-6798

 After Hours Phone: (858) 966-4003

Provider Gender: Female

NPI: 1548521511

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### **GASTROENTEROLOGY**

Provider ID: 205377

Board Certified Specialty: No

 3030 CHILDRENS WAY FL 2 SOUTH

SAN DIEGO, CA 92123

 Phone: (858) 966-4003

Fax: (858) 560-6798

 After Hours Phone: (858) 966-4003

Provider Gender: Female

NPI: 1356502520

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

---


### **GASTROENTEROLOGY**

**NOVO, MEGAN**

Provider ID: 296066

Board Certified Specialty: No

 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

 Phone: (619) 266-3332

Fax: (619) 266-6006

 After Hours Phone: (619)

266-3332

Provider Gender: Female

NPI: 1770961971

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PARADISE VALLEY HOSPITAL, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL

ENCINITAS, UCSD LA JOLLA

JOHN SALLY THORNTON,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, UNIVERSITY OF

CALIFORNIA IRVINE MED CTR,

UCSD MEDICAL CTR, UCSD

MEDICAL CTR, SCRIPPS

MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **GASTROENTEROLOGY**


**POLK, DAVID**

Provider ID: 275449

Board Certified Specialty: No

 3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123

 Phone: (760) 294-9260

Fax: (760) 294-9274

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## D. 專業提供者目錄

☉ After Hours Phone: (760)  
294-9260

Provider Gender: Male

NPI: 1427140839

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, CHILDRENS HOSP OF

LOS ANGELES

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### **GASTROENTEROLOGY**

#### **REDDY, JOSEPH**

Provider ID: 27748

Board Certified Specialty: Yes

📍 6699 ALVARADO RD STE  
2301

SAN DIEGO, CA 92120

☎ Phone: (619) 588-4074

Fax: (619) 588-4004

☉ After Hours Phone: (619)  
588-4074

Provider Gender: Male

NPI: 1245215391

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Hindi, Spanish,

Telugu

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

### **GASTROENTEROLOGY**

#### **REDDY, JOSEPH**

Provider ID: 290034

Board Certified Specialty: Yes

📍 6699 ALVARADO RD STE  
2301

SAN DIEGO, CA 92120

☎ Phone: (619) 588-4074

Fax: (619) 588-4004

☉ After Hours Phone: (619)  
588-4074

Provider Gender: Male

NPI: 1245215391

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Hindi, Spanish,  
Telugu

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

### **GASTROENTEROLOGY**

#### **SHAFFER, KATHERINE**

Provider ID: 295712

Board Certified Specialty: No

📍 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: 1336405695

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, PARADISE

VALLEY HOSPITAL

Medi-Cal Open Panel: Yes




Min/Max Age: 18\None

American Sign Language (ASL):

N

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## D. 專業提供者目錄




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

---

### **GASTROENTEROLOGY**

#### **SHAH, SHAILJA**

*Provider ID: 283896*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1073803243*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **GASTROENTEROLOGY**

#### **SHAH, SHAILJA**

*Provider ID: 304178*



*Board Certified Specialty: No*  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*


*Provider Gender: Female*  
*NPI: 1073803243*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### **GASTROENTEROLOGY**

#### **TSAI, MATTHEW**

*Provider ID: 304196*  
*Board Certified Specialty: No*  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*  
*NPI: 1285051177*  
 *Provider English Spoken: Y*







*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **GASTROENTEROLOGY**

#### **YOUSSEF, FADY**

*Provider ID: 304186*  
*Board Certified Specialty: No*  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1265887723*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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## D. 專業提供者目錄

### **GASTROENTEROLOGY**

#### **YOUSSEF, FADY**

Provider ID: 300024

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1265887723

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **GENERAL PRACTICE**

#### **BORRERO, MARCOS**

Provider ID: 125077

Board Certified Specialty: No

3490 PALM AVE  
SAN DIEGO, CA 92154

Phone: (619) 423-5616

Fax: (619) 423-5684

After Hours Phone: (619)  
423-5616

Provider Gender: Male

NPI: 1952312621

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 2\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Imperial Health Holdings

Medical Group-SD

### **GENETICS CLINICAL**

#### **REIMERS, REBECCA**

Provider ID: 294650

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1801207634

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **GENETICS CLINICAL**

#### **REIMERS, REBECCA**

Provider ID: 302348

Board Certified Specialty: No

7920 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 966-5840

Fax: (858) 966-8550

After Hours Phone: (858)  
966-5840

Provider Gender: Female

NPI: 1801207634

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

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## D. 專業提供者目錄

<b>GENETICS MEDICAL</b>
<b>DEL CAMPO CASANELLES, MIGUEL</b> Provider ID: 206013 Board Certified Specialty: No 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: 1598141475 Provider English Spoken: Y Provider Language(s) Spoken: French, Italian, Portuguese, Spanish Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network
<b>GENETICS MEDICAL</b>
<b>MARDACH, REBECCA</b> Provider ID: 241947

Board Certified Specialty: No 3030 CHILDRENS WAY FL 4 SAN DIEGO, CA 92123 Phone: (858) 966-5840 After Hours Phone: (858) 966-5840 Provider Gender: Female NPI: 1457330607 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RONALD REAGAN UCLA MED CTR, UC DAVIS MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network
---

<b>GENETICS MEDICAL</b>
<b>MARDACH, REBECCA</b> Provider ID: 241946 Board Certified Specialty: No 7920 FROST ST STE 200 SAN DIEGO, CA 92123 Phone: (858) 966-5840 After Hours Phone: (858) 966-5840 Provider Gender: Female

NPI: 1457330607 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RONALD REAGAN UCLA MED CTR, UC DAVIS MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network
---

<b>HEARING AID DEALER / SUPPLIER</b>
<b>ANDERSON, ELAINE</b> Provider ID: 268689 Board Certified Specialty: No 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

American Sign Language (ASL): Provider ID: 268653

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

---

### HEARING AID DEALER / SUPPLIER

---


#### **ANDERSON, ELAINE**

Provider ID: 268691

Board Certified Specialty: No

 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): Provider ID: 268652

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

---

### HEARING AID DEALER / SUPPLIER


---

#### **DAVIS, KELLE**

Board Certified Specialty: No

 9340 CLAIREMONT MESA BLVD STE D

SAN DIEGO, CA 92123

 Phone: (858) 278-9911

Fax: (858) 565-7324

 After Hours Phone: (858) 278-9911

Provider Gender: Female

NPI: 1902853344

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 303059

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

---

### HEARING AID DEALER / SUPPLIER

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#### **DAVIS, KELLE**

Provider ID: 268652


Board Certified Specialty: No

 6367 ALVARADO CT STE 101

SAN DIEGO, CA 92120


 Phone: (619) 583-7002

Fax: (619) 583-9404

 After Hours Phone: (619) 583-7002

Provider Gender: Female

NPI: 1902853344

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 303059

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

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### HEMATOLOGY / ONCOLOGY

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#### **CHEN, YU-WEI**

Provider ID: 303059

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1245694801

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 303059

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### HEMATOLOGY / ONCOLOGY

---

#### **LEE, KAREN**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider ID: 284165

Board Certified Specialty: No

3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1518352970

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### HEMATOLOGY / ONCOLOGY

#### **NGUYEN, ANTHONY**

Provider ID: 301060

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1295153575

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: LOMA

LINDA UNIVERSITY MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### HEMATOLOGY / ONCOLOGY

#### **PAUL, MEGAN**

Provider ID: 274499

Board Certified Specialty: No

3010 CHILDRENS WAY STE  
2W  
SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1427495894

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### HEMATOLOGY / ONCOLOGY

#### **VU, PETER**

Provider ID: 272716

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1861810830

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### HEMATOLOGY / ONCOLOGY

#### **ZHOU, JENNY**

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## D. 專業提供者目錄

Provider ID: 273188

Board Certified Specialty: No

9333 GENESEE AVE STE 310

SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1598007924

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **HEMATOLOGY / PATHOLOGY**

#### **WANG, HUAN YOU**

Provider ID: 247585

Board Certified Specialty: No

10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1689633729

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **HEMATOLOGY / PATHOLOGY**

#### **WANG, HUAN YOU**

Provider ID: 247583

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1689633729

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **HEPATOLOGY**

#### **BARMAN, PRANAB**

Provider ID: 241953

Board Certified Specialty: No

4510 EXECUTIVE DR STE 315

SAN DIEGO, CA 92121

Phone: (800) 826-5273

After Hours Phone: (800) 826-5273

Provider Gender: Male

NPI: 1023301991

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

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## D. 專業提供者目錄

 Website: N/A  
IPA: UCSD Medical Group

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### **HOSPICE AND PALLIATIVE MEDICINE**


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#### **RUBENZIK, TAMARA**

Provider ID: 276671

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811200652

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **HOSPICE AND PALLIATIVE MEDICINE**


---

#### **RUBENZIK, TAMARA**

Provider ID: 245573

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811200652

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **HOSPITALIST MD/DO**


---

#### **CHILDERS, DIANA**

Provider ID: 275068

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1033128376

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **HOSPITALIST MD/DO**

---

#### **FIRESTEIN, CATHERINE**

Provider ID: 275387

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1427348382

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON






























Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p>	<p><i>Provider ID: 284743</i></p> <p><i>Board Certified Specialty: No</i></p> <p> 200 W ARBOR DR SAN DIEGO, CA 92103</p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1700271939</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Japanese</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 18\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p>	<p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1356804926</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p>
<hr/> <p style="text-align: center;"><b>HOSPITALIST MD/DO</b></p> <hr/>		
<p><b>HAMMOND, CHARLES</b></p> <p><i>Provider ID: 278588</i></p> <p><i>Board Certified Specialty: No</i></p> <p> 200 W ARBOR DR SAN DIEGO, CA 92103</p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1033641816</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p>	<p><b>TONG, ALEXANDER</b></p> <p><i>Provider ID: 300045</i></p> <p><i>Board Certified Specialty: No</i></p> <p> 200 W ARBOR DR SAN DIEGO, CA 92103</p>	<p style="text-align: center;"><b>INFECTIOUS DISEASE</b></p> <hr/> <p><b>ALDOUS, JEANNETTE</b></p> <p><i>Provider ID: 290420</i></p> <p><i>Board Certified Specialty: No</i></p> <p> 950 S EUCLID AVE SAN DIEGO, CA 92114</p> <p> <i>Phone: (619) 662-4100</i></p> <p><i>Fax: (619) 205-6384</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1073650339</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSD MEDICAL CTR</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p>
<hr/> <p style="text-align: center;"><b>HOSPITALIST MD/DO</b></p> <hr/>		
<p><b>SHINDO, YURI</b></p>		

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## D. 專業提供者目錄

American Sign Language (ASL): Provider ID: 258330

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### INFECTIOUS DISEASE


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#### BAMFORD, LAURA

Provider ID: 276546

Board Certified Specialty: No

 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

 Phone: (619) 543-6382

Fax: (888) 539-8781

 After Hours Phone: (619)  
543-6382

Provider Gender: Female

NPI: 1750435996

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### INFECTIOUS DISEASE


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#### DEISS, ROBERT

Board Certified Specialty: No



 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

 Phone: (619) 543-3995

 After Hours Phone: (619)  
543-3995

Provider Gender: Male

NPI: 1194977652

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### INFECTIOUS DISEASE

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#### HORTON, LUCY

Provider ID: 240887

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1427324821

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### INFECTIOUS DISEASE


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#### KUPPALLI, KRUTIKA

Provider ID: 301058

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1538346317

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, Stanford Health

Care, STANFORD HEALTH

CARE TRI-VALLEY

Medi-Cal Open Panel: Yes

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## D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 277226

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **INFECTIOUS DISEASE**

#### **MARTIN, THOMAS**

Provider ID: 277225

Board Certified Specialty: No

 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

 Phone: (619) 543-5890

Fax: (888) 539-8781

 After Hours Phone: (619)  
543-5890

Provider Gender: Male

NPI: 1093193583

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **INFECTIOUS DISEASE**

#### **MARTIN, THOMAS**

Provider ID: 277226

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1093193583

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **INFECTIOUS DISEASE**


#### **MOODLEY, AMARAN**

Provider ID: 208558

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

 Phone: (885) 966-7785


Fax: (858) 966-8658

 After Hours Phone: (885)

966-7785

Provider Gender: Male

NPI: 1104023670

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### **INFECTIOUS DISEASE**


#### **PANNARAJ, PIA**

Provider ID: 301026

Board Certified Specialty: No

 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

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## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### **INFECTIOUS DISEASE**

#### **PROMER, KATHERINE**

Provider ID: 258545

Board Certified Specialty: No

 4168 FRONT ST FL 3

SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 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: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP, UCSD Medical Group

### **INFECTIOUS DISEASE**


#### **RAJAGOPAL, AMUTHA**


Provider ID: 221088

Board Certified Specialty: No

 4168 FRONT ST FL 3


SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1124465745

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **INFECTIOUS DISEASE**


#### **RAMIREZ SANCHEZ, CLAUDIA**

Provider ID: 299946

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1659720555

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP, UCSD Medical Group

### **INFECTIOUS DISEASE**


#### **TOVAR PADUA, LEIDY**


Provider ID: 265093

Board Certified Specialty: No

 3020 CHILDRENS WAY

SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800




Provider Gender: Female

NPI: 1033491311



 Provider English Spoken: Y




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## D. 專業提供者目錄






*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES, LONG BEACH MEMORIAL MED CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*




### **INFECTIOUS DISEASE**

**TOVAR PADUA, LEIDY**  
*Provider ID: 205357*  
*Board Certified Specialty: No*  
 3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-7785*  
*Fax: (858) 966-8658*  
 *After Hours Phone: (858) 966-7785*  
*Provider Gender: Female*  
*NPI: 1033491311*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES, LONG BEACH*








*MEMORIAL MED CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **INTERNAL MEDICINE**

**ARUTYUNOV, BORIS**  
*Provider ID: 201910*  
*Board Certified Specialty: No*  
 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: GOOD SAMARITAN HOSPITAL, PIH HEALTH GOOD SAMARITAN HOSPITAL, SUTTER MEDICAL CENTER SACRAMENTO, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*

*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **INTERNAL MEDICINE**

**BALL, SHELDON**  
*Provider ID: 294137*  
*Board Certified Specialty: No*  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
*Fax: (858) 633-4680*  
 *After Hours Phone: (858) 279-0925*  
*Provider Gender: Male*  
*NPI: 1689646275*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M 8:30AM-5:30PM TU 8:30AM-8:30PM W-F 8:30AM-5:30PM SA 9AM-4PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **INTERNAL MEDICINE**

**BALL, SHELDON**  
*Provider ID: 294136*

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## D. 專業提供者目錄

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Provider Gender: Male

NPI: 1689646275

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### INTERNAL MEDICINE

#### BORDIN-WOSK, TALYA

Provider ID: 273983

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (760) 471-9186

Fax: (619) 543-8255

After Hours Phone: (760)  
471-9186

Provider Gender: Female

NPI: 1801184973

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### CHENG, GEORGE

Provider ID: 247639

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1316174568

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### DJEKIC, KRISTINA

Provider ID: 286668

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1417343732

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### GELBERG, ANNA

Provider ID: 285638

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## D. 專業提供者目錄

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104004258

Provider English Spoken: Y

Provider Language(s)  
Spoken: Russian

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL  
CENTER, HOAG MEMORIAL  
HOSPITAL PRESBYTERIAN,  
UCSD MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### GRUNVALD, EDUARDO

Provider ID: 286344

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1497791339

Provider English Spoken: Y

Provider Language(s)  
Spoken: Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### GRUNVALD, EDUARDO

Provider ID: 286343

Board Certified Specialty: No

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1497791339

Provider English Spoken: Y

Provider Language(s)  
Spoken: Portuguese,

Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### HASTIE, ELIZABETH

Provider ID: 291431

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1154818797

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group


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## D. 專業提供者目錄

---



**INTERNAL MEDICINE**

**HOGARTH, MICHAEL**  
Provider ID: 214386  
Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103



 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Male  
NPI: 1225019193

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Portuguese,  
Spanish

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UC DAVIS  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER



 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

---



**INTERNAL MEDICINE**

**JABBOUR, MOUSSA**  
Provider ID: 256659  
Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103



 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Male  
NPI: 1255741633

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group


---

**INTERNAL MEDICINE**


**JIANG, JUN**  
Provider ID: 291415  
Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273


Provider Gender: Male  
NPI: 1447792171



 Provider English Spoken: Y  
Cultural Competency: N

---


**INTERNAL MEDICINE**


**KATZ, YISRAEL**  
Provider ID: 272936  
Board Certified Specialty: No



 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273


Provider Gender: Male  
NPI: 1730507872


 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER



 Website: N/A  
IPA: UCSD Medical Group

---


**INTERNAL MEDICINE**


**KATZ, YISRAEL**  
Provider ID: 272936  
Board Certified Specialty: No



 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Male  
NPI: 1730507872

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

---

**INTERNAL MEDICINE**

**KVIATKOVSKY, MILLA**  
Provider ID: 274003  
Board Certified Specialty: No

 200 W ARBOR DR

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## D. 專業提供者目錄

SAN DIEGO, CA 92103  
☎ Phone: (619) 543-6222  
📞 After Hours Phone: (619) 543-6222  
Provider Gender: Female  
NPI: 1366855355  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Finnish, French,  
Hebrew, Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### **LAGO HERNANDEZ, CARLOS**

Provider ID: 238622  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1558756270  
☐ Provider English Spoken: Y  
☐ Provider Language(s)

Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### **LAM, MICHAEL**

Provider ID: 274411  
Board Certified Specialty: No  
📍 4168 FRONT ST  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1578974259  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Mandarin  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### **LAM, MICHAEL**

Provider ID: 274410  
Board Certified Specialty: No  
📍 4520 EXECUTIVE DR STE  
P2  
SAN DIEGO, CA 92121  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1578974259  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Mandarin  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### **LEVERONE, NICHOLAS**

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## D. 專業提供者目錄

Provider ID: 272692  
Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1407388564

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **INTERNAL MEDICINE**

#### **MAJITHIA, AMIT**

Provider ID: 255882

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1801091459

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **INTERNAL MEDICINE**

#### **MARTINEZ, ARMANDO**

Provider ID: 291421

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1598261091

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **INTERNAL MEDICINE**

#### **MUNCE, DANIELLE**

Provider ID: 272577

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1740644509

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **INTERNAL MEDICINE**

#### **NAIDZIONAK, ULADZISLAW**

Provider ID: 290567

Board Certified Specialty: No

7930 FROST ST STE 405  
SAN DIEGO, CA 92123

Phone: (858) 237-0572


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## D. 專業提供者目錄

 After Hours Phone: (858) 237-0572

Provider Gender: Male

NPI: 1023246212

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Russian

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS


MERCY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: TU 9AM-4PM  
TH 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **INTERNAL MEDICINE**

#### **NOKES, BRANDON**

Provider ID: 287582

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1487040051

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **INTERNAL MEDICINE**


#### **SEBASKY, MEGHAN**

Provider ID: 273962

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-6222  
Fax: (619) 543-8255

 After Hours Phone: (619)  
543-6222

Provider Gender: Female

NPI: 1538351408

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **INTERNAL MEDICINE**


#### **SHAHATTO, LOBNA**

Provider ID: 201324

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (858) 657-7000

 After Hours Phone: (858)  
657-7000

Provider Gender: Female

NPI: 1477879906

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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## D. 專業提供者目錄

### **INTERNAL MEDICINE**

#### **SMITH, CHELSEY**

Provider ID: 239920

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (858) 657-6110

After Hours Phone: (858)  
657-6110

Provider Gender: Female

NPI: 1013264506

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **INTERNAL MEDICINE**

#### **TANTISIRA, LALITA**

Provider ID: 275927

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1508874298

Provider English Spoken: Y

Provider Language(s)  
Spoken: Thai

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **INTERNAL MEDICINE**

#### **TANTISIRA, LALITA**

Provider ID: 275926

Board Certified Specialty: No

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1508874298

Provider English Spoken: Y

Provider Language(s)  
Spoken: Thai

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **INTERNAL MEDICINE**

#### **TAYLOR, DAVID**

Provider ID: 274469

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033572995

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **INTERNAL MEDICINE**

#### **THOMAS, ROBERT**

Provider ID: 238929

Board Certified Specialty: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 200 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

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **INTERNAL MEDICINE**

#### **WANG, ANGELA**


Provider ID: 259535

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730133976

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **INTERNAL MEDICINE**


#### **WANG, ANGELA**

Provider ID: 259534

Board Certified Specialty: No

 4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121

 Phone: (855) 355-5864

Fax: (888) 539-8781

 After Hours Phone: (855)  
355-5864

Provider Gender: Female

NPI: 1730133976

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **INTERNAL MEDICINE**

#### **WEBSTER, LUKE**

Provider ID: 272681

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1235660887

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **INTERNAL MEDICINE**

#### **YANG, JENNY**

Provider ID: 283026

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1346636453

☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### **YANG, JENNY**

Provider ID: 283027

Board Certified Specialty: No

📍 4520 EXECUTIVE DR STE  
P2  
SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346636453

☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### **ZHANG, SHERRY**

Provider ID: 272657

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1588198147

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE

#### **BEGOVIC, ADNAN**

Provider ID: 276290

Board Certified Specialty: No

📍 555 WASHINGTON ST  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1093791014

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SOUTHWEST  
HEALTHCARE INLAND

VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, UCSD LA JOLLA

JOHN SALLY THORNTON

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE

#### **BEGOVIC, ADNAN**


Provider ID: 210825

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1093791014

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE

#### **BEGOVIC, ADNAN**


Provider ID: 276291

Board Certified Specialty: No

 200 W ARBOR DR STE

3-313

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1093791014

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE

#### **BOROK, ZEA**

Provider ID: 284706

Board Certified Specialty: No

 4168 FRONT ST

SAN DIEGO, CA 92103

 Phone: (800) 926-5273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-5273

Provider Gender: Female

NPI: 1750317251

Provider English Spoken: Y

Provider Language(s)

Spoken: Hebrew

Cultural Competency: N

Hospital Affiliation: RONALD

REAGAN UCLA MED CTR, Los

Angeles General Medical

Center, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

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## D. 專業提供者目錄

IPA: UCSD Medical Group

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### INTERNAL MEDICINE CRITICAL CARE MEDICINE

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#### **BOROK, ZEA**

Provider ID: 284705

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103


 Phone: (800) 926-5273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-5273

Provider Gender: Female

NPI: 1750317251

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hebrew

Cultural Competency: N


Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR, Los  
Angeles General Medical

Center, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### INTERNAL MEDICINE CRITICAL CARE MEDICINE

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#### **BOROK, ZEA**

Provider ID: 284704

Board Certified Specialty: No

 4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121


 Phone: (800) 926-5273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-5273

Provider Gender: Female

NPI: 1750317251

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hebrew

Cultural Competency: N


Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR, Los  
Angeles General Medical  
Center, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### INTERNAL MEDICINE CRITICAL CARE MEDICINE

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#### **ODISH, MAZEN**

Provider ID: 271466

Board Certified Specialty: No

 4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1992141428

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### INTERNAL MEDICINE CRITICAL CARE MEDICINE

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#### **ODISH, MAZEN**

Provider ID: 271467

Board Certified Specialty: No

 4168 FRONT ST

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

NPI: 1992141428

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE


#### **ODISH, MAZEN**

Provider ID: 271469

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1992141428

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE

#### **TRAN, LINH**

Provider ID: 271939

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1851682728

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### GERIATRIC MEDICINE

#### **AGNIHOTRI, PARAG**


Provider ID: 247292

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1447351085

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: MERCY


GENERAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERVENTIONAL

### CARDIOLOGY

#### **CRUZ RODRIGUEZ, JOSE**







Provider ID: 300061

Board Certified Specialty: No

 200 W ARBOR DR





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## D. 專業提供者目錄

SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1457770240  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group



### INTERVENTIONAL CARDIOLOGY

**KINGDON, TYLER**  
 Provider ID: 301814  
 Board Certified Specialty: No  
 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: 1477084283






 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: CHILDRENS HOSPITAL OF ORANGE COUNTY, RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### INTERVENTIONAL CARDIOLOGY

**MOHAMEDALI, BURHAN**  
 Provider ID: 245577  
 Board Certified Specialty: No  
 292 EUCLID AVE STE 210  
 SAN DIEGO, CA 92114  
 Phone: (619) 616-2100  
 Fax: (619) 616-2104  
 After Hours Phone: (619) 616-2100  
 Provider Gender: Male  
 NPI: 1831393289  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish, Swahili  
 Cultural Competency: N  
 Hospital Affiliation: SHARP CHULA VISTA MED CTR,

Adventist Health and Rideout  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY

**SHEREV, DIMITRI**  
 Provider ID: 302987  
 Board Certified Specialty: No  
 6402 EL CAJON BLVD STE 102  
 SAN DIEGO, CA 92115  
 Phone: (619) 582-4490  
 Fax: (619) 582-4737  
 After Hours Phone: (619) 582-4490  
 Provider Gender: Male  
 NPI: 1154323996  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Bulgarian, Russian, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, ALVARADO COMMUNITY HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL,

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## D. 專業提供者目錄

ALVARADO HOSPITAL LLC,  
SHARP CHULA VISTA MED  
CTR, SHARP CHULA VISTA  
MED CTR, TRI CITY MEDICAL  
CTR, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **INTERVENTIONAL CARDIOLOGY**


#### **SHEREV, DIMITRI**

Provider ID: 301306

Board Certified Specialty: No

 6402 EL CAJON BLVD STE  
100

SAN DIEGO, CA 92115


 Phone: (619) 582-4490


Fax: (519) 582-4737

 After Hours Phone: (619)  
582-4490

Provider Gender: Male

NPI: 1154323996

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Bulgarian, Russian,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL,  
ALVARADO COMMUNITY  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
ALVARADO HOSPITAL LLC,  
SHARP CHULA VISTA MED  
CTR, SHARP CHULA VISTA  
MED CTR, TRI CITY MEDICAL  
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: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,


IHP of Southern Cal-PHP


### **INTERVENTIONAL CARDIOLOGY**

#### **SUDHAKAR, DEEPTHI**

Provider ID: 296050

Board Certified Specialty: No

 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

 Phone: (619) 616-2100

Fax: (619) 616-2104

 After Hours Phone: (619)  
616-2100

Provider Gender: Female  
NPI: 1811307051

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 15\99

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### **INTERVENTIONAL CARDIOLOGY**

#### **SUDHAKAR, DEEPTHI**

Provider ID: 295844

Board Certified Specialty: No

 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

 Phone: (619) 616-2100

Fax: (619) 616-2104

 After Hours Phone: (619)  
616-2100

Provider Gender: Female

NPI: 1811307051

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。



## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### LICENSED PROFESSIONAL CLINICAL COUNSELOR

#### **GARCIA, JENNI**

Provider ID: 299310

Board Certified Specialty: No

 3025 BEYER BLVD  
SAN DIEGO, CA 92154

 Phone: (619) 662-4100

Fax: (619) 662-4119

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1437775863

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### LICENSED PROFESSIONAL


#### CLINICAL COUNSELOR


#### **NAKAMURA, TIFFANY**

Provider ID: 239584

Board Certified Specialty: No

 4510 EXECUTIVE DR STE  
315  
SAN DIEGO, CA 92121

 Phone: (858) 534-8019

 After Hours Phone: (858)  
534-8019

Provider Gender: Female

NPI: 1356846349

Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### MATERNAL AND FETAL MEDICINE

#### **ADAMI, REBECCA**

Provider ID: 272670

Board Certified Specialty: No

 3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1992149447

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### MATERNAL AND FETAL MEDICINE

#### **ADAMI, REBECCA**

Provider ID: 277179

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1992149447

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

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## D. 專業提供者目錄

*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*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*


### **MATERNAL AND FETAL MEDICINE**

#### **EMERUWA, UKACHI**

*Provider ID: 300012*

*Board Certified Specialty: No*

 4168 FRONT ST  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1245627421*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT*

#### **PROVIDER**

 *Website: N/A*

*IPA: UCSD Medical Group*


### **MATERNAL AND FETAL MEDICINE**

#### **EMERUWA, UKACHI**

*Provider ID: 300011*

*Board Certified Specialty: No*

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1245627421*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*


### **MATERNAL AND FETAL MEDICINE**

#### **EMERUWA, UKACHI**

*Provider ID: 300010*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1245627421*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

### **MATERNAL AND FETAL MEDICINE**


#### **LAURENT, LOUISE**

*Provider ID: 208640*

*Board Certified Specialty: No*

 4168 FRONT ST  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1770532707*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL, SCRIPPS*

*MERCY HOSPITAL CHULA*

*VISTA, SCRIPPS MEMORIAL*

*HOSPITAL ENCINITAS,*

*PALOMAR MEDICAL CENTER,*

*SCRIPPS MEMORIAL*

*HOSPITAL*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


### MATERNAL AND FETAL MEDICINE

#### **MCCULLOUGH, DEIRDRE**

Provider ID: 210034

Board Certified Specialty: No

 3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 939-4102

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1639153018

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP


MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
Sharp Grossmont Hospital,  
SHARP MEMORIAL HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### MATERNAL AND FETAL MEDICINE

#### **MCCULLOUGH, DEIRDRE**

Provider ID: 277260

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1639153018

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
Sharp Grossmont Hospital,  
SHARP MEMORIAL HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### MATERNAL AND FETAL MEDICINE

#### **MELBER, DORA**

Provider ID: 296990

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710


Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1124413026

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hungarian,  
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER
























 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<b><u>MATERNAL AND FETAL MEDICINE</u></b>		
<p><b>MELBER, DORA</b>  <i>Provider ID: 296998</i>  <i>Board Certified Specialty: No</i>   7910 FROST ST STE 220            SAN DIEGO, CA 92123   <i>Phone: (858) 966-6710</i>   <i>After Hours Phone: (858) 966-6710</i>  <i>Provider Gender: Female</i>  <i>NPI: 1124413026</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Hungarian, Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\19</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: Rady Childrens Health Network, UCSD Medical Group</i></p>	<p><i>Board Certified Specialty: No</i>   7910 FROST ST STE 430            SAN DIEGO, CA 92123   <i>Phone: (858) 966-6710</i>  <i>Fax: (858) 966-6711</i>   <i>After Hours Phone: (858) 966-6710</i>  <i>Provider Gender: Female</i>  <i>NPI: 1124413026</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Hungarian, Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\19</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: Rady Childrens Health Network, UCSD Medical Group</i></p>	<p> <i>Phone: (858) 966-6710</i>  <i>Fax: (858) 939-4102</i>   <i>After Hours Phone: (858) 966-6710</i>  <i>Provider Gender: Female</i>  <i>NPI: 1124413026</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Hungarian, Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\19</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: Rady Childrens Health Network, UCSD Medical Group</i></p>
<b><u>MATERNAL AND FETAL MEDICINE</u></b>		
<p><b>MELBER, DORA</b>  <i>Provider ID: 296989</i></p>	<p><b><u>MATERNAL AND FETAL MEDICINE</u></b></p> <p><b>MELBER, DORA</b>  <i>Provider ID: 296994</i>  <i>Board Certified Specialty: No</i>   3003 HEALTH CENTER DR            SAN DIEGO, CA 92123</p>	<p><b><u>MATERNAL AND FETAL MEDICINE</u></b></p> <p><b>MOORE, THOMAS</b>  <i>Provider ID: 208643</i>  <i>Board Certified Specialty: No</i>   4168 FRONT ST            SAN DIEGO, CA 92103   <i>Phone: (800) 926-8273</i>   <i>After Hours Phone: (800) 926-8273</i></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider Gender: Male

NPI: 1184682379

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


### MATERNAL AND FETAL MEDICINE


#### **MOORE, THOMAS**

Provider ID: 208644

Board Certified Specialty: No

 4910 DIRECTORS PL STE  
200  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1184682379

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


### MATERNAL AND FETAL MEDICINE

#### **REIMERS, REBECCA**

Provider ID: 294647

Board Certified Specialty: No

 3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 939-4102

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1801207634

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### MATERNAL AND FETAL MEDICINE

#### **REIMERS, REBECCA**

Provider ID: 294648

Board Certified Specialty: No

 7910 FROST ST STE 220  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1801207634

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### MATERNAL AND FETAL MEDICINE

#### **RICHARDSON, ALVIE**

Provider ID: 277314

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Fax: (858) 966-6711

☎ After Hours Phone: (858) 966-6710

Provider Gender: Male

NPI: 1154305977

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

### MATERNAL AND FETAL MEDICINE

#### **RICHARDSON, ALVIE**

Provider ID: 214436

Board Certified Specialty: No

📍 3003 HEALTH CENTER DR SAN DIEGO, CA 92123

☎ Phone: (858) 966-6710

Fax: (858) 939-4102

☎ After Hours Phone: (858) 966-6710

Provider Gender: Male

NPI: 1154305977

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

### MATERNAL AND FETAL

#### MEDICINE

#### **SCHWENDEMANN, WADE**

Provider ID: 277307

Board Certified Specialty: No

📍 3003 HEALTH CENTER DR SAN DIEGO, CA 92123

☎ Phone: (858) 966-6710

Fax: (858) 939-4102

☎ After Hours Phone: (858) 966-6710

Provider Gender: Male

NPI: 1477563302

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT

HOSPITAL, SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, TRI CITY MEDICAL CTR, Sharp

Grossmont Hospital, Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

### MATERNAL AND FETAL

#### MEDICINE

#### **SCHWENDEMANN, WADE**

Provider ID: 277304

Board Certified Specialty: No

📍 3020 CHILDRENS WAY SAN DIEGO, CA 92123

☎ Phone: (858) 966-6710

Fax: (858) 966-6711

☎ After Hours Phone: (858) 966-6710

Provider Gender: Male

NPI: 1477563302




☑ Provider English Spoken: Y

Cultural Competency: N





Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄




HOSPITAL, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS, TRI CITY  
MEDICAL CTR, Sharp  
Grossmont Hospital, Sharp  
Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
Network




### MATERNAL AND FETAL MEDICINE

**SHANNON, KELLI**  
Provider ID: 208474  
Board Certified Specialty: No  
 3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858)  
966-6710  
 Provider Gender: Female  
 NPI: 1922156397  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
Network

### MATERNAL AND FETAL MEDICINE

**WESTERMANN, MELISSA**  
Provider ID: 242522  
Board Certified Specialty: No  
 3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123  
 Phone: (858) 966-6710  
 Fax: (858) 939-4102  
 After Hours Phone: (858)  
966-6710  
 Provider Gender: Female  
 NPI: 1760730758  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
EARL AND LORRAINE MILLER  
CHILDRENS HSP, LONG  
BEACH MEMORIAL MED CTR,  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, SHARP




MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
Sharp Grossmont Hospital,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
Network

### MATERNAL AND FETAL MEDICINE

**WESTERMANN, MELISSA**  
Provider ID: 277353  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858)  
966-6710  
 Provider Gender: Female  
 NPI: 1760730758  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
EARL AND LORRAINE MILLER  
CHILDRENS HSP, LONG  
BEACH MEMORIAL MED CTR,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, SHARP  
MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
Sharp Grossmont Hospital,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network


### MATERNAL AND FETAL MEDICINE

#### **WESTERMANN, MELISSA**

Provider ID: 287084

Board Certified Specialty: No

 7910 FROST ST STE 220  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1760730758

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR


WOMEN AND NEWBORNS,

EARL AND LORRAINE MILLER

CHILDRENS HSP, LONG  
BEACH MEMORIAL MED CTR,  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, SHARP  
MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
Sharp Grossmont Hospital,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### MATERNAL AND FETAL MEDICINE

#### **WILLIAMS, KRISTIN**

Provider ID: 277383

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1992847131


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Stanford

Health Care, LUCILE SALTER

PACKARD CHILDRENS HOSP,  
SAN MATEO MEDICAL CTR,  
SHARP MEMORIAL HOSPITAL,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, TRI CITY  
MEDICAL CTR, CALIFORNIA  
PACIFIC MED CTR,  
CALIFORNIA PACIFIC MED  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### MATERNAL AND FETAL MEDICINE

#### **WILLIAMS, KRISTIN**

Provider ID: 277387

Board Certified Specialty: No

 3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1992847131

 Provider English Spoken: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。









## D. 專業提供者目錄

*Cultural Competency: N*  
*Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, SAN MATEO MEDICAL CTR, SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, TRI CITY MEDICAL CTR, CALIFORNIA PACIFIC MED CTR, CALIFORNIA PACIFIC MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **MATERNAL AND FETAL MEDICINE**




#### **WOLF, RICHARD**





*Provider ID: 209253*  
*Board Certified Specialty: No*  
 4910 DIRECTORS PL STE 200  
 SAN DIEGO, CA 92121  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*  
*NPI: 1497713846*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **NEONATAL / PERINATAL MEDICINE**





#### **BAI-TONG, SHIYU**

*Provider ID: 283285*  
*Board Certified Specialty: No*  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-5818*  
 *After Hours Phone: (858) 966-5818*

*Provider Gender: Female*  
*NPI: 1528454188*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **NEONATAL / PERINATAL MEDICINE**

#### **CARROLL, JEANNE**

*Provider ID: 205727*  
*Board Certified Specialty: No*  
 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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### NEONATAL / PERINATAL MEDICINE


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#### **DEL ROSARIO, PAMELA**

Provider ID: 295000

Board Certified Specialty: No

 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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

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### NEONATAL / PERINATAL MEDICINE


---

#### **FLEMING, SARAH**

Provider ID: 205645

Board Certified Specialty: No

 4077 5TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 260-7046

Fax: (619) 686-3843

 After Hours Phone: (619)  
260-7046

Provider Gender: Female

NPI: 1679809826

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

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### NEONATAL / PERINATAL MEDICINE


---

#### **GLENN, TARA**

Provider ID: 283159

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5818

Fax: (858) 966-7483

 After Hours Phone: (858)  
966-5818

Provider Gender: Female

NPI: 1992060974

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN


DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

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### NEONATAL / PERINATAL MEDICINE


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#### **HIETALATI, SAMANTHA**

Provider ID: 294251

Board Certified Specialty: No

 3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

 Phone: (858) 966-5888

Fax: (858) 249-5839

 After Hours Phone: (858)  
966-5888

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---

Provider Gender: Female

NPI: 1245617489

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### NEONATAL / PERINATAL MEDICINE


---

#### **HONOLD, JOSE**

Provider ID: 205941

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 966-5818

Fax: (858) 966-7483

 After Hours Phone: (858)  
966-5818

Provider Gender: Male

NPI: 1093886855

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, PIONEERS MEMORIAL  
HOSPITAL, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, EL CENTRO

REGIONAL MEDICAL CENTER,

SCRIPPS MERCY HOSPITAL,


SCRIPPS MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### NEONATAL / PERINATAL MEDICINE


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#### **HONOLD, JOSE**

Provider ID: 242881

Board Certified Specialty: No


 4077 5TH AVE  
SAN DIEGO, CA 92103


 Phone: (619) 691-7000

 After Hours Phone: (619)  
691-7000

Provider Gender: Male

NPI: 1093886855

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PIONEERS MEMORIAL  
HOSPITAL, SOUTHWEST  
HEALTHCARE INLAND

VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA, EL CENTRO  
REGIONAL MEDICAL CENTER,


SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### NEONATAL / PERINATAL MEDICINE


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#### **LANE, BRIAN**

Provider ID: 205707

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5818

Fax: (858) 966-7483

 After Hours Phone: (858)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

966-5818  
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\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health  
Network

### NEONATAL / PERINATAL MEDICINE

**LE, CRYSTAL**  
Provider ID: 205630  
Board Certified Specialty: No

📍 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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health  
Network

### NEONATAL / PERINATAL MEDICINE

**MARC AURELE, KRISHELLE**  
Provider ID: 206208

Board Certified Specialty: No  
📍 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: 1952503435  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, TRI CITY  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health  
Network, UCSD Medical Group

### NEONATAL / PERINATAL MEDICINE

**MARC AURELE, KRISHELLE**  
Provider ID: 206210  
Board Certified Specialty: No  
📍 3030 CHILDRENS WAY FL  
2  
SAN DIEGO, CA 92123

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ Phone: (858) 966-8022  
Fax: (858) 966-8457

📞 After Hours Phone: (858) 966-8022

Provider Gender: Female  
NPI: 1952503435

🗉 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

### NEONATAL / PERINATAL MEDICINE

#### **MARC AURELE, KRISHELLE**

Provider ID: 206206

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273  
Fax: (619) 543-3812

📞 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1952503435

🗉 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

### NEONATAL / PERINATAL MEDICINE

#### **MATоба, NANA**

Provider ID: 297974

Board Certified Specialty: No

📍 3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5888  
Fax: (858) 249-5839

📞 After Hours Phone: (858) 966-5888

Provider Gender: Female  
NPI: 1801952197

🗉 Provider English Spoken: Y

🗉 Provider Language(s)  
Spoken: Japanese  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

### NEONATAL / PERINATAL MEDICINE

#### **MATоба, NANA**

Provider ID: 299894

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5888  
Fax: (858) 966-7483

📞 After Hours Phone: (858) 966-5888

Provider Gender: Female  
NPI: 1801952197

🗉 Provider English Spoken: Y  
🗉 Provider Language(s)  
Spoken: Japanese

Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### NEONATAL / PERINATAL MEDICINE


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#### **MATOBA, NANA**

Provider ID: 297975

Board Certified Specialty: No

 4077 5TH AVE  
SAN DIEGO, CA 92103


 Phone: (619) 260-7046

Fax: (619) 686-3843

 After Hours Phone: (619)  
260-7046

Provider Gender: Female

NPI: 1801952197

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Japanese


Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### NEONATAL / PERINATAL MEDICINE


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#### **MCCULLEY, DAVID**

Provider ID: 277177

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 966-5818

Fax: (858) 966-7483

 After Hours Phone: (858)  
966-5818

Provider Gender: Male

NPI: 1235304155

 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### NEONATAL / PERINATAL MEDICINE

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#### **MESTAN, KAREN**


Provider ID: 285932

Board Certified Specialty: No

 3010 CHILDRENS WAY FL 3

SAN DIEGO, CA 92123

 Phone: (858) 966-5888

 After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1942253356

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### NEONATAL / PERINATAL MEDICINE


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#### **NIEMI, ANNA-KAISA**

Provider ID: 262157

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5818

Fax: (858) 966-7483

 After Hours Phone: (858)  
966-5818

Provider Gender: Female

NPI: 1497941397

 Provider English Spoken: Y  
Cultural Competency: N


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### NEONATAL / PERINATAL MEDICINE


#### **NIEMI, ANNA-KAISA**

Provider ID: 262158

Board Certified Specialty: No

 4077 5TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 260-7107

 After Hours Phone: (619)  
260-7107

Provider Gender: Female

NPI: 1497941397

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT

#### PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### NEONATAL / PERINATAL MEDICINE

#### **NYMAN, KATHERINE**

Provider ID: 301822

Board Certified Specialty: No

 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  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### NEONATAL / PERINATAL MEDICINE

#### **NYMAN, KATHERINE**

Provider ID: 301819

Board Certified Specialty: No

 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  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### NEONATAL / PERINATAL MEDICINE

#### **ODONNELL, F JANE**

Provider ID: 205578

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5818

Fax: (858) 966-7483

 After Hours Phone: (858)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

966-5818  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### NEONATAL / PERINATAL MEDICINE

**RAMOS, CARLOS**  
 Provider ID: 206060  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-3759

Fax: (619) 543-3812  
 After Hours Phone: (619)  
 543-3759  
 Provider Gender: Male  
 NPI: 1205047545  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, EL CENTRO  
 REGIONAL MEDICAL CENTER,  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL,  
 RADY CHILDRENS HOSPITAL  
 SAN DIEGO, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### NEONATAL / PERINATAL MEDICINE

**SAJTI, ENIKO**  
 Provider ID: 206171  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-3759

Fax: (619) 543-3812  
 After Hours Phone: (619)  
 543-3759  
 Provider Gender: Female  
 NPI: 1649433103  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSF  
 BENIOFF CHILDREN'S  
 HOSPITAL OAKLAND, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network




### NEONATAL / PERINATAL MEDICINE

**SAUER, CHARLES**  
 Provider ID: 303906  
 Board Certified Specialty: No  
 4077 5TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 260-7046  
 After Hours Phone: (619)  
 260-7046  
 Provider Gender: Male  
 NPI: 1538388988  
 Provider English Spoken: Y  
 Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
 者目錄中的資訊可能會更改。



## D. 專業提供者目錄

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

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### **NEONATAL / PERINATAL MEDICINE**


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#### **SAUER, CHARLES**

*Provider ID: 303904*

*Board Certified Specialty: No*

 3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

 *Phone: (858) 966-5888*

*Fax: (858) 249-5839*

 *After Hours Phone: (858)*

*966-5888*

*Provider Gender: Male*


*NPI: 1538388988*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### **NEONATAL / PERINATAL MEDICINE**


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#### **SONG, RICHARD**

*Provider ID: 206143*

*Board Certified Specialty: No*

 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: 1881893477*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR HEALTH, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network, UCSD Medical Group*

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### **NEONATAL / PERINATAL**

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請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<b>MEDICINE</b>	
<b>SPEZIALE, MARK</b> Provider ID: 206126 Board Certified Specialty: No 3020 CHILDRENS WAY SAN DIEGO, CA 92123 Phone: (858) 966-5888 Fax: (858) 966-7483 After Hours Phone: (858) 966-5888 Provider Gender: Male NPI: 1801978143 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MERCY HOSPITAL, UCSD MEDICAL CTR, UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM	Website: N/A IPA: Rady Childrens Health Network
<b>NEONATAL / PERINATAL MEDICINE</b>	
<b>SUTTNER, DENISE</b> Provider ID: 265085 Board Certified Specialty: No 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: 1457433799 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL Medi-Cal Open Panel: Yes Min/Max Age: 0\19	Website: N/A IPA: Rady Childrens Health Network, UCSD Medical Group
<b>NEONATAL / PERINATAL MEDICINE</b>	
<b>SWEENEY, NATHALY</b> Provider ID: 206182 Board Certified Specialty: No 3020 CHILDRENS WAY SAN DIEGO, CA 92123 Phone: (858) 966-5818 Fax: (858) 966-7483 After Hours Phone: (858) 966-5818 Provider Gender: Female NPI: 1164572632 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A	Website: N/A IPA: Rady Childrens Health Network, UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

IPA: Rady Childrens Health Network

### NEONATAL / PERINATAL MEDICINE

#### **VOLLER, STEPHANNIE**

Provider ID: 303808

Board Certified Specialty: No

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: 1417121971

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### NEONATAL / PERINATAL MEDICINE

#### **VOLLER, STEPHANNIE**

Provider ID: 303806

Board Certified Specialty: No

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: 1417121971

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### NEONATAL / PERINATAL MEDICINE

#### **VOLLER, STEPHANNIE**

Provider ID: 303807

Board Certified Specialty: No

8001 FROST ST  
SAN DIEGO, CA 92123

Phone: (858) 966-8052

Fax: (858) 966-7789

After Hours Phone: (858)  
966-8052

Provider Gender: Female

NPI: 1417121971

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### NEONATAL / PERINATAL MEDICINE

#### **WEISS, KATHERINE**

Provider ID: 264677

Board Certified Specialty: No

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: 1053541862

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

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## D. 專業提供者目錄

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group


### NEONATAL / PERINATAL MEDICINE

#### **WEST, JULIE**

Provider ID: 297073

Board Certified Specialty: No

 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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### NEPHROLOGY


#### **QUEVEDO, JUAN**

Provider ID: 269998


Board Certified Specialty: No

 995 GATEWAY CENTER  
WAY STE 207

SAN DIEGO, CA 92102

 Phone: (619) 263-9729

Fax: (619) 263-9730

 After Hours Phone: (619)  
263-9729

Provider Gender: Male

NPI: 1093902496

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA

VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### NEPHROLOGY


#### **SHAH, MITA**

Provider ID: 262230

Board Certified Specialty: No

 8010 FROST ST STE 510

SAN DIEGO, CA 92123

 Phone: (858) 637-4700

Fax: (858) 637-4701

 After Hours Phone: (858)  
637-4700

Provider Gender: Female

NPI: 1194773010

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Imperial Health Holdings  
Medical Group-SD


### NEPHROLOGY

#### **THOMAS, THEODORE**

Provider ID: 262359

Board Certified Specialty: No

 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: Male

NPI: 1669477113

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


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## D. 專業提供者目錄

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*Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, KINDRED  
HOSPITAL SAN DIEGO,  
SELECT SPECIALTY HOSPITAL  
SAN DIEGO, SCRIPPS MERCY  
HOSPITAL CHULA VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 9AM-5PM*

 *Website: N/A*

*IPA: Imperial Health Holdings  
Medical Group-SD*

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### **NEPHROLOGY**

#### **ZHONG, YAN**

*Provider ID: 296053*

*Board Certified Specialty: No*

 *4060 4TH AVE STE 220  
SAN DIEGO, CA 92103*


 *Phone: (619) 299-2350*

*Fax: (619) 297-8379*

 *After Hours Phone: (619)  
299-2350*

*Provider Gender: Female*

*NPI: 1467683540*

 *Provider English Spoken: Y*

 *Provider Language(s)*

*Spoken: Chinese, Mandarin*

*Cultural Competency: N*

*Hospital Affiliation: TRI CITY  
MEDICAL CTR, LAC RANCHO  
LOS AMIGOS NATIONAL*

*REHAB CENTER, SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, KECK  
HOSPITAL OF USC, Los  
Angeles General Medical  
Center, SELECT SPECIALTY  
HOSPITAL SAN DIEGO,  
SELECT SPECIALTY HOSPITAL  
SAN DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*

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### **NEPHROLOGY**

#### **ZHONG, YAN**

*Provider ID: 296054*

*Board Certified Specialty: No*

 *4060 4TH AVE STE 220  
SAN DIEGO, CA 92103*


 *Phone: (619) 299-2350*

*Fax: (619) 297-8379*

 *After Hours Phone: (619)  
299-2350*

*Provider Gender: Female*

*NPI: 1467683540*

 *Provider English Spoken: Y*

 *Provider Language(s)*

*Spoken: Chinese, Mandarin*


*Cultural Competency: N*

*Hospital Affiliation: TRI CITY  
MEDICAL CTR, LAC RANCHO  
LOS AMIGOS NATIONAL  
REHAB CENTER, SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, KECK  
HOSPITAL OF USC, Los  
Angeles General Medical  
Center, SELECT SPECIALTY  
HOSPITAL SAN DIEGO,  
SELECT SPECIALTY HOSPITAL  
SAN DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*

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### **NEUROLOGY**

#### **BEVINS, ELIZABETH**


*Provider ID: 241943*

*Board Certified Specialty: No*

 *4510 EXECUTIVE DR STE  
325*

*SAN DIEGO, CA 92121*

 *Phone: (800) 926-8273*


 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1013395151*




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### NEUROLOGY


#### **BUI, JONATHAN**

Provider ID: 303227


Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
4

SAN DIEGO, CA 92123

 Phone: (858) 966-5819

Fax: (858) 966-4930

 After Hours Phone: (858)  
966-5819

Provider Gender: Male

NPI: 1730247974

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### NEUROLOGY

#### **BUI, JONATHAN**

Provider ID: 206005

Board Certified Specialty: No

 8001 FROST ST  
SAN DIEGO, CA 92123

 Phone: (858) 966-5999

Fax: (858) 966-4930

 After Hours Phone: (858)  
966-5999

Provider Gender: Male

NPI: 1730247974

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### NEUROLOGY

#### **COUGHLIN, DAVID**

Provider ID: 304172

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male


NPI: 1740543784

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY

#### **COUGHLIN, DAVID**


Provider ID: 240949

Board Certified Specialty: Yes

 4510 EXECUTIVE DR STE  
325

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1740543784

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### NEUROLOGY


#### COUGHLIN, DAVID

Provider ID: 240951

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1740543784

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY

#### DOVE, KATHERINE


Provider ID: 302784


Board Certified Specialty: No


 3030 CHILDRENS WAY FL

4

SAN DIEGO, CA 92123


 Phone: (858) 966-5819

 Fax: (858) 966-4930

 After Hours Phone: (858)  
966-5819

Provider Gender: Female

NPI: 1033642574

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### NEUROLOGY


#### DUNN-PIRIO, ANASTASIE

Provider ID: 304160

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120


 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1700177136

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### NEUROLOGY


#### DUNN-PIRIO, ANASTASIE

Provider ID: 203235

Board Certified Specialty: No

 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103

 Phone: (619) 543-3500

 Fax: (888) 539-8781

 After Hours Phone: (619)  
543-3500

Provider Gender: Female

NPI: 1700177136

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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**NEUROLOGY**

---

**FREDERICK, ALIYA**  
 Provider ID: 283152  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5999  
 Fax: (858) 576-8412  
 After Hours Phone: (858) 966-5999  
 Provider Gender: Female  
 NPI: 1548657992  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SHARP MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

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**NEUROLOGY**

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**GOLD, JEFFREY**  
 Provider ID: 303287  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 4

SAN DIEGO, CA 92123  
 Phone: (858) 966-5819  
 Fax: (858) 966-4930  
 After Hours Phone: (858) 966-5819  
 Provider Gender: Male  
 NPI: 1568773984  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SHARP MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

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**NEUROLOGY**

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**GOLD, JEFFREY**  
 Provider ID: 283335  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5999  
 Fax: (858) 576-8412  
 After Hours Phone: (858) 966-5999  
 Provider Gender: Male

NPI: 1568773984  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SHARP MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

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**NEUROLOGY**

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**GUIDO-ESTRADA, NATALIE**  
 Provider ID: 303271  
 Board Certified Specialty: No  
 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

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## D. 專業提供者目錄


DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### NEUROLOGY


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**GUNDOGDU, MELEK**

Provider ID: 201623

Board Certified Specialty: No


 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103


 Phone: (619) 543-3500

 After Hours Phone: (619)  
543-3500

Provider Gender: Female

NPI: 1437253671

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Turkish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### NEUROLOGY


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**HANNAWI, ANDREW**

Provider ID: 283154

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 966-5999

Fax: (858) 576-8412

 After Hours Phone: (858)  
966-5999

Provider Gender: Male

NPI: 1194179135

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### NEUROLOGY


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**IRAGUIMADOZ, VICENTE**

Provider ID: 304154

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1053326710

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA


JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### NEUROLOGY

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**KHAMISHON, BORIS**


Provider ID: 269923

Board Certified Specialty: No

 6699 ALVARADO RD STE  
2301

SAN DIEGO, CA 92120

 Phone: (619) 582-2595






 After Hours Phone: (619)  
582-2595

Provider Gender: Male

NPI: 1104922038

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## D. 專業提供者目錄

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Russian, Samoan,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation: ALVARADO  
 HOSPITAL LLC  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-4PM  
 F 8AM-3PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### NEUROLOGY






#### KIM MCMANUS, OLIVIA



Provider ID: 303229  
 Board Certified Specialty: No  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### NEUROLOGY








#### LAVERTY, CHAMINDRA

Provider ID: 303258  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY FL  
 4  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5819  
 Fax: (858) 966-4930  
 After Hours Phone: (858)  
 966-5819  
 Provider Gender: Female  
 NPI: 1538320395  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### NEUROLOGY

#### LEE, DAVID

Provider ID: 304198  
 Board Certified Specialty: No  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1871884130  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Korean  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### NEUROLOGY

#### LEE, DAVID


Provider ID: 246263

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## D. 專業提供者目錄

Board Certified Specialty: No


 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1871884130

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Korean

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY

#### LEGER, GABRIEL


Provider ID: 304176

Board Certified Specialty: No

 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: 1720367899

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY


#### LEGER, GABRIEL


Provider ID: 247608

Board Certified Specialty: No

 4510 EXECUTIVE DR STE  
325


SAN DIEGO, CA 92121

 Phone: (858) 543-8540

 After Hours Phone: (858)  
543-8540

Provider Gender: Male

NPI: 1720367899

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### NEUROLOGY

#### LONGARDNER, KATHERINE

Provider ID: 268346

Board Certified Specialty: No

 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1801215926

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY

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## D. 專業提供者目錄

### **LONGARDNER, KATHERINE**

Provider ID: 304197

Board Certified Specialty: No

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1801215926

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **NEUROLOGY**

### **QAYOUMI, WALI**

Provider ID: 304161

Board Certified Specialty: No

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1093178220

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **NEUROLOGY**

### **QAYOUMI, WALI**

Provider ID: 284370

Board Certified Specialty: No

4510 EXECUTIVE DR STE  
325

SAN DIEGO, CA 92121

Phone: (619) 294-3746

Fax: (888) 539-8781

After Hours Phone: (619)  
294-3746

Provider Gender: Male

NPI: 1093178220

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **NEUROLOGY**

### **RIGGINS, NINA**

Provider ID: 285968

Board Certified Specialty: No

4510 EXECUTIVE DR STE  
325

SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1568655264

Provider English Spoken: Y

Provider Language(s)  
Spoken: Russian

Cultural Competency: N

Hospital Affiliation: MEDICAL

CTR AT UCSF

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None



American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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## D. 專業提供者目錄

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group


### NEUROLOGY

#### **RIGGINS, NINA**

Provider ID: 304200

Board Certified Specialty: No



 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1568655264

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Russian


Cultural Competency: N

Hospital Affiliation: MEDICAL  
CTR AT UCSF

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group



### NEUROLOGY

#### **SCHORR, EMILY**

Provider ID: 305021

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1255862041


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY


#### **SCHORR, EMILY**

Provider ID: 305020

Board Certified Specialty: No

 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1255862041

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### NEUROLOGY


#### **SCHORR, EMILY**

Provider ID: 305023

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1255862041

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: UCSD Medical Group

### NEUROLOGY


#### **SWEAT, MARIE**

Provider ID: 303831


Board Certified Specialty: No

 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


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## D. 專業提供者目錄

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### NEUROLOGY

#### YANG, JENNIFER

Provider ID: 301593

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 966-5999

Fax: (858) 576-8412

 After Hours Phone: (858)  
966-5999

Provider Gender: Female

NPI: 1528420619

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### NEUROLOGY

#### ZIMBRIC, MICHAEL

Provider ID: 206272

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 966-5999

Fax: (858) 966-4930

 After Hours Phone: (858)  
966-5999

Provider Gender: Male

NPI: 1487819546

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### NEUROLOGY


#### ZIMBRIC, MICHAEL

Provider ID: 303284

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
4

SAN DIEGO, CA 92123

 Phone: (858) 966-5819

Fax: (858) 966-4930

 After Hours Phone: (858)  
966-5819

Provider Gender: Male

NPI: 1487819546

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### NEUROLOGY CHILD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **GRAVES, JENNIFER**

Provider ID: 261037

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1992849863

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF

Medical Center At Mission Bay,  
UCSF MEDICAL CENTER AT  
MOUNT ZION, MEDICAL CTR  
AT UCSF, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **NEUROLOGY CHILD**

### **GUIDO-ESTRADA, NATALIE**

Provider ID: 205825

Board Certified Specialty: No

8001 FROST ST

SAN DIEGO, CA 92123

Phone: (858) 966-5999

Fax: (858) 966-4930

After Hours Phone: (858)  
966-5999

Provider Gender: Female

NPI: 1528353521

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **NEUROLOGY CHILD**

### **SAHAGIAN, MICHELLE**

Provider ID: 206074

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5999

Fax: (858) 966-4930

After Hours Phone: (858)  
966-5999

Provider Gender: Female

NPI: 1275604035

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **NUCLEAR MEDICINE**

### **SHARIF TABRIZI, AHMAD**

Provider ID: 300028

Board Certified Specialty: No

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1053727313

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Providence  
St Mary Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):

N

Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

**PROVIDER**  
 Website: N/A  
IPA: UCSD Medical Group


### **NUCLEAR MEDICINE**

#### **SHARIF TABRIZI, AHMAD**

Provider ID: 300027

Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1053727313

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Providence  
St Mary Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **OBSTETRICS / GYNECOLOGY**


#### **BLAKE, GARY**

Provider ID: 290731

Board Certified Specialty: No

 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

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **OBSTETRICS / GYNECOLOGY**


#### **COHEN, MANSOUR**

Provider ID: 205940

Board Certified Specialty: Yes

 7695 CARDINAL CT STE  
390



SAN DIEGO, CA 92123

 Phone: (858) 279-8111  
Fax: (858) 279-4703

 After Hours Phone: (858)  
279-8111

Provider Gender: Male

NPI: 1346225356

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Farsi,  
Hebrew, Spanish

Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 9AM-4PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **OBSTETRICS / GYNECOLOGY**

#### **DELCORE, LAURA**

Provider ID: 291329

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790128759

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

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### **DELCORE, LAURA**

Provider ID: 291330

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790128759

🗣 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

---

### **OBSTETRICS / GYNECOLOGY**

### **DELCORE, LAURA**

Provider ID: 291326

Board Certified Specialty: No

📍 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790128759

🗣 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

---

### **OBSTETRICS / GYNECOLOGY**

### **DELCORE, LAURA**

Provider ID: 291327

Board Certified Specialty: No

📍 4168 FRONT ST  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790128759

🗣 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

---

### **OBSTETRICS / GYNECOLOGY**

### **DELCORE, LAURA**

Provider ID: 291328

Board Certified Specialty: No

📍 6030 VILLAGE WAY  
SAN DIEGO, CA 92130

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790128759

🗣 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

---

### **OBSTETRICS / GYNECOLOGY**

### **DRIEBE, AMY**

Provider ID: 291339

Board Certified Specialty: No

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730507567

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## D. 專業提供者目錄

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 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---



### **OBSTETRICS / GYNECOLOGY**




**DRIEBE, AMY**  
*Provider ID: 291340*  
*Board Certified Specialty: No*  
 330 LEWIS ST  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Female*  
*NPI: 1730507567*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### **OBSTETRICS / GYNECOLOGY**

**DRIEBE, AMY**  
*Provider ID: 291337*  
*Board Certified Specialty: No*  
 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Female*  
*NPI: 1730507567*




 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **OBSTETRICS / GYNECOLOGY**

**DRIEBE, AMY**  
*Provider ID: 291338*  
*Board Certified Specialty: No*  
 6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Female*


*NPI: 1730507567*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### **OBSTETRICS / GYNECOLOGY**

**FRUGONI, GINA**  
*Provider ID: 270056*  
*Board Certified Specialty: No*  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 *Phone: (619) 400-5074*  
 *After Hours Phone: (619)*  
*400-5074*  
*Provider Gender: Female*  
*NPI: 1578729315*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

IPA: Community Care IPA LLC

### **OBSTETRICS / GYNECOLOGY**

#### **GROGAN, BRIAN**

Provider ID: 296002

Board Certified Specialty: No

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  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### **OBSTETRICS / GYNECOLOGY**

#### **GROGAN, BRIAN**

Provider ID: 296001

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Provider Gender: Male

NPI: 1235218439

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### **OBSTETRICS / GYNECOLOGY**

#### **GUPTA, PRATIMA**

Provider ID: 257547

Board Certified Specialty: No

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: 1891749842

Provider English Spoken: Y  
Provider Language(s)

Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **GUPTA, PRATIMA**

Provider ID: 257548

Board Certified Specialty: No

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: 1891749842

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **HARVEY, SCOTT**

Provider ID: 278915

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1457662868

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **HARVEY, SCOTT**

Provider ID: 278917

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1457662868

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **HOANG, MAI**

Provider ID: 208294

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104143593

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **HOM-TEDLA, MARIANNE**

Provider ID: 242751

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1972047397

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

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## D. 專業提供者目錄

### **OBSTETRICS / GYNECOLOGY**

#### **KLEIN, DAVID**

Provider ID: 271560

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1780073635

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **KLEIN, DAVID**

Provider ID: 271561

Board Certified Specialty: No

6030 VILLAGE WAY  
SAN DIEGO, CA 92130

Phone: (800) 926-8273

After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1780073635

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **KOHATSU, KAREN**

Provider ID: 205481

Board Certified Specialty: No

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:30AM-4:30PM  
F 8:30AM-2PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **OBSTETRICS / GYNECOLOGY**

#### **LAMALE-SMITH, LEAH**

Provider ID: 208681

Board Certified Specialty: No

4910 DIRECTORS PL STE  
200  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1396904876

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, EISENHOWER MEDICAL  
CTR

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**


#### **LAMALE-SMITH, LEAH**

Provider ID: 285519

Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1396904876

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, EISENHOWER MEDICAL

CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **MACKAY, GILLIAN**


Provider ID: 200965

Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1770702177

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**


#### **MACKAY, GILLIAN**

Provider ID: 303064

Board Certified Specialty: No

 6030 VILLAGE WAY

SAN DIEGO, CA 92130

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1770702177

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**


#### **MANI, PARVIN**

Provider ID: 242345

Board Certified Specialty: No

 5555 RESERVOIR DR STE 208

SAN DIEGO, CA 92120



 Phone: (619) 583-7555

Fax: (619) 583-0555

 After Hours Phone: (619) 583-7555

Provider Gender: Female

NPI: 1518925015

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi





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## D. 專業提供者目錄

Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
ALVARADO HOSPITAL LLC,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 10\None








American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
IPA: Imperial Health Holdings  
Medical Group-SD

### **OBSTETRICS / GYNECOLOGY**

**MEADOWS, AUDRA**  
Provider ID: 285741  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1467585521  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL

CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**




**MEADOWS, AUDRA**  
Provider ID: 285742  
Board Certified Specialty: No  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1467585521  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**MELENDEZ, ARIANA**  
Provider ID: 299922  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1295232973  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**MELENDEZ, ARIANA**  
Provider ID: 299921  
Board Certified Specialty: No  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1295232973

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **PICKETT, CHARLOTTE**

Provider ID: 299981  
Board Certified Specialty: No  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1447530696

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **PICKETT, CHARLOTTE**

Provider ID: 299982

Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1447530696

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **PICKETT, CHARLOTTE**

Provider ID: 299978  
Board Certified Specialty: No  
 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1447530696

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **PICKETT, CHARLOTTE**

Provider ID: 299979  
Board Certified Specialty: No  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1447530696

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **PICKETT, CHARLOTTE**

Provider ID: 299980  
Board Certified Specialty: No  
 6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1447530696

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **PINSON, KELSEY**

Provider ID: 284288

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1841722485

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, UNIVERSITY HSP  
OF SAN DIEGO CO

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **PINSON, KELSEY**

Provider ID: 284287

Board Certified Specialty: No

📍 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: 1841722485

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON, UNIVERSITY HSP

OF SAN DIEGO CO

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **PINSON, KELSEY**

Provider ID: 284286

Board Certified Specialty: No

📍 4910 DIRECTORS PL STE  
200

SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1841722485

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, UNIVERSITY HSP  
OF SAN DIEGO CO

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **RIVAS, RENEE**

Provider ID: 284298

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

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## D. 專業提供者目錄

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1295263861

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **SHAH, NEMI**

Provider ID: 272580

Board Certified Specialty: No

📍 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: 1558715268

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL,  
TEMECULA VALLEY HOSPITAL

INC, LOMA LINDA UNIVERSITY  
MED CTR MURRIETA

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **SHUCKETT, ARIEL**

Provider ID: 290708

Board Certified Specialty: No

📍 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: 1245590124

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **OBSTETRICS / GYNECOLOGY**

#### **SUYAMA, JULIE**

Provider ID: 284291

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1306372800

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **SUYAMA, JULIE**

Provider ID: 284290

Board Certified Specialty: No

4520 EXECUTIVE DR STE 360

SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1306372800

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **THOMSON, SAMANTHA**

Provider ID: 285174

Board Certified Specialty: No

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1689013468

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: CEDARS

SINAI MEDICAL CENTER,

UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **THOMSON, SAMANTHA**

Provider ID: 285174

Board Certified Specialty: No

4168 FRONT ST

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1689013468

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: CEDARS

SINAI MEDICAL CENTER,

UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **TRUJILLO, JENNIFER**

Provider ID: 290128

Board Certified Specialty: No

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: 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **OCCUPATIONAL MEDICINE**


#### **CROSS, JOHN**


Provider ID: 255322

Board Certified Specialty: No

 330 LEWIS ST

SAN DIEGO, CA 92103

 Phone: (619) 471-9210

 After Hours Phone: (619) 471-9210

Provider Gender: Male

NPI: 1205989985

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **OCCUPATIONAL MEDICINE**


#### **ISAKARI, MARCIA**


Provider ID: 255368

Board Certified Specialty: No

 330 LEWIS ST


SAN DIEGO, CA 92103

 Phone: (619) 471-1600

 After Hours Phone: (619) 471-1600

Provider Gender: Female

NPI: 1861580771

 Provider English Spoken: Y

 Provider Language(s) Spoken: Portuguese

Cultural Competency: N

Hospital Affiliation: ADVENTIST

HEALTH LODI MEMORIAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **OCCUPATIONAL MEDICINE**


#### **KIM, JOHN**


Provider ID: 255385

Board Certified Specialty: No

 330 LEWIS ST


SAN DIEGO, CA 92103

 Phone: (619) 471-9210

 After Hours Phone: (619) 471-9210

Provider Gender: Male

NPI: 1114102639

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **OCCUPATIONAL THERAPIST**

#### **BOND, KIMBERLEE**


Provider ID: 206548

Board Certified Specialty: No

 8929 UNIVERSITY CENTER

LN STE 200

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1669770939

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **OCCUPATIONAL THERAPIST**

#### **BOND, KIMBERLEE**

Provider ID: 206549

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1669770939

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OCCUPATIONAL THERAPIST**

#### **LARSEN, JULIE**

Provider ID: 258359

Board Certified Specialty: No

8929 UNIVERSITY CENTER  
LN STE 200  
SAN DIEGO, CA 92122

Phone: (855) 543-0333

Fax: (858) 657-1809

After Hours Phone: (855)  
543-0333

Provider Gender: Female

NPI: 1497009179

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OCCUPATIONAL THERAPIST**

#### **MIKUT, ALYSSA**

Provider ID: 258415

Board Certified Specialty: No

8929 UNIVERSITY CENTER  
LN STE 200  
SAN DIEGO, CA 92122

Phone: (858) 249-0832

Fax: (858) 657-1809

After Hours Phone: (858)  
249-0832

Provider Gender: Female

NPI: 1952816134

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OPHTHALMOLOGY**

#### **BANSAL, PREETI**

Provider ID: 205620

Board Certified Specialty: Yes

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  
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

Medi-Cal Open Panel: Yes




Min/Max Age: 0\19

American Sign Language (ASL):

N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

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### **OPHTHALMOLOGY**




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#### **BAXTER, SALLY**

*Provider ID: 272788*  
*Board Certified Specialty: No*  
 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1912325184*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

*N*




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


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### **OPHTHALMOLOGY**




---

#### **BAXTER, SALLY**

*Provider ID: 272789*  
*Board Certified Specialty: No*  
 200 W ARBOR DR STE 101  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*  
*NPI: 1912325184*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### **OPHTHALMOLOGY**

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#### **BEAZER, ALEX**

*Provider ID: 272803*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1942662168*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### **OPHTHALMOLOGY**

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#### **BHATIA, SHAGUN**

*Provider ID: 240636*  
*Board Certified Specialty: No*  
 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*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### OPHTHALMOLOGY

#### **CAMP, ANDREW**

Provider ID: 260020

Board Certified Specialty: No

 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 309-7702

Fax: (858) 966-7403

 After Hours Phone: (858)  
309-7702

Provider Gender: Male

NPI: 1326300377

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### OPHTHALMOLOGY

#### **GUALTIERI, CHRISTOPHER**


Provider ID: 252313

Board Certified Specialty: Yes

 3969 4TH AVE STE 300  
SAN DIEGO, CA 92103


 Phone: (619) 688-2648

Fax: (619) 688-2626

 After Hours Phone: (619)  
688-2648

Provider Gender: Male

NPI: 1790769156

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA


VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 6\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### OPHTHALMOLOGY

#### **HENNEIN, LAUREN**

Provider ID: 297011

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 309-7702

Fax: (858) 966-7403

 After Hours Phone: (858)  
309-7702

Provider Gender: Female

NPI: 1699216010

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### OPHTHALMOLOGY

#### **HENNEIN, LAUREN**


Provider ID: 297009

Board Certified Specialty: No

 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 309-7702


Fax: (858) 966-7403

 After Hours Phone: (858)  
309-7702

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


Provider Gender: Female  
NPI: 1699216010

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### **OPHTHALMOLOGY**

#### **HUYNH, PAUL**

Provider ID: 245200

Board Certified Specialty: No

 4844 UNIVERSITY AVE STE  
A  
SAN DIEGO, CA 92105


 Phone: (619) 283-1303


Fax: (619) 283-1666

 After Hours Phone: (619)  
283-1303

Provider Gender: Male

NPI: 1871577056

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP


MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### **OPHTHALMOLOGY**

#### **HUYNH, PAUL**

Provider ID: 295645

Board Certified Specialty: No

 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: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### **OPHTHALMOLOGY**

#### **JACOBSEN, BRADLEY**

Provider ID: 302869

Board Certified Specialty: No

 7695 CARDINAL CT STE 100  
SAN DIEGO, CA 92123

 Phone: (858) 609-7100

Fax: (858) 609-7106

 After Hours Phone: (858)  
609-7100

Provider Gender: Male

NPI: 1760845184

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

### OPHTHALMOLOGY

#### JIN, MAN

Provider ID: 299955

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1073010120

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OPHTHALMOLOGY

#### KHATIB, NORA

Provider ID: 305375

Board Certified Specialty: No

4060 4TH AVE STE 640  
SAN DIEGO, CA 92103

Phone: (619) 642-2240

Fax: (619) 642-2245

After Hours Phone: (619)  
642-2240

Provider Gender: Female

NPI: 1538487756

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP CHULA

VISTA MED CTR, GROSSMONT

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 14\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### OPHTHALMOLOGY

#### KLINE, LANNING

Provider ID: 239915

Board Certified Specialty: No

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1841227477

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### OPHTHALMOLOGY

#### LI, ALEXANDRIA

Provider ID: 272833

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1841652864

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

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## D. 專業提供者目錄

<hr/> <b>OPHTHALMOLOGY</b> <hr/> <b>LIU, YUNXIANG</b> Provider ID: 210803 Board Certified Specialty: No 7910 FROST ST STE 200 SAN DIEGO, CA 92123 Phone: (858) 309-7702 After Hours Phone: (858) 309-7702 Provider Gender: Female NPI: 1770849804 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network	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 Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network	NPI: 1497792220 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network, UCSD Medical Group
<hr/> <b>OPHTHALMOLOGY</b> <hr/> <b>MOLL, ANGELA</b> Provider ID: 205510 Board Certified Specialty: No 7910 FROST ST STE 200 SAN DIEGO, CA 92123 Phone: (858) 309-7702	<hr/> <b>OPHTHALMOLOGY</b> <hr/> <b>MOVAGHAR, MANSOOR</b> Provider ID: 216412 Board Certified Specialty: No 7910 FROST ST STE 200 SAN DIEGO, CA 92123 Phone: (858) 309-7702 After Hours Phone: (858) 309-7702 Provider Gender: Male	<hr/> <b>OPHTHALMOLOGY</b> <hr/> <b>OHALLORAN, HENRY</b> Provider ID: 205888 Board Certified Specialty: No 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### OPHTHALMOLOGY


#### **PHAN, RYAN**

Provider ID: 295647

Board Certified Specialty: No

 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: 1588027213

Provider English Spoken: Y

Provider Language(s) Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, GROSSMONT HOSPITAL,

SCRIPPS MEMORIAL


HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### OPHTHALMOLOGY


#### **PHAN, RYAN**

Provider ID: 302925

Board Certified Specialty: No

 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: 1588027213

Provider English Spoken: Y

Provider Language(s) Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, GROSSMONT HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### OPHTHALMOLOGY


#### **PHAN, RYAN**

Provider ID: 287883

Board Certified Specialty: No

 10737 CAMINO RUIZ

SAN DIEGO, CA 92126

 Phone: (858) 549-3200

Fax: (858) 549-3207

 After Hours Phone: (858) 549-3200

Provider Gender: Male

NPI: 1588027213

Provider English Spoken: Y

Provider Language(s) Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, GROSSMONT HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### **OPHTHALMOLOGY**


---

#### **PHAN, RYAN**

Provider ID: 295646

Board Certified Specialty: No

 10737 CAMINO RUIZ  
SAN DIEGO, CA 92126


 Phone: (858) 549-3200

Fax: (858) 549-3207

 After Hours Phone: (858)  
549-3200

Provider Gender: Male

NPI: 1588027213

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, GROSSMONT HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

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### **OPHTHALMOLOGY**

---


#### **PHAN, RYAN**

Provider ID: 305445

Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
100

SAN DIEGO, CA 92126


 Phone: (858) 549-3200


Fax: (858) 752-4383

 After Hours Phone: (858)  
549-3200

Provider Gender: Male

NPI: 1588027213

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, GROSSMONT HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

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### **OPHTHALMOLOGY**


---

#### **PUIG LLANO, MANUEL**

Provider ID: 299964

Board Certified Specialty: No

 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1427102979

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French, German,  
Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **OPHTHALMOLOGY**

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#### **RAHMATNEJAD, KAMRAN**

Provider ID: 300040


Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male


NPI: 1699268292

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


---


### **OPHTHALMOLOGY**

#### **SATTERFIELD, KELLIE**

Provider ID: 305302

Board Certified Specialty: No

 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121


 Phone: (800) 765-2737

Fax: (619) 291-6577

 After Hours Phone: (800) 765-2737

Provider Gender: Female

NPI: 1629509336

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


---


### **OPHTHALMOLOGY**

#### **SHEILS, CATHERINE**

Provider ID: 305305

Board Certified Specialty: No

 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: 1932605649

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU 8:30AM-4PM  
W-F 8:30AM-1PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

---


### **OPHTHALMOLOGY**

#### **SHEILS, CATHERINE**

Provider ID: 305306

Board Certified Specialty: No

 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: 1932605649

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU 8:30AM-4PM  
W-F 8:30AM-1PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

---


### **OPHTHALMOLOGY**

#### **SHEILS, CATHERINE**

Provider ID: 299936

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273


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## D. 專業提供者目錄

Provider Gender: Female  
 NPI: 1932605649  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP,  
 UCSD Medical Group

### **OPHTHALMOLOGY**







#### **SONG, DELU**

Provider ID: 302872  
 Board Certified Specialty: No  
 7695 CARDINAL CT STE 100  
 SAN DIEGO, CA 92123  
 Phone: (858) 609-7100  
 Fax: (858) 609-7106  
 After Hours Phone: (858)  
 609-7100  
 Provider Gender: Male  
 NPI: 1437689536  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese, Mandarin  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, UCSD MEDICAL  
 CTR, RADY CHILDRENS  
 HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes

Min/Max Age: 18\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP,  
 UCSD Medical Group

### **OPHTHALMOLOGY**









#### **YAMADA, KENTARO**

Provider ID: 295848  
 Board Certified Specialty: No  
 1040 UNIVERSITY AVE STE  
 B209A  
 SAN DIEGO, CA 92103  
 Phone: (619) 299-1100  
 Fax: (619) 299-7156  
 After Hours Phone: (619)  
 299-1100  
 Provider Gender: Male  
 NPI: 1629047188  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Japanese, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SHARP  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP


### **OPTOMETRIST**

#### **AOTO, KIM**

Provider ID: 268723  
 Board Certified Specialty: No  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115  
 Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800)  
 898-2020  
 Provider Gender: Female  
 NPI: 1780935650  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP








### **OPTOMETRIST**

#### **AOTO, KIM**




Provider ID: 268718  
 Board Certified Specialty: No  
 4344 CONVOY ST STE C2






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 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
 者目錄中的資訊可能會更改。

## D. 專業提供者目錄

SAN DIEGO, CA 92111  
 Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800) 898-2020  
 Provider Gender: Female  
 NPI: 1780935650  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 9AM-5PM  
 TU 8:30AM-4:30PM  
 W 7:30AM-4:30PM  
 TH 9:30AM-5PM  
 F 8:30AM-4PM  
 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP



### OPTOMETRIST

**AOTO, KIM**  
 Provider ID: 296795  
 Board Certified Specialty: No  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111  
 Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800) 898-2020  
 Provider Gender: Female  
 NPI: 1780935650


 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 9AM-5PM  
 TU 8:30AM-4:30PM  
 W 7:30AM-4:30PM  
 TH 9:30AM-5PM  
 F 8:30AM-4PM  
 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

### OPTOMETRIST

**JOMOC, CAITLIN**  
 Provider ID: 304155  
 Board Certified Specialty: No  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1861164642  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### OPTOMETRIST

**JOMOC, CAITLIN**  
 Provider ID: 304156  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1861164642  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### OPTOMETRIST

**KIM, PHILIP**  
 Provider ID: 287910  
 Board Certified Specialty: No  
 4060 4TH AVE STE 610  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8372  
 Fax: (888) 539-8781  
 After Hours Phone: (800)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

926-8372

Provider Gender: Male

NPI: 1376929034

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OPTOMETRIST**

#### **SCHWAB, GARY**

Provider ID: 290411

Board Certified Specialty: No

4290 POLK AVE

SAN DIEGO, CA 92105

Phone: (619) 563-0250

Fax: (858) 633-4681

After Hours Phone: (619) 563-0250

Provider Gender: Male

NPI: 1740274372

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **SCHWAB, GARY**

Provider ID: 290410

Board Certified Specialty: No

6973 LINDA VISTA RD

SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858) 279-0925

Provider Gender: Male

NPI: 1740274372

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **VO, ANDREW**

Provider ID: 304147

Board Certified Specialty: No

16950 VIA TAZON

SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1790291565

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **OPTOMETRIST**

#### **VO, ANDREW**

Provider ID: 201312

Board Certified Specialty: No

200 W ARBOR DR STE 101

SAN DIEGO, CA 92103

Phone: (619) 543-7907

After Hours Phone: (619) 543-7907

Provider Gender: Male

NPI: 1790291565

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

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## D. 專業提供者目錄


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**OPTOMETRIST**


**YU, CAROL**  
Provider ID: 301680  
Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1639697451

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER


 Website: N/A  
IPA: UCSD Medical Group


---

**OPTOMETRIST**


**YU, CAROL**  
Provider ID: 301683  
Board Certified Specialty: No

 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273  
Fax: (888) 539-8781


 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1639697451

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A  
IPA: UCSD Medical Group

---

**OPTOMETRIST**

**YU, CAROL**  
Provider ID: 301684  
Board Certified Specialty: No


 16950 VIA TAZON  
SAN DIEGO, CA 92127


 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1639697451

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A  
IPA: UCSD Medical Group

---

**ORAL MAXILLOFACIAL SURGEON**

**DENTICO-OLIN, MARC**  
Provider ID: 304727  
Board Certified Specialty: No

 2878 CAMINO DEL RIO S  
STE 210  
SAN DIEGO, CA 92108

 Phone: (619) 298-2200  
Fax: (619) 298-2250

 After Hours Phone: (619) 298-2200

Provider Gender: Male  
NPI: 1629205174

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

 Website: N/A  
IPA: Rady Childrens Health Network

---

**ORAL MAXILLOFACIAL SURGEON**

**DENTICO-OLIN, MARC**  
Provider ID: 273663  
Board Certified Specialty: No

 501 WASHINGTON ST STE 710  
SAN DIEGO, CA 92103

 Phone: (619) 295-6774  
Fax: (619) 295-6776

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ *After Hours Phone: (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): IPA: UCSD Medical Group*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: Rady Childrens Health Network*

### **OSTEOPATHIC MANIPULATIVE THERAPY**

#### **PORTERA, ARIEL**

*Provider ID: 273321*

*Board Certified Specialty: No*

📍 *9333 GENESEE AVE STE 200*

*SAN DIEGO, CA 92121*

☎ *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1841721784*

☑ *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL*

*CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### **OTOLARYNGOLOGY**

#### **BLISS, MORGAN**

*Provider ID: 272565*

*Board Certified Specialty: Yes*

📍 *3030 CHILDRENS WAY FL 1 SAN DIEGO, CA 92123*

☎ *Phone: (858) 309-7701*

*Fax: (858) 966-8038*

☎ *After Hours Phone: (858) 309-7701*

*Provider Gender: Female*

*NPI: 1760707657*

☑ *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN*

*DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: Rady Childrens Health Network*

### **OTOLARYNGOLOGY**

#### **BRUMUND, KEVIN**

*Provider ID: 299635*

*Board Certified Specialty: No*

📍 *8899 UNIVERSITY CENTER LN*

*SAN DIEGO, CA 92122*

☎ *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1033193669*

☑ *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### **OTOLARYNGOLOGY**

#### **BRUMUND, KEVIN**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider ID: 299634  
Board Certified Specialty: No

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033193669

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **CALIFANO, JOSEPH**

Provider ID: 299461

Board Certified Specialty: No

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1881652972

🗣 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **CALIFANO, JOSEPH**

Provider ID: 299462

Board Certified Specialty: No

📍 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1881652972

🗣 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **CALIFANO, JOSEPH**

Provider ID: 299457

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1881652972

🗣 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **CARVALHO, DANIELA**

Provider ID: 272557

Board Certified Specialty: No

📍 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### OTOLARYNGOLOGY


#### **CARVALHO, DANIELA**


Provider ID: 205628

Board Certified Specialty: No

 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\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### OTOLARYNGOLOGY

#### **COFFEY, CHARLES**

Provider ID: 299579

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-6631

Fax: (619) 471-0656

 After Hours Phone: (619)  
543-6631

Provider Gender: Male

NPI: 1932297330

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS


GREEN HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **COFFEY, CHARLES**

Provider ID: 299583

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1932297330

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **COFFEY, CHARLES**

Provider ID: 299582

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---

926-8273  
Provider Gender: Male  
NPI: 1932297330  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

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### **OTOLARYNGOLOGY**

**DECONDE, ADAM**  
Provider ID: 299567  
Board Certified Specialty: No  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1588988919  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

---

### **OTOLARYNGOLOGY**

**DECONDE, ADAM**  
Provider ID: 299568  
Board Certified Specialty: No  
 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1588988919

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

---

### **OTOLARYNGOLOGY**

**DECONDE, ADAM**  
Provider ID: 299569  
Board Certified Specialty: No  
 200 W ARBOR DR

SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1588988919  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

---

### **OTOLARYNGOLOGY**

**FRIEDMAN, RICK**  
Provider ID: 299531  
Board Certified Specialty: No  
 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1982708558  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PIH  
HEALTH GOOD SAMARITAN

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

HOSPITAL, CHILDRENS HOSPITAL OF LOS ANGELES, SOUTH COAST GLOBAL MEDICAL CENTER INC, ANAHEIM GLOBAL MEDICAL CENTER, ORANGE COUNTY GLOBAL MEDICAL CENTER INC, CHAPMAN GLOBAL MEDICAL CENTER INC, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**


#### **FRIEDMAN, RICK**

Provider ID: 299530

Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1982708558

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIH HEALTH GOOD SAMARITAN HOSPITAL, CHILDRENS HOSPITAL OF LOS ANGELES, SOUTH COAST GLOBAL MEDICAL CENTER INC, ANAHEIM GLOBAL MEDICAL CENTER, ORANGE COUNTY GLOBAL MEDICAL CENTER INC, CHAPMAN GLOBAL MEDICAL CENTER INC, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**


#### **FRIEDMAN, RICK**

Provider ID: 299532

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1982708558

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIH HEALTH GOOD SAMARITAN HOSPITAL, CHILDRENS HOSPITAL OF LOS ANGELES, SOUTH COAST GLOBAL MEDICAL CENTER INC, ANAHEIM GLOBAL MEDICAL CENTER, ORANGE COUNTY GLOBAL MEDICAL CENTER INC, CHAPMAN GLOBAL MEDICAL CENTER INC, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**


#### **FRIESEN, TZYYNONG**

Provider ID: 272604


Board Certified Specialty: No

 3030 CHILDRENS WAY FL 1

SAN DIEGO, CA 92123

 Phone: (858) 309-7701

Fax: (858) 966-8038

 After Hours Phone: (858) 309-7701

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## D. 專業提供者目錄

Provider Gender: Female  
NPI: 1952740177  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health Network

### **OTOLARYNGOLOGY**

#### **GILANI, SAPIDEH**

Provider ID: 299560  
Board Certified Specialty: No  
📍 8899 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1003825571  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **GILANI, SAPIDEH**

Provider ID: 299559  
Board Certified Specialty: No  
📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1003825571  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **GILANI, SAPIDEH**

Provider ID: 299561  
Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1003825571  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **GREENE, JACQUELINE**

Provider ID: 272959  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1144583931  
☐ Provider English Spoken: Y  
Cultural Competency: N

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## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **GREENE, JACQUELINE**

Provider ID: 298397

Board Certified Specialty: No

 8899 UNIVERSITY CENTER LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1144583931


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


#### **GREENE, JACQUELINE**

Provider ID: 298396

Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1144583931

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **HARRIS, JEFFREY**

Provider ID: 299576

Board Certified Specialty: No

 8899 UNIVERSITY CENTER LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1417988783

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL, UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **HARRIS, JEFFREY**

Provider ID: 299575

Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1417988783

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

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## D. 專業提供者目錄

### HOM, DAVID

Provider ID: 299515

Board Certified Specialty: No

8899 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1659305027

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

### HOM, DAVID

Provider ID: 299514

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1659305027

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

### HOM, DAVID

Provider ID: 299511

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (858) 657-8590

After Hours Phone: (858) 657-8590

Provider Gender: Male

NPI: 1659305027

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

### HUSSEMAN, JACOB

Provider ID: 301052

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1124034053

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **HUSSEMAN, JACOB**

Provider ID: 301053

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1124034053

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**

### **JIANG, WEN**

Provider ID: 272660

Board Certified Specialty: Yes

3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

Phone: (858) 309-7701

Fax: (858) 966-8038

After Hours Phone: (858)  
309-7701

Provider Gender: Female

NPI: 1659305753

Provider English Spoken: Y

Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **OTOLARYNGOLOGY**

### **KARI, ELINA**

Provider ID: 299446

Board Certified Specialty: No

8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780860536

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS

ANGELES, PIH HEALTH

HOSPITAL - WHITTIER, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### **OTOLARYNGOLOGY**

### **KARI, ELINA**

Provider ID: 299445

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780860536

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS

ANGELES, PIH HEALTH

HOSPITAL - WHITTIER, UCSD

LA JOLLA JOHN SALLY





THORNTON, UCSD MEDICAL




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health  
Network, UCSD Medical Group




### **OTOLARYNGOLOGY**

**KARI, ELINA**  
Provider ID: 299443  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (619) 543-6631  
 After Hours Phone: (619)  
543-6631  
 Provider Gender: Female  
 NPI: 1780860536  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, PIH HEALTH  
HOSPITAL - WHITTIER, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
Network, UCSD Medical Group








### **OTOLARYNGOLOGY**

**LEUIN, SHELBY**  
Provider ID: 272637  
Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123  
 Phone: (858) 309-7701  
 Fax: (858) 966-8038  
 After Hours Phone: (858)  
309-7701  
 Provider Gender: Female  
 NPI: 1124230909  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
Network



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### **OTOLARYNGOLOGY**

**MAGIT, ANTHONY**  
Provider ID: 272767  
Board Certified Specialty: Yes  
 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123  
 Phone: (855) 309-7701  
 Fax: (858) 966-4062  
 After Hours Phone: (855)  
309-7701  
 Provider Gender: Male  
 NPI: 1891858379  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
Network, UCSD Medical Group

---

### **OTOLARYNGOLOGY**

**MAGIT, ANTHONY**  
Provider ID: 299481  
Board Certified Specialty: No  
 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
 Phone: (800) 926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1891858379

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **MAGIT, ANTHONY**

Provider ID: 299480

Board Certified Specialty: No

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1891858379

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **MAGIT, ANTHONY**

Provider ID: 299482

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1891858379

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **MATSUOKA, AKIHIRO**

Provider ID: 299592

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1669630653

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **MATSUOKA, AKIHIRO**

Provider ID: 299590

Board Certified Specialty: No

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1669630653

☑ Provider English Spoken: Y  
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


---

### OTOLARYNGOLOGY

#### **MATSUOKA, AKIHIRO**

Provider ID: 299591

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male


NPI: 1669630653


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### OTOLARYNGOLOGY


#### **NGUYEN, QUYEN**

Provider ID: 299607

Board Certified Specialty: No

 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: 1477524452

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### OTOLARYNGOLOGY


#### **NGUYEN, QUYEN**

Provider ID: 299606

Board Certified Specialty: No

 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: 1477524452

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### OTOLARYNGOLOGY


#### **NGUYEN, QUYEN**

Provider ID: 299603

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (619) 543-6631

Fax: (619) 543-6532

 After Hours Phone: (619)  
543-6631

Provider Gender: Female

NPI: 1477524452

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


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## D. 專業提供者目錄

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


#### **PATEL, VIJAY**

Provider ID: 297037

Board Certified Specialty: No

 3030 CHILDRENS WAY STE 1

SAN DIEGO, CA 92123

 Phone: (858) 309-7701

Fax: (858) 966-8038

 After Hours Phone: (858) 309-7701

Provider Gender: Male

NPI: 1508250747

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### OTOLARYNGOLOGY

#### **VAHABZADEH-HAGH, ANDREW**

Provider ID: 299508

Board Certified Specialty: No

 8899 UNIVERSITY CENTER LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1346506920

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **VAHABZADEH-HAGH, ANDREW**

Provider ID: 299507

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1346506920

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **VAHABZADEH-HAGH, ANDREW**

Provider ID: 299509

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider Gender: Male

NPI: 1346506920


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED  
CTR, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **OTOLARYNGOLOGY**


#### **WATSON, DEBORAH**

Provider ID: 299639

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-6631

 After Hours Phone: (619)  
543-6631

Provider Gender: Female

NPI: 1346270816

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **WATSON, DEBORAH**

Provider ID: 299641

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346270816

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**


#### **WATSON, DEBORAH**

Provider ID: 299642

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346270816

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**


#### **WEISSBROD, PHILIP**

Provider ID: 299615

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1366590853

 Provider English Spoken: Y  
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


**WEISSBROD, PHILIP**

Provider ID: 299614

Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1366590853

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS


GREEN HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

**WEISSBROD, PHILIP**

Provider ID: 299610

Board Certified Specialty: No

 200 W ARBOR DR STE 505  
SAN DIEGO, CA 92103

 Phone: (858) 657-8590

 After Hours Phone: (858) 657-8590

Provider Gender: Male

NPI: 1366590853

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

**YAN, CAROL**

Provider ID: 298414

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1619237260

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: Stanford

Health Care, LUCILE SALTER

PACKARD CHILDRENS HOSP,

UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


**YAN, CAROL**

Provider ID: 298413

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1619237260

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese



Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。






## D. 專業提供者目錄



*Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **OTOLARYNGOLOGY**

#### **YAN, CAROL**





*Provider ID: 298412*  
*Board Certified Specialty: No*  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1619237260*




 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Chinese*  
*Cultural Competency: N*  
*Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL*

*CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PATHOLOGY ANATOMIC**

#### **FADARE, OLUWOLE**





*Provider ID: 275705*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (619) 543-5764*  
*Fax: (619) 543-5249*  
 *After Hours Phone: (619) 543-5764*  
*Provider Gender: Male*  
*NPI: 1619955804*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL*

*CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PATHOLOGY ANATOMIC**

#### **HANSEN, LAWRENCE**

*Provider ID: 275767*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (619) 543-5764*  
 *After Hours Phone: (619) 543-5764*

*Provider Gender: Male*  
*NPI: 1760407498*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PATHOLOGY ANATOMIC**

#### **PARAST, MANA**

*Provider ID: 275888*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

926-8273  
 Provider Gender: Female  
 NPI: 1629163100  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC

**WONG, RICHARD**  
 Provider ID: 243202  
 Board Certified Specialty: No  
 10300 CAMPUS POINT DR  
 SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1275084295  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC

#### CLINICAL

**ALLEN, ELIZABETH**  
 Provider ID: 275756  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1174814065  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 UCSD MEDICAL CTR, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MEMORIAL  
 HOSPITAL ENCINITAS,  
 SCRIPPS GREEN HOSPITAL,

SCRIPPS GREEN HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC

#### CLINICAL

**BROOME, HELEN**  
 Provider ID: 275720  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1184674145  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

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## D. 專業提供者目錄

 Website: N/A  
IPA: UCSD Medical Group

---

### PATHOLOGY ANATOMIC CLINICAL


---

#### **BROOME, HELEN**

Provider ID: 275721

Board Certified Specialty: No

 10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1184674145

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### PATHOLOGY ANATOMIC CLINICAL


---

#### **BUI, JACK**

Provider ID: 247581

Board Certified Specialty: No

 10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1942529821

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### PATHOLOGY ANATOMIC CLINICAL


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#### **BUI, JACK**

Provider ID: 247580

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1942529821

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### PATHOLOGY ANATOMIC CLINICAL


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#### **QUINTANA, PAULINA**

Provider ID: 296765

Board Certified Specialty: No

 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

 Phone: (619) 266-3332  
Fax: (619) 266-6000

 After Hours Phone: (619)  
266-3332

Provider Gender: Female

NPI: 1164482477

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


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## D. 專業提供者目錄

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### PATHOLOGY ANATOMIC CLINICAL


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#### **ROMA, ANDRES**

Provider ID: 275826

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1295912657

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### PATHOLOGY ANATOMIC CLINICAL


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#### **SHABAIK, AHMED**

Provider ID: 275781

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1679521579

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### PATHOLOGY ANATOMIC CLINICAL

---


#### **SONG, WEI**

Provider ID: 300001

Board Certified Specialty: No

 10300 CAMPUS POINT DR

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1306164157

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### PATHOLOGY ANATOMIC CLINICAL


---

#### **STEPHENS, LAURA**

Provider ID: 300042

Board Certified Specialty: No

 10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1942561212

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

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## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **PATHOLOGY ANATOMIC CLINICAL**


---

#### **VAVINSKAYA, VERA**

*Provider ID: 275789*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1174757181*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **PATHOLOGY ANATOMIC CLINICAL**


---

#### **WANG, DEHUA**

*Provider ID: 289153*

*Board Certified Specialty: No*

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123



 *Phone: (858) 966-6776*

*Fax: (858) 966-6707*

 *After Hours Phone: (858)  
966-6776*

*Provider Gender: Female*

*NPI: 1578790655*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Chinese*

*Cultural Competency: N*


*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*

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### **PATHOLOGY CLINICAL**

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#### **KELNER, MICHAEL**

*Provider ID: 247602*

*Board Certified Specialty: No*

 10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1174679849*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL  
CTR, EL CENTRO REGIONAL*


*MEDICAL CENTER*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **PATHOLOGY CLINICAL**

---


#### **KELNER, MICHAEL**

*Provider ID: 247601*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1174679849*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL  
CTR, EL CENTRO REGIONAL*

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## D. 專業提供者目錄


### MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PATHOLOGY CLINICAL


#### LE DZUNG, THE

Provider ID: 247600

Board Certified Specialty: No

 10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1770526931

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY CLINICAL


#### LE DZUNG, THE

Provider ID: 247599

Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1770526931

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PEDIATRIC ALLERGY / IMMUNOLOGY


#### ALKATIB, RHONDA


Provider ID: 291226

Board Certified Specialty: No

 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  
Cultural Competency: N

Hospital Affiliation: ALVARADO


HOSP MED CTR, ALVARADO


HOSPITAL LLC


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network

### PEDIATRIC ALLERGY / IMMUNOLOGY


#### COLLINS, CATHLEEN


Provider ID: 206083

Board Certified Specialty: No

 3030 CHILDRENS WAY STE  
2

SAN DIEGO, CA 92123

 Phone: (858) 966-5961

 After Hours Phone: (858)  
966-5961

Provider Gender: Female

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## D. 專業提供者目錄

NPI: 1205128089


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: LUCILE  
SALTER PACKARD  
CHILDRENS HOSP, Stanford  
Health Care, RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC ALLERGY / IMMUNOLOGY


#### **GENG, BOB**


Provider ID: 205824

Board Certified Specialty: No

 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 N


SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC ALLERGY / IMMUNOLOGY


#### **GENG, BOB**


Provider ID: 205823

Board Certified Specialty: No

 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):

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC ALLERGY / IMMUNOLOGY


#### **GREINER, ALEXANDER**


Provider ID: 205697

Board Certified Specialty: No

 5776 RUFFIN RD

SAN DIEGO, CA 92123


 Phone: (858) 966-4900

 After Hours Phone: (858)  
966-4900

Provider Gender: Male

NPI: 1609801299

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French, German,  
Spanish

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

SA 8AM-0PM

 Website: N/A

IPA: Rady Childrens Health

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## D. 專業提供者目錄

Network

---

### **PEDIATRIC ALLERGY / IMMUNOLOGY**


---


**LEIBEL, SYDNEY**

Provider ID: 205724

Board Certified Specialty: No


 5776 RUFFIN RD  
SAN DIEGO, CA 92123

 Phone: (858) 292-1144

 After Hours Phone: (858)  
292-1144

Provider Gender: Male

NPI: 1861666919

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

---


### **PEDIATRIC ALLERGY / IMMUNOLOGY**

---


**LEIBEL, SYDNEY**


Provider ID: 205725

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2 NORTH


SAN DIEGO, CA 92123

 Phone: (858) 966-5961

 After Hours Phone: (858)  
966-5961

Provider Gender: Male

NPI: 1861666919

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### **PEDIATRIC CARDIOLOGY**


---

**BOCK, MATTHEW**

Provider ID: 280463

Board Certified Specialty: No

 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\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

---

### **PEDIATRIC CARDIOLOGY**


---

**BORQUEZ, ALEJANDRO**

Provider ID: 284120

Board Certified Specialty: No

 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


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## D. 專業提供者目錄

American Sign Language (ASL): IPA: Rady Childrens Health  
N  
Network

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **PEDIATRIC CARDIOLOGY**

#### **CHAU, PETER**

Provider ID: 271427

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1407146947

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: LOMA

LINDA UNIVERSITY

CHILDRENS HOSPITAL, LOMA

LINDA UNIVERSITY MED CTR,

RADY CHILDRENS HOSPITAL

SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


Network

### **PEDIATRIC CARDIOLOGY**

#### **DAVIS, CHRISTOPHER**

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1760691950

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, GROSSMONT

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network


### **PEDIATRIC CARDIOLOGY**

#### **DO, THOMAS**

Provider ID: 206162

Board Certified Specialty: No

 3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 366-5855

Fax: (858) 966-7423

 After Hours Phone: (858)  
366-5855

Provider Gender: Male

NPI: 1053545376

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, CHILDRENS HOSPITAL

AT MISSION, CHILDRENS

HOSPITAL OF ORANGE


COUNTY


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network


### **PEDIATRIC CARDIOLOGY**

#### **DUMMER, KIRSTEN**

Provider ID: 260595

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

966-5855  
Provider Gender: Female  
NPI: 1780642280  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health  
Network

### **PEDIATRIC CARDIOLOGY**

**GOLDING, IAN**  
Provider ID: 210823  
Board Certified Specialty: No  
📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5855  
Fax: (858) 966-7903  
🕒 After Hours Phone: (858)  
966-5855  
Provider Gender: Male  
NPI: 1962974956  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health  
Network

### **PEDIATRIC CARDIOLOGY**

**GORDON, BRENT**  
Provider ID: 295391  
Board Certified Specialty: No  
📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5855  
Fax: (858) 966-7903  
🕒 After Hours Phone: (858)  
966-5855  
Provider Gender: Male  
NPI: 1669480083  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: POMONA  
VALLEY HOSP MED CTR,  
SANTA MONICA UCLA MED  
CTR, SAN ANTONIO COMM  
HOSP, LOMA LINDA  
UNIVERSITY CHILDRENS  
HOSPITAL, LOMA LINDA  
UNIVERSITY MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC CARDIOLOGY**

**HALEY, JESSICA**  
Provider ID: 205687  
Board Certified Specialty: No  
📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5855  
Fax: (858) 966-7903  
🕒 After Hours Phone: (858)  
966-5855  
Provider Gender: Female  
NPI: 1023329885  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health  
Network

### **PEDIATRIC CARDIOLOGY**

**JUSTINO, HENRI**  
Provider ID: 284123  
Board Certified Specialty: No  
📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ Phone: (858) 966-5855

Fax: (858) 966-7903

🕒 After Hours Phone: (858) 966-5855

Provider Gender: Male

NPI: 1518036821

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC CARDIOLOGY**

#### **LEHNERT SCHUCHARDT, ELEANOR**

Provider ID: 262250

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5855

Fax: (858) 966-7903

🕒 After Hours Phone: (858) 966-5855

Provider Gender: Female

NPI: 1760707210

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC CARDIOLOGY**

#### **MCCANDLESS, RACHEL**

Provider ID: 206147

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-4912

Fax: (858) 966-7903

🕒 After Hours Phone: (858) 966-4912

Provider Gender: Female

NPI: 1487821815

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC CARDIOLOGY**

#### **MUELLER, DANA**

Provider ID: 245535

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5855

🕒 After Hours Phone: (858) 966-5855

Provider Gender: Female

NPI: 1184915712

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC CARDIOLOGY**

#### **NARAYAN, HARI**

Provider ID: 205349

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1376705707

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC CARDIOLOGY**

#### **RAO, ROHIT**

Provider ID: 206122

Board Certified Specialty: No

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: 1063452779

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC CARDIOLOGY**

#### **SAH, SERENA**

Provider ID: 206215

Board Certified Specialty: No

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: Female

NPI: 1295042653

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC CARDIOLOGY**

#### **SILVA SEPULVEDA, JOSE**

Provider ID: 206297

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1417222472

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **PEDIATRIC CARDIOLOGY**

#### **STEINBERG, LEONARD**

Provider ID: 248208

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5855

After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1538279484

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC CARDIOLOGY**

#### **STRINGER, JESSE**

Provider ID: 206296

Board Certified Specialty: No

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: 1972745388

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC CARDIOLOGY**

#### **VAUGHN, GABRIELLE**

Provider ID: 205643

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 576-1700

Fax: (858) 966-7423

After Hours Phone: (858)  
576-1700

Provider Gender: Female

NPI: 1891004461

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC CARDIOLOGY**

#### **VELLORE GOVARDHAN, SHILPA**

Provider ID: 271454

Board Certified Specialty: No

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: 1477702165

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

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## D. 專業提供者目錄


### PEDIATRIC CARDIOLOGY

#### **WERHO, DAVID**

Provider ID: 206316

Board Certified Specialty: No

 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: 1235391863

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): Network

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC CARDIOLOGY

#### **WILLIAMS, MATTHEW**

Provider ID: 206287

Board Certified Specialty: No

 3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7423

 After Hours Phone: (858)

966-5855

Provider Gender: Male

NPI: 1831423250

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSF BENIOFF CHILDREN'S  
HOSPITAL OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health


### PEDIATRIC CARDIOLOGY

#### **YOUNOSZAI, ADEL**

Provider ID: 303133

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1952493819

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN


DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC DERMATOLOGY

#### **BOIKO, SUSAN**

Provider ID: 303684

Board Certified Specialty: No

 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: 1053488981

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

IPA: Rady Childrens Health Network

### PEDIATRIC DERMATOLOGY

#### **EICHENFIELD, DAWN**

Provider ID: 283142

Board Certified Specialty: No

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC DERMATOLOGY

#### **EICHENFIELD, DAWN**

Provider ID: 303679

Board Certified Specialty: No

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE

#### **AGHILI, ROXANA**

Provider ID: 303780

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2905  
Fax: (619) 283-1614

After Hours Phone: (619)  
280-2905

Provider Gender: Female

NPI: 1851927883

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N  
Hospital Affiliation: KAISER  
FOUNDATION HOSPITAL SAN  
DIEGO, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE

#### **AGHILI, ROXANA**

Provider ID: 304918

Board Certified Specialty: No

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。






## D. 專業提供者目錄

FOUNDATION HOSPITAL SAN DIEGO, RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):



N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

#### **AMIRNOVIN, RAMBOD**





Provider ID: 297673  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Male  
 NPI: 1629104492  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation:  
 CHILDRENS HOSP OF LOS ANGELES, LOMA LINDA UNIVERSITY CHILDRENS HOSPITAL, LOMA LINDA UNIVERSITY MED CTR, RADY CHILDRENS HOSPITAL SAN




DIEGO, LONG BEACH MEMORIAL MED CTR, EARL AND LORRAINE MILLER CHILDRENS HSP  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE








#### **AUSTIN PAGE, LUKAS**

Provider ID: 205589  
 Board Certified Specialty: No  
 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):

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

#### **BELLOMO, THOMAS**

Provider ID: 205601  
 Board Certified Specialty: No  
 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: 1700926698  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1PM-10PM


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE


#### **BETTY, MARYANN**

Provider ID: 245754

Board Certified Specialty: No

 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: 1285014498

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY


### MEDICINE


#### **BETTY, MARYANN**

Provider ID: 257396

Board Certified Specialty: No

 3020 CHILDRENS WAY SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1285014498

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### **BIALOSTOZKY, MARIO**

Provider ID: 206011

Board Certified Specialty: No

 3020 CHILDRENS WAY SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1609281450

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### **BRYL, AMY**

Provider ID: 205967

Board Certified Specialty: No

 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

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## D. 專業提供者目錄

*Hospital Affiliation:*  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
UCSF BENIOFF CHILDREN'S  
HOSPITAL OAKLAND,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0\19  
*American Sign Language (ASL):*  
N




 *Accessibility:* CONTACT  
PROVIDER  
 *Website:* N/A  
*IPA:* Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE

#### **CAMPBELL, SARA**






*Provider ID:* 206335  
*Board Certified Specialty:* No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 *Phone:* (858) 966-8800  
 *After Hours Phone:* (858)  
966-8800  
*Provider Gender:* Female  
*NPI:* 1841687563  
 *Provider English Spoken:* Y  
 *Provider Language(s)  
Spoken:* Farsi, Spanish  
*Cultural Competency:* N  
*Hospital Affiliation:*



CHILDRENS HOSP OF LOS  
ANGELES, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0\19  
*American Sign Language (ASL):*  
N

 *Accessibility:* CONTACT  
PROVIDER  
 *Hours:* M-F 8AM-5PM  
 *Website:* N/A  
*IPA:* Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE








#### **CHOO, SUN**

*Provider ID:* 296535  
*Board Certified Specialty:* No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 *Phone:* (858) 966-8800  
 *After Hours Phone:* (858)  
966-8800  
*Provider Gender:* Female  
*NPI:* 1700047628  
 *Provider English Spoken:* Y  
*Cultural Competency:* N  
*Hospital Affiliation:* RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0\19  
*American Sign Language (ASL):*  
N  
 *Accessibility:* CONTACT

PROVIDER  
 *Hours:* M-F 8AM-5PM  
 *Website:* N/A  
*IPA:* Rady Childrens Health  
Network
























### PEDIATRIC EMERGENCY MEDICINE

#### **CHOO, SUN**

*Provider ID:* 296536  
*Board Certified Specialty:* No  
 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
 *Phone:* (619) 280-2905  
*Fax:* (619) 283-1614  
 *After Hours Phone:* (619)  
280-2905  
*Provider Gender:* Female  
*NPI:* 1700047628  
 *Provider English Spoken:* Y  
*Cultural Competency:* N  
*Hospital Affiliation:* RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0\19  
*American Sign Language (ASL):*  
N  
 *Accessibility:* CONTACT  
PROVIDER  
 *Hours:* SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM  
 *Website:* N/A  
*IPA:* Rady Childrens Health  
Network

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<b>PEDIATRIC EMERGENCY MEDICINE</b>	<b>PEDIATRIC EMERGENCY MEDICINE</b>	<b>PEDIATRIC EMERGENCY MEDICINE</b>
<p><b>CONRAD, HEATHER</b>            Provider ID: 205960            Board Certified Specialty: No   3020 CHILDRENS WAY            SAN DIEGO, CA 92123   Phone: (858) 966-8800   After Hours Phone: (858)            966-8800            Provider Gender: Female            NPI: 1205813409   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: RADY            CHILDRENS HOSPITAL SAN            DIEGO, SOUTHWEST            HEALTHCARE INLAND            VALLEY HOSPITAL, SHARP            CHULA VISTA MED CTR, UCSF            BENIOFF CHILDREN'S            HOSPITAL OAKLAND,            SOUTHWEST HEALTHCARE            RANCHO SPRINGS HOSPITAL            Medi-Cal Open Panel: Yes            Min/Max Age: 0\19            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Rady Childrens Health            Network</p>	<p><b>DEL RE, ANGELO</b>            Provider ID: 206081            Board Certified Specialty: No   3020 CHILDRENS WAY            SAN DIEGO, CA 92123   Phone: (858) 966-8800   After Hours Phone: (858)            966-8800            Provider Gender: Male            NPI: 1275761371   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: SCRIPPS            MEMORIAL HOSPITAL, RADY            CHILDRENS HOSPITAL SAN            DIEGO, UCSF BENIOFF            CHILDREN'S HOSPITAL            OAKLAND, SCRIPPS            MEMORIAL HOSPITAL            ENCINITAS            Medi-Cal Open Panel: Yes            Min/Max Age: 0\19            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Rady Childrens Health            Network</p>	<p>Provider ID: 288572            Board Certified Specialty: No   3020 CHILDRENS WAY            SAN DIEGO, CA 92123   Phone: (858) 966-8800   After Hours Phone: (858)            966-8800            Provider Gender: Female            NPI: 1366622078   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: RADY            CHILDRENS HOSPITAL SAN            DIEGO            Medi-Cal Open Panel: No            Min/Max Age: 0\19            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Website: N/A            IPA: Rady Childrens Health            Network</p>
	<p><b>PEDIATRIC EMERGENCY MEDICINE</b></p>	<p><b>PEDIATRIC EMERGENCY MEDICINE</b></p>
	<p><b>DEVERA, GEMMIE</b></p>	<p><b>DO, STEPHANIE</b>            Provider ID: 287393            Board Certified Specialty: No   3020 CHILDRENS WAY            SAN DIEGO, CA 92123   Phone: (858) 966-8800   After Hours Phone: (858)            966-8800            Provider Gender: Female            NPI: 1750513644   Provider English Spoken: Y</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Cultural Competency: N  
 Hospital Affiliation: Martin Luther King Jr Community Hospital, RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

**DONOFRIO-ODMANN, JOY**  
 Provider ID: 205375  
 Board Certified Specialty: No  
 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  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

**DORWART, ELIZABETH**  
 Provider ID: 294260  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 NPI: 1609132034  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: LUCILE SALTER PACKARD CHILDRENS HOSP, Stanford Health Care, RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

**EKPENYONG, ATIM**  
 Provider ID: 205722  
 Board Certified Specialty: No  
 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\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT

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## D. 專業提供者目錄

**PROVIDER**  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health Network

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### **PEDIATRIC EMERGENCY** **MEDICINE**

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#### **FISHER, JAY**

Provider ID: 295690  
Board Certified Specialty: No  
📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
📞 Phone: (858) 966-8800  
🕒 After Hours Phone: (858) 966-8800  
Provider Gender: Male  
NPI: 1629118518  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health Network

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### **PEDIATRIC EMERGENCY** **MEDICINE**

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#### **GAHM, CLAIRE**

Provider ID: 301305  
Board Certified Specialty: No  
📍 3020 CHILDRENS WAY

SAN DIEGO, CA 92123  
📞 Phone: (858) 966-8800  
🕒 After Hours Phone: (858) 966-8800  
Provider Gender: Female  
NPI: 1750709077

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\19  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: Rady Childrens Health Network

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### **PEDIATRIC EMERGENCY** **MEDICINE**

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#### **GIBONEY, JENNIFER**

Provider ID: 205925  
Board Certified Specialty: No  
📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
📞 Phone: (858) 966-8800  
🕒 After Hours Phone: (858) 966-8800  
Provider Gender: Female  
NPI: 1275895849  
 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

---

### **PEDIATRIC EMERGENCY** **MEDICINE**

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#### **GORHAM, LAURA**

Provider ID: 275784  
Board Certified Specialty: No  
📍 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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-2PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE


**GROSS, MATTHEW**

Provider ID: 297174

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1942223664

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE


**GROSS, MATTHEW**

Provider ID: 297172

Board Certified Specialty: No

 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: 1942223664

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE

**HERSKOVITZ, SCOTT**

Provider ID: 261045

Board Certified Specialty: Yes

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1225393499

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE


**HUNTER, WENDY**

Provider ID: 206278

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1053515551

 Provider English Spoken: Y  
Cultural Competency: N


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

*Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*


### **PEDIATRIC EMERGENCY MEDICINE**


#### **INDRA, SEAN**

*Provider ID: 302625*

*Board Certified Specialty: No*

 *3020 CHILDRENS WAY  
SAN DIEGO, CA 92123*

 *Phone: (858) 966-8800*

 *After Hours Phone: (858)  
966-8800*

*Provider Gender: Male*

*NPI: 1427349091*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, VALLEY CHILDRENS  
HOSPITAL*


*Medi-Cal Open Panel: No*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*


### **PEDIATRIC EMERGENCY MEDICINE**

#### **ISHIMINE, PAUL**

*Provider ID: 206236*

*Board Certified Specialty: No*

 *3020 CHILDRENS WAY  
SAN DIEGO, CA 92123*

 *Phone: (858) 966-8800*

 *After Hours Phone: (858)  
966-8800*

*Provider Gender: Male*

*NPI: 1437184421*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*


### **PEDIATRIC EMERGENCY MEDICINE**

#### **JACKSON, TAYLOR**

*Provider ID: 302127*

*Board Certified Specialty: No*

 *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: 1326543752*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*


### **PEDIATRIC EMERGENCY MEDICINE**

#### **JOSHI, WEENA**

*Provider ID: 262232*

*Board Certified Specialty: No*

 *3020 CHILDRENS WAY  
SAN DIEGO, CA 92123*

 *Phone: (858) 966-8800*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ *After Hours Phone: (858) 966-8800*

*Provider Gender: Female  
NPI: 1376862177*

☑ *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR HEALTH*

*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

♿ *Accessibility: CONTACT  
PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: Rady Childrens Health  
Network*

---

### **PEDIATRIC EMERGENCY MEDICINE**

---

#### **JOSHI, WEENA**

*Provider ID: 262234*

*Board Certified Specialty: No*

📍 *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: 1376862177*

☑ *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR HEALTH*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

♿ *Accessibility: CONTACT  
PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: Rady Childrens Health  
Network*

---

### **PEDIATRIC EMERGENCY MEDICINE**

---

#### **KHAN, SHAHFAR**

*Provider ID: 294094*

*Board Certified Specialty: No*

📍 *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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

♿ *Accessibility: CONTACT*

*PROVIDER*

🌐 *Website: N/A*

*IPA: Rady Childrens Health  
Network*

---

### **PEDIATRIC EMERGENCY MEDICINE**

---

#### **KINGDON, JOANNA**

*Provider ID: 302317*

*Board Certified Specialty: No*

📍 *4305 UNIVERSITY AVE STE  
150*

*SAN DIEGO, CA 92105*

☎ *Phone: (619) 280-2905*

*Fax: (619) 283-1614*

☎ *After Hours Phone: (619)  
280-2905*

*Provider Gender: Female*

*NPI: 1609495399*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN*

*DIEGO, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

♿ *Accessibility: CONTACT*

*PROVIDER*

🕒 *Hours: SU 1PM-10PM*

*M-F 4PM-10PM*

*SA 1PM-10PM*

🌐 *Website: N/A*

*IPA: Rady Childrens Health*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

Network

### PEDIATRIC EMERGENCY MEDICINE

**LOVEJOY, AMY**

Provider ID: 206107

Board Certified Specialty: No

📍 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: 1790856557

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, CHILDRENS HOSPITAL  
OF ORANGE COUNTY

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE

**LOVEJOY, AMY**

Provider ID: 262029

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 309-7701

Fax: (858) 966-8038

🕒 After Hours Phone: (858)  
309-7701

Provider Gender: Female

NPI: 1790856557

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, CHILDRENS HOSPITAL  
OF ORANGE COUNTY

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health

Network

### PEDIATRIC EMERGENCY MEDICINE

**MCDANIEL, MICHELE**

Provider ID: 248071

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-8800

🕒 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1366761959

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

RADY CHILDRENS HOSPITAL

SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### PEDIATRIC EMERGENCY MEDICINE

**MENDES, CHANTAL**

Provider ID: 295668

Board Certified Specialty: No

📍 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE


#### **MESIWALA, ADNAN**

Provider ID: 275654

Board Certified Specialty: No

 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  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE


#### **METCALF, ASHLEY**

Provider ID: 205348

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1073740205

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST  
HEALTHCARE INLAND

VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE


#### **MILLS, DAVID**

Provider ID: 302146

Board Certified Specialty: No

 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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE

#### **MINKA, GENEVIEVE**

Provider ID: 262107

Board Certified Specialty: No



 8110 BIRMINGHAM WAY FL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄





1  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-7785  
 After Hours Phone: (858) 966-7785  
 Provider Gender: Female  
 NPI: 1689646689  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: French  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network




### PEDIATRIC EMERGENCY MEDICINE

**MINKA, GENEVIEVE**  
 Provider ID: 205336  
 Board Certified Specialty: No  
 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: 1689646689  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: French  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1PM-10PM  
 M-F 4PM-10PM  
 SA 1PM-10PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

**MINKA, GENEVIEVE**  
 Provider ID: 205334  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 NPI: 1689646689  
 Provider English Spoken: Y

 Provider Language(s) Spoken: French  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE


**MISHRA-OCCHINO, SEEMA**  
 Provider ID: 205404  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 576-1700  
 After Hours Phone: (858) 576-1700  
 Provider Gender: Female  
 NPI: 1689612830  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19


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## D. 專業提供者目錄

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### **MONTBLEAU, KARA**

Provider ID: 299240

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1164981197

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### **MURRAY, MATTHEW**

Provider ID: 205759

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1215103023

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### **NGUYEN, MARGARET**

Provider ID: 270705

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1942485248

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### **NGUYEN, MYLINH**

Provider ID: 262299

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800


 After Hours Phone: (858)  
966-8800

Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


NPI: 1730428053

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE

#### **OZAKI, YOSHIHIRO**

Provider ID: 241926

Board Certified Specialty: No

 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: 1467898239

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: VALLEY  
CHILDRENS HOSPITAL, RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE


#### **OZCAN, ALI**

Provider ID: 287923

Board Certified Specialty: No


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1265867683

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Turkish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN


DIEGO, LOMA LINDA

UNIVERSITY MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE

#### **PADE, KATHRYN**

Provider ID: 262411

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1215375183


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### MEDICINE

#### **PARK, BRIAN**

Provider ID: 302352

Board Certified Specialty: No

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Rady Childrens Health  
Network

Fax: (619) 283-1614

After Hours Phone: (619)  
280-2905

Provider Gender: Male

NPI: 1881695914

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health  
Network

NPI: 1477626513

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: GLENDALE  
ADVENTIST MED CTR,

GLENDALE MEMORIAL HOSP

AND HEALTH CTR, TRI CITY

MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN

DIEGO, VALLEY CHILDRENS

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY

#### MEDICINE

#### **QUINONES-PEREZ, BIANCA**

Provider ID: 206947

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1124360565

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

### PEDIATRIC EMERGENCY

#### MEDICINE

#### **PARK, RONALD**

Provider ID: 295457

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2905

#### **PARKER, SHERINE**

Provider ID: 205784

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123



Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Female




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## D. 專業提供者目錄








Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### PEDIATRIC EMERGENCY MEDICINE








**QUINONES-PEREZ, BIANCA**  
 Provider ID: 206949  
 Board Certified Specialty: No  
 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: 1124360565  
 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): Network  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 1PM-10PM  
 M-F 4PM-10PM  
 SA 1PM-10PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### PEDIATRIC EMERGENCY MEDICINE

**RANASURIYA, DUNISHA**  
 Provider ID: 216970  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Female  
 NPI: 1740468057  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### PEDIATRIC EMERGENCY MEDICINE

**RATNAYAKE, KRISTIN**  
 Provider ID: 206034  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY MC  
 5075  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Female  
 NPI: 1679716658  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY HOSPITAL,  
 UCSF BENIOFF CHILDREN'S  
 HOSPITAL OAKLAND,  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL,  
 RADY CHILDRENS HOSPITAL  
 SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

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 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
 者目錄中的資訊可能會更改。


## D. 專業提供者目錄


<p><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b></p> <p><b>RUIZ, MONICA</b> Provider ID: 305340 Board Certified Specialty: No 3020 CHILDRENS WAY SAN DIEGO, CA 92123 Phone: (858) 966-8800 After Hours Phone: (858) 966-8800 Provider Gender: Female NPI: 1982059689 Provider English Spoken: Y Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: Rady Childrens Health Network</p>	<p>SAN DIEGO, CA 92105 Phone: (619) 280-2905 Fax: (619) 283-1614 After Hours Phone: (619) 280-2905 Provider Gender: Male NPI: 1215564265 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM Website: N/A IPA: Rady Childrens Health Network</p>	<p>Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Website: N/A IPA: Rady Childrens Health Network</p>
<p><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b></p> <p><b>RUSSELL, SAMUEL</b> Provider ID: 301250 Board Certified Specialty: No 4305 UNIVERSITY AVE STE 150</p>	<p><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b></p> <p><b>RUSSELL, SAMUEL</b> Provider ID: 301249 Board Certified Specialty: No 3020 CHILDRENS WAY SAN DIEGO, CA 92123 Phone: (858) 966-8800 After Hours Phone: (858) 966-8800 Provider Gender: Male NPI: 1215564265</p>	<p><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b></p> <p><b>SALEH, FAREED</b> Provider ID: 206216 Board Certified Specialty: No 3020 CHILDRENS WAY SAN DIEGO, CA 92123 Phone: (858) 966-8800 After Hours Phone: (858) 966-8800 Provider Gender: Male NPI: 1366691115 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### **PEDIATRIC EMERGENCY MEDICINE**

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#### **SANACORA, RACHEL**

*Provider ID: 297729*

*Board Certified Specialty: No*

 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

 *Phone: (619) 280-2905*

*Fax: (619) 283-1614*

 *After Hours Phone: (619) 280-2905*

*Provider Gender: Female*

*NPI: 1548987985*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM*

 *Website: N/A*

*IPA: Rady Childrens Health*

*Network*

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### **PEDIATRIC EMERGENCY MEDICINE**


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#### **SANACORA, RACHEL**

*Provider ID: 297728*

*Board Certified Specialty: No*

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 *Phone: (858) 966-8800*

 *After Hours Phone: (858) 966-8800*

*Provider Gender: Female*

*NPI: 1548987985*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

---

### **PEDIATRIC EMERGENCY MEDICINE**


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#### **SCHROTER, STEPHANIE**

*Provider ID: 243830*

*Board Certified Specialty: No*

 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*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### **PEDIATRIC EMERGENCY MEDICINE**


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#### **SCHWARTZ, KRISTY**

*Provider ID: 206169*

*Board Certified Specialty: No*

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 *Phone: (858) 966-8800*

 *After Hours Phone: (858) 966-8800*

*Provider Gender: Female*

*NPI: 1497080808*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR,*


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## D. 專業提供者目錄

SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
UCSF BENIOFF CHILDREN'S  
HOSPITAL OAKLAND,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE


#### **SHERER, KIMBERLY**

Provider ID: 284168

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1992202964

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE


#### **SHETH, SARIKA**

Provider ID: 248171

Board Certified Specialty: No

 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE

#### **SOUDER, CHRISTOPHER**

Provider ID: 301636

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1851540199

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S

HOSPITAL OAKLAND

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE


#### **SOUDER, CHRISTOPHER**

Provider ID: 301635

Board Certified Specialty: No

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

*Cultural Competency: N*

*Hospital Affiliation: UCSF*

*BENIOFF CHILDREN'S*

*HOSPITAL OAKLAND*


*Medi-Cal Open Panel: No*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*


### **PEDIATRIC EMERGENCY** **MEDICINE**


#### **TAMAS, VANESSA**

*Provider ID: 206212*

*Board Certified Specialty: No*

 *3020 CHILDRENS WAY  
SAN DIEGO, CA 92123*

 *Phone: (858) 576-1700*

 *After Hours Phone: (858)  
576-1700*

*Provider Gender: Female*

*NPI: 1326225368*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST*

*HEALTHCARE INLAND*

*VALLEY HOSPITAL,*

*CHILDRENS HOSP OF LOS*

*ANGELES, SOUTHWEST*

*HEALTHCARE RANCHO*

*SPRINGS HOSPITAL*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*


### **PEDIATRIC EMERGENCY** **MEDICINE**


#### **TANG, ANDREW**

*Provider ID: 294677*

*Board Certified Specialty: No*

 *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*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*

### **PEDIATRIC EMERGENCY** **MEDICINE**


#### **TODD, SARAH**

*Provider ID: 302800*


*Board Certified Specialty: No*

 *4305 UNIVERSITY AVE STE  
150*

*SAN DIEGO, CA 92105*

 *Phone: (619) 280-2905*

*Fax: (619) 283-1614*

 *After Hours Phone: (619)  
280-2905*

*Provider Gender: Female*

*NPI: 1407299787*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RONALD*

*REAGAN UCLA MED CTR,*

*SANTA MONICA UCLA MED*

*CTR, RADY CHILDRENS*

*HOSPITAL SAN DIEGO, UCSD*

*MEDICAL CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: SU 1PM-10PM  
M-F 4PM-10PM*

*SA 1PM-10PM*

 *Website: N/A*

*IPA: Rady Childrens Health*

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## D. 專業提供者目錄

Network

### **PEDIATRIC EMERGENCY MEDICINE**

**TRAN, THERESA**

Provider ID: 301834

Board Certified Specialty: No

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC EMERGENCY MEDICINE**

**TRAUT, JOEL**

Provider ID: 205475

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 576-1700

After Hours Phone: (858)  
576-1700

Provider Gender: Male

NPI: 1982792065

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC EMERGENCY MEDICINE**

**ULRICH, STACEY**

Provider ID: 205847

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8036

After Hours Phone: (858)  
966-8036

Provider Gender: Female

NPI: 1619049236

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC EMERGENCY MEDICINE**

**VAIDYA, KAMALA**

Provider ID: 205811

Board Certified Specialty: No

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


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## D. 專業提供者目錄

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


**VAIDYA, KAMALA**

Provider ID: 205809

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1083840920

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


**VAN WOY, LAUREN**

Provider ID: 301574

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1568959161

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL  
CENTER, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE


**VANE, JACKSON**


Provider ID: 205883

Board Certified Specialty: No

 3020 CHILDRENS WAY

SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1952608580

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE

**VARGAS, JACLYN**

Provider ID: 285935

Board Certified Specialty: No

 3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700

Fax: (858) 966-8479

 After Hours Phone: (858)  
576-1700

Provider Gender: Female

NPI: 1619359718

 Provider English Spoken: Y  
Cultural Competency: N


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, Los Angeles General  
Medical Center

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE

#### **VARGAS, JACLYN**


Provider ID: 285934

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1619359718

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, Los Angeles General  
Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE


#### **VARGAS, JACLYN**

Provider ID: 296486

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619)  
280-2905

Provider Gender: Female

NPI: 1619359718

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, Los Angeles General  
Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE


#### **VAYNGORTIN, TATYANA**

Provider ID: 263012

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1578967907


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND,  
CHILDRENS HOSP OF LOS  
ANGELES, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<b>MEDICINE</b>	
<b>WANG, EMILY</b> Provider ID: 265952 Board Certified Specialty: No 3020 CHILDRENS WAY SAN DIEGO, CA 92123 Phone: (858) 966-8800 After Hours Phone: (858) 966-8800 Provider Gender: Female NPI: 1427142363 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network	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: 1427142363 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network
<b>PEDIATRIC EMERGENCY MEDICINE</b>	<b>PEDIATRIC EMERGENCY MEDICINE</b>
<b>WANG, EMILY</b> Provider ID: 265954 Board Certified Specialty: No	<b>YAPHOCKUN, KAREN</b> Provider ID: 206184 Board Certified Specialty: No 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
<b>WANG, YVETTE</b> Provider ID: 263416 Board Certified Specialty: No 3020 CHILDRENS WAY SAN DIEGO, CA 92123 Phone: (858) 966-8800	

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## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

IPA: Rady Childrens Health


Network

### **PEDIATRIC ENDOCRINOLOGY**


#### **PATTERSON, MARY**

Provider ID: 206059


Board Certified Specialty: No

 3030 CHILDRENS WAY FL 4 NORTH

SAN DIEGO, CA 92123


 Phone: (858) 966-4032

Fax: (858) 966-6227

 After Hours Phone: (858) 966-4032

Provider Gender: Female

NPI: 1912112020

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### **PEDIATRIC ENDOCRINOLOGY**

#### **SINGH, PUJA**


Provider ID: 302818

Board Certified Specialty: No


 3030 CHILDRENS WAY FL

4

SAN DIEGO, CA 92123

 Phone: (858) 966-4032

Fax: (858) 966-6227

 After Hours Phone: (858) 966-4032

Provider Gender: Female

NPI: 1841721172

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network

### **PEDIATRIC ENDOCRINOLOGY**


#### **VARGAS TRUJILLO, MARCELA**

Provider ID: 205605

Board Certified Specialty: No

 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

*Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR, RADY*  
*CHILDRENS HOSPITAL SAN*  
*DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health*  
*Network*

### PEDIATRIC GASTROENTEROLOGY

#### **CHU, CHRISTOPHER**

*Provider ID: 301639*  
*Board Certified Specialty: No*  
 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\19*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health*  
*Network*

### PEDIATRIC GASTROENTEROLOGY

#### **GOYAL, NIDHI**

*Provider ID: 205598*  
*Board Certified Specialty: No*  
 3030 CHILDRENS WAY FL  
 2 SOUTH  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-4003*  
*Fax: (858) 560-6798*  
 *After Hours Phone: (858)*  
*966-4003*  
*Provider Gender: Female*  
*NPI: 1598029332*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*  
*CHILDRENS HOSPITAL SAN*  
*DIEGO, UCSF BENIOFF*  
*CHILDREN'S HOSPITAL*  
*OAKLAND*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health*  
*Network*


### PEDIATRIC GASTROENTEROLOGY

#### **HARTMANN, PHILLIPP**

*Provider ID: 294228*  
*Board Certified Specialty: No*  
 3030 CHILDRENS WAY FL  
 2  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-4003*  
*Fax: (858) 560-6798*  
 *After Hours Phone: (858)*  
*966-4003*  
*Provider Gender: Male*  
*NPI: 1356796536*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: French, German*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*  
*CHILDRENS HOSPITAL SAN*  
*DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄








 Website: N/A  
IPA: Rady Childrens Health Network

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**PEDIATRIC**  
**GASTROENTEROLOGY**

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**LIN, TOM**









Provider ID: 297707  
Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123  
 Phone: (858) 966-4003  
Fax: (858) 560-6798  
 After Hours Phone: (858) 966-4003  
Provider Gender: Male  
NPI: 1114136934  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network

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**PEDIATRIC**  
**GASTROENTEROLOGY**

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**PATHAK, SAGAR**








Provider ID: 301825  
Board Certified Specialty: No  
 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: 1700318292  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Gujarati, Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network

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**PEDIATRIC**  
**GASTROENTEROLOGY**

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**SCHWARZ, KATHLEEN**  
Provider ID: 205885  
Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123

 Phone: (858) 966-4003  
Fax: (858) 560-6798  
 After Hours Phone: (858) 966-4003  
Provider Gender: Female  
NPI: 1265465918  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network

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**PEDIATRIC**  
**GASTROENTEROLOGY**


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**YOUNG, JOCELYN**  
Provider ID: 294675  
Board Certified Specialty: No  
 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄


NPI: 1306227491

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UC DAVIS  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### PEDIATRIC HEMATOLOGY / ONCOLOGY

#### **BRIGGS, BENJAMIN**

Provider ID: 274689

Board Certified Specialty: No

 3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123


 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Male

NPI: 1952695777

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, NAVAL MEDICAL CTR


SD RBE

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### PEDIATRIC HEMATOLOGY / ONCOLOGY


#### **BUSH, KELLY**

Provider ID: 274408

Board Certified Specialty: No

 3010 CHILDRENS WAY STE  
2

SAN DIEGO, CA 92123


 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1073831079


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### PEDIATRIC HEMATOLOGY / ONCOLOGY


#### **CHOO, SUN**

Provider ID: 206115

Board Certified Specialty: No

 3010 CHILDRENS WAY STE  
2-WEST

SAN DIEGO, CA 92123


 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1700047628


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### PEDIATRIC HEMATOLOGY / ONCOLOGY

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## D. 專業提供者目錄

### DING, HILDA

Provider ID: 206173

Board Certified Specialty: No

3010 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1780813923

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC HEMATOLOGY / ONCOLOGY

### ELSTER, JENNIFER

Provider ID: 205769

Board Certified Specialty: No

3010 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858)

966-5811

Provider Gender: Female

NPI: 1588866115

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC HEMATOLOGY / ONCOLOGY

### GANESAN, ANUSHA

Provider ID: 205882

Board Certified Specialty: No

3010 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1982091740

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC HEMATOLOGY / ONCOLOGY

### JAFFRAY, JULIE

Provider ID: 296760

Board Certified Specialty: No

3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1396942470

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, RADY CHILDRENS  
HOSPITAL SAN DIEGO, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19



American Sign Language (ASL):  
N

Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### PROVIDER








 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network

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### PEDIATRIC HEMATOLOGY / ONCOLOGY

---

#### KUO, DENNIS









Provider ID: 205433  
Board Certified Specialty: No  
 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  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network

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### PEDIATRIC HEMATOLOGY / ONCOLOGY

---

#### SRIDHAR, SUNITA



Provider ID: 302088  
Board Certified Specialty: No  
 3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5811  
Fax: (858) 966-8035  
 After Hours Phone: (858) 966-5811  
Provider Gender: Female  
NPI: 1649707365  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network

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### PEDIATRIC HEMATOLOGY / ONCOLOGY

---

#### WONG, VICTOR

Provider ID: 206149  
Board Certified Specialty: No  
 3010 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5811

Fax: (858) 966-8035






 After Hours Phone: (858) 966-5811  
Provider Gender: Male  
NPI: 1154692473  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network

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### PEDIATRIC HEMATOLOGY / ONCOLOGY

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#### YU, HELENA

Provider ID: 301583  
Board Certified Specialty: No  
 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。





## D. 專業提供者目錄




*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*

*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **PEDIATRIC HEMATOLOGY / ONCOLOGY**

#### **YU, JENNIFER**




*Provider ID: 206148*  
*Board Certified Specialty: No*  
 3010 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-5811*  
*Fax: (858) 966-8035*  
 *After Hours Phone: (858) 966-5811*  
*Provider Gender: Female*  
*NPI: 1326315599*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*

*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **PEDIATRIC HEMATOLOGY / ONCOLOGY**





#### **ZAGE, PETER**




*Provider ID: 206315*  
*Board Certified Specialty: No*  
 3010 CHILDRENS WAY STE  
2W  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-5811*  
*Fax: (858) 966-8035*  
 *After Hours Phone: (858) 966-5811*  
*Provider Gender: Male*  
*NPI: 1912003161*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*

*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **PEDIATRIC INFECTIOUS DISEASES**

#### **MILDER, EDMUND**

*Provider ID: 289138*  
*Board Certified Specialty: No*  
 3030 CHILDRENS WAY FL  
2  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-7785*  
*Fax: (858) 966-8658*  
 *After Hours Phone: (858) 966-7785*  
*Provider Gender: Male*  
*NPI: 1760460026*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*

*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **PEDIATRIC NEPHROLOGY**

#### **CARTER, CAITLIN**

*Provider ID: 302777*  
*Board Certified Specialty: No*  
 8110 BIRMINGHAM WAY FL  
1

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

SAN DIEGO, CA 92123  
☎ Phone: (858) 966-8052  
Fax: (858) 966-7789  
🕒 After Hours Phone: (858) 966-8052  
Provider Gender: Female  
NPI: 1255514618  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR, SHARP MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health Network

### **PEDIATRIC NEPHROLOGY**

#### **INGULLI, ELIZABETH**

Provider ID: 302778  
Board Certified Specialty: No  
📍 8110 BIRMINGHAM WAY STE 28  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-8052

Fax: (858) 966-7789  
🕒 After Hours Phone: (858) 966-8052  
Provider Gender: Female  
NPI: 1811919244  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health Network

### **PEDIATRIC NEPHROLOGY**

#### **MAK, ROBERT**

Provider ID: 302776  
Board Certified Specialty: No  
📍 8110 BIRMINGHAM WAY FL 1  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-8052  
Fax: (858) 966-7789  
🕒 After Hours Phone: (858) 966-8052  
Provider Gender: Male  
NPI: 1740295252  
🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health Network

### **PEDIATRIC NEPHROLOGY**

#### **PERENS, ELLIOT**

Provider ID: 302765  
Board Certified Specialty: No  
📍 8110 BIRMINGHAM WAY FL 1  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-8052  
Fax: (858) 966-7789  
🕒 After Hours Phone: (858) 966-8052  
Provider Gender: Male  
NPI: 1922328947  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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OAKLAND, MEDICAL CTR AT  
UCSF, SHARP MEMORIAL  
HOSPITAL, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

---

### **PEDIATRIC PULMONOLOGY**


**AKONG, KATHRYN**

Provider ID: 205673

Board Certified Specialty: No

 3030 CHILDRENS WAY STE  
2

SAN DIEGO, CA 92123

 Phone: (858) 966-5846

Fax: (858) 966-8457

 After Hours Phone: (858)  
966-5846

Provider Gender: Female

NPI: 1912169061

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


---


### **PEDIATRIC PULMONOLOGY**


**BHATTACHARJEE, RAKESH**

Provider ID: 246060

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700

 After Hours Phone: (858)  
576-1700

Provider Gender: Male

NPI: 1588781173

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network


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### **PEDIATRIC PULMONOLOGY**


**BHATTACHARJEE, RAKESH**

Provider ID: 205950

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2 NORTH

SAN DIEGO, CA 92123


 Phone: (858) 966-5846

Fax: (858) 966-8457

 After Hours Phone: (858)  
966-5846

Provider Gender: Male

NPI: 1588781173

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### **PEDIATRIC PULMONOLOGY**

**CERNELC KOHAN, MATEJKA**

Provider ID: 243042

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5846

Fax: (858) 966-8457

 After Hours Phone: (858)  
966-5846


Provider Gender: Female

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。



## D. 專業提供者目錄


NPI: 1871752451

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

---

### **PEDIATRIC PULMONOLOGY**


#### **CERNELC KOHAN, MATEJKA**

Provider ID: 243041

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123


 Phone: (858) 966-5846

Fax: (858) 966-8457

 After Hours Phone: (858)  
966-5846

Provider Gender: Female

NPI: 1871752451

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### **PEDIATRIC PULMONOLOGY**


#### **CHENG, EULALIA**

Provider ID: 205827

Board Certified Specialty: No

 3030 CHILDRENS WAY STE  
2

SAN DIEGO, CA 92123


 Phone: (858) 966-5846

Fax: (858) 966-8457

 After Hours Phone: (858)  
966-5846

Provider Gender: Female

NPI: 1750394862


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### **PEDIATRIC PULMONOLOGY**


#### **FINCH, CHRISTINA**

Provider ID: 302581

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123


 Phone: (858) 966-5846

Fax: (858) 966-8457

 After Hours Phone: (858)  
966-5846

Provider Gender: Female


NPI: 1598255325

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

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### **PEDIATRIC PULMONOLOGY**




#### **FIREIZEN, YARON**

Provider ID: 302329





請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5846  
 Fax: (858) 966-8457  
 After Hours Phone: (858) 966-5846  
 Provider Gender: Male  
 NPI: 1699123927  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Hebrew  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19






American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network




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**PEDIATRIC PULMONOLOGY**  
**LANDEO GUTIERREZ, JEREMY**  
 Provider ID: 284176  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5846  
 Fax: (858) 569-9052  
 After Hours Phone: (858)








966-5846  
 Provider Gender: Male  
 NPI: 1255750360  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

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**PEDIATRIC PULMONOLOGY**  
**LANDEO GUTIERREZ, JEREMY**  
 Provider ID: 284177  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5846  
 Fax: (858) 966-8457  
 After Hours Phone: (858) 966-5846  
 Provider Gender: Male  
 NPI: 1255750360  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

---

**PEDIATRIC PULMONOLOGY**  
**LENHART-PENDERGRASS, PATRICIA**  
 Provider ID: 294641  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5846  
 Fax: (858) 966-8457  
 After Hours Phone: (858) 966-5846  
 Provider Gender: Female  
 NPI: 1144615659  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄




 Website: N/A  
IPA: Rady Childrens Health  
Network

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### **PEDIATRIC PULMONOLOGY**

#### **RAO, APARNA**

Provider ID: 206123  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5846  
Fax: (858) 569-9052  
 After Hours Phone: (858)  
966-5846  
Provider Gender: Female  
NPI: 1649222340  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network


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### **PEDIATRIC PULMONOLOGY**

#### **RAO, APARNA**



Provider ID: 206124

Board Certified Specialty: No  
 3030 CHILDRENS WAY FL  
2  
SAN DIEGO, CA 92123

 Phone: (858) 966-5846  
Fax: (858) 966-5847

 After Hours Phone: (858)  
966-5846


Provider Gender: Female  
NPI: 1649222340

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



 Hours: M-F 8AM-5PM

 Website: N/A  
IPA: Rady Childrens Health  
Network

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### **PEDIATRIC PULMONOLOGY**

#### **RYU, JULIE**

Provider ID: 206218  
Board Certified Specialty: No  
 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

 Accessibility: CONTACT  
PROVIDER



 Hours: M-F 8AM-5PM

 Website: N/A  
IPA: Rady Childrens Health  
Network

---


### **PEDIATRIC PULMONOLOGY**

#### **TANTISIRA, KELAN**

Provider ID: 277183  
Board Certified Specialty: No  
 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

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## D. 專業提供者目錄

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### **PEDIATRIC RHEUMATOLOGY**


#### **CHANG, JOHANNA**

Provider ID: 246394

Board Certified Specialty: No

 3030 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8082

 After Hours Phone: (858)  
966-8082

Provider Gender: Female

NPI: 1821242199

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### **PEDIATRIC RHEUMATOLOGY**

#### **SHEETS, ROBERT**

Provider ID: 255900

Board Certified Specialty: No

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123


 Phone: (858) 966-8082

Fax: (858) 966-4067

 After Hours Phone: (858)  
966-8082

Provider Gender: Male

NPI: 1013088772

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4:30PM

 Website: N/A

IPA: Rady Childrens Health Network

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### **PEDIATRICS**

#### **ALAGIRI, MADHU**

Provider ID: 206387

Board Certified Specialty: No

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 966-7484

Fax: (858) 966-4064

 After Hours Phone: (858)  
966-7484

Provider Gender: Male

NPI: 1619083961

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### **PEDIATRICS**

#### **ALLSUP, VICTORIA**

Provider ID: 302344

Board Certified Specialty: No

 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: 1437786944

 Provider English Spoken: Y  
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PEDIATRICS

#### **ALLSUP, VICTORIA**

Provider ID: 302345

Board Certified Specialty: No

 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: 1437786944

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PEDIATRICS


#### **ANDREE, GREGOR**

Provider ID: 293219

Board Certified Specialty: No

 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\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PEDIATRICS

#### **ANDREE, GREGOR**

Provider ID: 293220

Board Certified Specialty: No

 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\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PEDIATRICS

#### **BEAUCHAMP WALTERS, JULIA**


Provider ID: 270063

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1457420713

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<b>PEDIATRICS</b>		
<b>CAMERON, MELISSA</b> Provider ID: 205965 Board Certified Specialty: No 3020 CHILDRENS WAY SAN DIEGO, CA 92123 Phone: (858) 966-5841 Fax: (858) 966-6728 After Hours Phone: (858) 966-5841 Provider Gender: Female NPI: 1902983752 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network	966-8800 Provider Gender: Female NPI: 1922179688 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network	Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network
<b>PEDIATRICS</b>		
<b>CANTU, ALICIA</b> Provider ID: 205752 Board Certified Specialty: No 3020 CHILDRENS WAY SAN DIEGO, CA 92123 Phone: (858) 966-8800 After Hours Phone: (858) 966-8800	<b>CANTU, ALICIA</b> Provider ID: 205752 Board Certified Specialty: No 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	<b>CHONG, AMY</b> Provider ID: 259993 Board Certified Specialty: No 3020 CHILDRENS WAY SAN DIEGO, CA 92123 Phone: (858) 966-5803 Fax: (858) 966-5992 After Hours Phone: (858) 966-5803 Provider Gender: Female NPI: 1720423288 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network
<b>PEDIATRICS</b>		
<b>CANTU, ALICIA</b> Provider ID: 205752 Board Certified Specialty: No 3020 CHILDRENS WAY SAN DIEGO, CA 92123 Phone: (858) 966-8800 After Hours Phone: (858) 966-8800	<b>CANTU, ALICIA</b> Provider ID: 205752 Board Certified Specialty: No 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	<b>CHONG, AMY</b> Provider ID: 259993 Board Certified Specialty: No 3020 CHILDRENS WAY SAN DIEGO, CA 92123 Phone: (858) 966-5803 Fax: (858) 966-5992 After Hours Phone: (858) 966-5803 Provider Gender: Female NPI: 1720423288 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: Rady Childrens Health Network

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Network

### **PEDIATRICS**

**DOAN STEPHENS, CRYSTAL**

Provider ID: 293274

Board Certified Specialty: No

4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

Fax: (858) 633-4682

After Hours Phone: (619) 280-2058

Provider Gender: Female

NPI: 1730570144

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### **PEDIATRICS**

**DOAN STEPHENS, CRYSTAL**

Provider ID: 293275

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858) 810-8700

Provider Gender: Female

NPI: 1730570144

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### **PEDIATRICS**

**DOSHI, AMI**

Provider ID: 205329

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858) 966-5841

Provider Gender: Female

NPI: 1801099676

Provider English Spoken: Y  
Provider Language(s)

Spoken: Gujarati, Spanish

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### **PEDIATRICS**

**DOSHI, AMI**

Provider ID: 205330

Board Certified Specialty: No

3030 CHILDRENS WAY STE 300

SAN DIEGO, CA 92123

Phone: (858) 966-8974

Fax: (858) 966-6721

After Hours Phone: (858) 966-8974

Provider Gender: Female

NPI: 1801099676

Provider English Spoken: Y  
Provider Language(s)

Spoken: Gujarati, Spanish

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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### **PEDIATRICS**

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#### **GIBONEY, JENNIFER**

Provider ID: 296241

Board Certified Specialty: No

4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

Fax: (858) 633-4682

After Hours Phone: (619) 280-2058

Provider Gender: Female

NPI: 1275895849

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-2PM

Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health  
Network

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### **PEDIATRICS**

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#### **GIBONEY, JENNIFER**

Provider ID: 296242

Board Certified Specialty: No

7011 LINDA VISTA RD

SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858) 810-8700

Provider Gender: Female

NPI: 1275895849

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU 5:30PM-8:30PM  
W 8:30AM-5:30PM  
TH 5:30PM-8:30PM  
F 8:30AM-5:30PM  
SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health  
Network

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### **PEDIATRICS**

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#### **GRAY, SARAH**

Provider ID: 284224

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858) 966-5841

Provider Gender: Female

NPI: 1508210311

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

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### **PEDIATRICS**

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#### **HUANG, MARIA**

Provider ID: 205974

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858) 966-5841

Provider Gender: Female

NPI: 1770841140

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRICS

#### **JIMENEZ BACARDI, ADRIA**


Provider ID: 294640

Board Certified Specialty: No

 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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRICS


#### **JINDAL, ANUJA**

Provider ID: 303285


Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
4

SAN DIEGO, CA 92123


 Phone: (858) 966-5819

Fax: (858) 966-4930

 After Hours Phone: (858)  
966-5819

Provider Gender: Female

NPI: 1194046581

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRICS


#### **KARMAKAR, KANKA**

Provider ID: 213847


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426


Fax: (858) 578-4417

 After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1972536654

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Bengali, Hindi,  
Polish, Spanish, Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU

8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM

 Website: N/A

IPA: Community Care IPA LLC


### PEDIATRICS

#### **KHARE, MANASWITHA**


Provider ID: 206289

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider Gender: Female

NPI: 1912345307

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **PEDIATRICS**

#### **LEE, BEGEM**


Provider ID: 205923

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1053672444

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN


DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### **PEDIATRICS**

#### **LOPEZ, XIMENA**


Provider ID: 302856

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
4  
SAN DIEGO, CA 92123



 Phone: (858) 966-4032

Fax: (858) 966-6227

 After Hours Phone: (858)  
966-4032

Provider Gender: Female

NPI: 1740316405

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **PEDIATRICS**

#### **MANNINO AVILA, ELIZABETH**


Provider ID: 262161

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1164747127

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRICS**

#### **MARANO, RACHEL**

Provider ID: 302438

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5841

Fax: (858) 966-6728

🕒 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1043673528

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

HOLLYWOOD PRESBYTERIAN  
MED CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRICS

#### MARC AURELE, KRISHELLE

Provider ID: 301719

Board Certified Specialty: No

📍 7910 FROST ST STE 230  
SAN DIEGO, CA 92123

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1952503435

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### PEDIATRICS

#### NGO, MAI

Provider ID: 302113

Board Certified Specialty: No

📍 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,  
MEDICAL CTR AT UCSF, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRICS

#### NGO, MAI

Provider ID: 302114

Board Certified Specialty: No

📍 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,  
MEDICAL CTR AT UCSF, RADY  
CHILDRENS HOSPITAL SAN

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## D. 專業提供者目錄


DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### **PEDIATRICS**

**PATEL, AARTI**


Provider ID: 205865

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1871813105

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### **PEDIATRICS**

**PIERCE, HEATHER**


Provider ID: 205701

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1699955542

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### **PEDIATRICS**


**POLICH, MICHELLE**

Provider ID: 286390

Board Certified Specialty: No

 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\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network


### **PEDIATRICS**

**RHEE, KYUNG**


Provider ID: 206114

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1013996529

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,


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## D. 專業提供者目錄

**PALOMAR MEDICAL CENTER**  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### **PEDIATRICS**


#### **RIES, DAVID**

Provider ID: 206082

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

 After Hours Phone: (858) 966-5841

Provider Gender: Male

NPI: 1376705483

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### **PEDIATRICS**

#### **RUNGVIVATJARUS, TIRANUN**

Provider ID: 206319

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858) 966-5841

Provider Gender: Female

NPI: 1407276363

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### **PEDIATRICS**

#### **SONG, RICHARD**

Provider ID: 301716

Board Certified Specialty: No

 7910 FROST ST STE 230  
SAN DIEGO, CA 92123

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male


NPI: 1881893477

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR HEALTH,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, PALOMAR  
MEDICAL CENTER,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

### **PEDIATRICS**




#### **STOVER, LAURIE**

Provider ID: 206196


Board Certified Specialty: No

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## D. 專業提供者目錄

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5841  
 After Hours Phone: (858)  
966-5841


Provider Gender: Female  
NPI: 1659442317

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### PEDIATRICS


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#### SUTTNER, DENISE

Provider ID: 301721

Board Certified Specialty: No

 7910 FROST ST STE 230  
SAN DIEGO, CA 92123

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1457433799

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS, SOUTHWEST  
HEALTHCARE INLAND  
VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

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### PEDIATRICS


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#### VEGA, SARAH

Provider ID: 297077

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700

Fax: (858) 966-6728

 After Hours Phone: (858)  
576-1700

Provider Gender: Female

NPI: 1154716199

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### PEDIATRICS

---

#### VEGA, SARAH


Provider ID: 297078

Board Certified Specialty: No

 3665 KEARNY VILLA RD  
STE 500  
SAN DIEGO, CA 92123



 Phone: (858) 966-5980

Fax: (858) 966-5992

 After Hours Phone: (858)  
966-5980

Provider Gender: Female

NPI: 1154716199

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

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## D. 專業提供者目錄

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRICS

**WEISS, KATHERINE**

Provider ID: 301703

Board Certified Specialty: No

 7910 FROST ST STE 230  
SAN DIEGO, CA 92123

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1053541862

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group


### PHYSICAL MEDICINE / REHABILITATION


**ALGRA, JEFFREY**

Provider ID: 287524

Board Certified Specialty: No

 7910 FROST ST STE 195  
SAN DIEGO, CA 92123

 Phone: (858) 966-8974

 After Hours Phone: (858)  
966-8974

Provider Gender: Male

NPI: 1457664518

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PHYSICAL MEDICINE / REHABILITATION

**BIFFL, SUSAN**


Provider ID: 287453

Board Certified Specialty: No

 7910 FROST ST STE 195  
SAN DIEGO, CA 92123


 Phone: (858) 966-8974

Fax: (858) 966-6721

 After Hours Phone: (858)  
966-8974

Provider Gender: Female

NPI: 1366589640

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PHYSICAL MEDICINE / REHABILITATION


**DALAL, PRITHA**

Provider ID: 287523

Board Certified Specialty: No

 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






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## D. 專業提供者目錄

*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **PHYSICAL MEDICINE / REHABILITATION**







#### **LEE, HAEWON**

*Provider ID: 256226*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (858) 657-8200*  
 *After Hours Phone: (858) 657-8200*  
*Provider Gender: Female*  
*NPI: 1447661657*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Korean*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PHYSICAL MEDICINE / REHABILITATION**







#### **RICHARDSON, HENRY**

*Provider ID: 295276*  
*Board Certified Specialty: No*  
 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
 *Phone: (619) 325-1161*  
*Fax: (619) 325-1717*  
 *After Hours Phone: (619) 325-1161*  
*Provider Gender: Male*  
*NPI: 1407052459*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **PHYSICAL MEDICINE / REHABILITATION**

#### **RYAN, KYLE**

*Provider ID: 287520*  
*Board Certified Specialty: No*  
 7910 FROST ST STE 195  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-8974*  
 *After Hours Phone: (858) 966-8974*  
*Provider Gender: Male*  
*NPI: 1447645742*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **PHYSICAL MEDICINE / REHABILITATION**

#### **SCOTT-WYARD, PHOEBE**

*Provider ID: 287519*  
*Board Certified Specialty: No*  
 7910 FROST ST STE 195  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-8974*  
 *After Hours Phone: (858)*

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## D. 專業提供者目錄

966-8974  
Provider Gender: Female  
NPI: 1336356203  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health  
Network

### PHYSICAL MEDICINE / REHABILITATION

**SKALSKY, ANDREW**  
Provider ID: 287537  
Board Certified Specialty: No  
📍 7910 FROST ST STE 195  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-8974  
🕒 After Hours Phone: (858)  
966-8974  
Provider Gender: Male  
NPI: 1487635272  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health  
Network

### PHYSICIANS ASSISTANT

**AINSWORTH, DELISSA**  
Provider ID: 243367  
Board Certified Specialty: No  
📍 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
☎ Phone: (800) 926-8273  
🕒 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1750734893  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
UCSD MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

**ALBRIGHT, KELSEY**  
Provider ID: 284763  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 923-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800)  
923-8273  
Provider Gender: Female  
NPI: 1235653148  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

**ARMEEN, GARY**  
Provider ID: 247035

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1760774863

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

#### **BEITTER, KEERSTIN**

Provider ID: 300092

Board Certified Specialty: No

 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: Female

NPI: 1477129302

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A



IPA: IHP of Southern Cal-PHP

### **PHYSICIANS ASSISTANT**

#### **BERGEN, SOPHEA**

Provider ID: 295518


Board Certified Specialty: No

 6719 ALVARADO RD STE  
308  
SAN DIEGO, CA 92120  
 Phone: (619) 265-7912  
Fax: (619) 265-7922

 After Hours Phone: (619)  
265-7912

Provider Gender: Female

NPI: 1558300665


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: ALVARADO  
HOSPITAL LLC, PALOMAR  
MEDICAL CENTER, SCRIPPS  
MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **PHYSICIANS ASSISTANT**

#### **BOYD, LISA**

Provider ID: 217649

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1871859421

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **BRUECKNER, TAMMIE**

Provider ID: 255558

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407212376

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

#### **CASTILLO, PATRICIA**

Provider ID: 257530

Board Certified Specialty: No

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 N

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:30AM-5:30PM  
F 8:30AM-5PM

Website: N/A

IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT

### **PHYSICIANS ASSISTANT**

#### **DERISSI, DANA**

Provider ID: 301632

Board Certified Specialty: No

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

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):

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Rady Childrens Health  
Network

### **PHYSICIANS ASSISTANT**

#### **DOUGHERTY, CLARA**

Provider ID: 301589

Board Certified Specialty: No

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123

Phone: (858) 430-1101

Fax: (858) 429-7931

After Hours Phone: (858)  
430-1101

Provider Gender: Female

NPI: 1609987619

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

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## D. 專業提供者目錄

IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT

#### DOUGHERTY, CLARA

Provider ID: 301588

Board Certified Specialty: No

3444 KEARNY VILLA RD  
STE 202

SAN DIEGO, CA 92123

Phone: (858) 429-7646

Fax: (858) 429-7646

After Hours Phone: (858)  
429-7646

Provider Gender: Female

NPI: 1609987619

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT

#### DOUGHERTY, CLARA

Provider ID: 301586

Board Certified Specialty: No

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: 1609987619

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT

#### DOUGHERTY, CLARA

Provider ID: 301591

Board Certified Specialty: No

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: 1609987619

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT

#### GUTH, CARA

Provider ID: 299111

Board Certified Specialty: No

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

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## D. 專業提供者目錄


*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 21\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 9AM-5PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*


### **PHYSICIANS ASSISTANT**


**HASEGAWA, CHRIS**

*Provider ID: 247206*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1225698962*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY*


*THORNTON, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*


### **PHYSICIANS ASSISTANT**

**HASEGAWA, CHRIS**

*Provider ID: 287349*

*Board Certified Specialty: No*

 4168 FRONT ST  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1225698962*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY*


*THORNTON, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*


### **PHYSICIANS ASSISTANT**

**HIGGINS, JOSHUA**

*Provider ID: 287133*

*Board Certified Specialty: No*

 203 W F ST  
SAN DIEGO, CA 92101

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1861624181*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*


*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

### **PHYSICIANS ASSISTANT**

**HUNTER, JACOB**

*Provider ID: 298428*

*Board Certified Specialty: No*

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1114459765*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*




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## D. 專業提供者目錄

<p>N 🗿 <i>Accessibility: CONTACT PROVIDER</i> 🕒 <i>Hours: M-F 8AM-5PM</i> 🌐 <i>Website: N/A</i> <i>IPA: UCSD Medical Group</i></p>	<p>SAN DIEGO, CA 92122 📞 <i>Phone: (800) 926-8273</i> 📞 <i>After Hours Phone: (800) 926-8273</i> <i>Provider Gender: Male</i> <i>NPI: 1114459765</i> 🗑️ <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p>	<p><i>Medi-Cal Open Panel: No</i> <i>Min/Max Age: 0\19</i> <i>American Sign Language (ASL): N</i> 🗿 <i>Accessibility: CONTACT PROVIDER</i> 🕒 <i>Hours: M-F 8AM-5PM</i> 🌐 <i>Website: N/A</i> <i>IPA: Rady Childrens Health Network</i></p>
<hr/> <p style="text-align: center;"><b>PHYSICIANS ASSISTANT</b></p> <hr/>		
<p><b>HUNTER, JACOB</b> <i>Provider ID: 287449</i> <i>Board Certified Specialty: No</i> 📍 200 W ARBOR DR SAN DIEGO, CA 92103 📞 <i>Phone: (800) 926-8273</i> <i>Fax: (888) 539-8781</i> 📞 <i>After Hours Phone: (800) 926-8273</i> <i>Provider Gender: Male</i> <i>NPI: 1114459765</i> 🗑️ <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p>	<p>N 🗿 <i>Accessibility: CONTACT PROVIDER</i> 🌐 <i>Website: N/A</i> <i>IPA: UCSD Medical Group</i></p>	<hr/> <p style="text-align: center;"><b>PHYSICIANS ASSISTANT</b></p> <hr/>
<p><b>HUNTER, JACOB</b> <i>Provider ID: 298430</i> <i>Board Certified Specialty: No</i> 📍 8899 UNIVERSITY CENTER LN</p>	<p><b>KIVIAT, ANNETTE</b> <i>Provider ID: 302452</i> <i>Board Certified Specialty: No</i> 📍 3030 CHILDRENS WAY FL 2 SAN DIEGO, CA 92123 📞 <i>Phone: (858) 966-4003</i> <i>Fax: (858) 560-6798</i> 📞 <i>After Hours Phone: (858) 966-4003</i> <i>Provider Gender: Female</i> <i>NPI: 1205381845</i> 🗑️ <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL</i></p>	<p><b>LAM, DAVINA</b> <i>Provider ID: 295651</i> <i>Board Certified Specialty: No</i> 📍 6719 ALVARADO RD STE 308 SAN DIEGO, CA 92120 📞 <i>Phone: (619) 265-7912</i> <i>Fax: (619) 265-7922</i> 📞 <i>After Hours Phone: (619) 265-7912</i> <i>Provider Gender: Female</i> <i>NPI: 1245863737</i> 🗑️ <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: PALOMAR MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL, ALVARADO HOSP MED CTR, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p>








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## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*








### **PHYSICIANS ASSISTANT**

#### **LAMBERT, GAGE**

*Provider ID: 214788*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1144672494*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PHYSICIANS ASSISTANT**



#### **LINDEMANN, CHRISTINA**

*Provider ID: 283760*  
*Board Certified Specialty: No*  
 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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PHYSICIANS ASSISTANT**








#### **MARTIN, HALEY**

*Provider ID: 305026*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1093440836*  
 *Provider English Spoken: Y*

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PHYSICIANS ASSISTANT**

#### **MCADAMS, JOSEPH**

*Provider ID: 280611*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1104371251*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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## D. 專業提供者目錄

### PHYSICIANS ASSISTANT

#### MERRILL, COREY

Provider ID: 258040

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1386032308

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### NAKAMITSU, ABIGAIL

Provider ID: 268666

Board Certified Specialty: No

3030 CHILDRENS WAY FL  
3

SAN DIEGO, CA 92123

Phone: (858) 966-6789

Fax: (858) 966-8519

After Hours Phone: (858)  
966-6789

Provider Gender: Female

NPI: 1932459179

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PHYSICIANS ASSISTANT

#### PELIO, DARREN

Provider ID: 293444

Board Certified Specialty: No

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103

Phone: (800) 926-8278

Fax: (888) 539-8786

After Hours Phone: (800)  
926-8278

Provider Gender: Male

NPI: 1386791028

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### PELIO, DARREN

Provider ID: 293441

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8275

Fax: (888) 539-8783

After Hours Phone: (800)  
926-8275

Provider Gender: Male

NPI: 1386791028

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### PERREAU, MARK

Provider ID: 283586

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male




NPI: 1356749451

Provider English Spoken: Y

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## D. 專業提供者目錄

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PHYSICIANS ASSISTANT**

#### **PERREAULT, MARK**



*Provider ID: 283585*  
*Board Certified Specialty: No*  
 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1356749451*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*



### **PHYSICIANS ASSISTANT**

#### **PHUNG, AIVI**

*Provider ID: 293247*




*Board Certified Specialty: No*  
 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: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **PHYSICIANS ASSISTANT**

#### **PHUNG, AIVI**

*Provider ID: 293246*  
*Board Certified Specialty: No*  
 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: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **PHYSICIANS ASSISTANT**

#### **PRIEST, VIVIAN**

*Provider ID: 272430*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1225581754*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Vietnamese*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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### PHYSICIANS ASSISTANT

#### PYLE, ALEXANDRA

Provider ID: 297718

Board Certified Specialty: No

9333 GENESEE AVE STE 350

SAN DIEGO, CA 92121

Phone: (858) 455-6460

Fax: (858) 455-7197

After Hours Phone: (858) 455-6460

Provider Gender: Female

NPI: 1225416472

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 20\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP

---

### PHYSICIANS ASSISTANT

#### ROBERTS, AUDREY

Provider ID: 253253

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-7777

After Hours Phone: (619) 543-7777

Provider Gender: Female

NPI: 1265960256

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

---

### PHYSICIANS ASSISTANT

#### SCHMITT, EVA

Provider ID: 264176

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1174715106

Provider English Spoken: Y

Provider Language(s)  
Spoken: German

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

---

### PHYSICIANS ASSISTANT

#### SCHROEDER, JENNIFER

Provider ID: 256639

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (858) 453-1469

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1780851253

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

---

### PHYSICIANS ASSISTANT

#### SCHROEDER, JENNIFER

Provider ID: 256640

Board Certified Specialty: No

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

---

926-8273  
Provider Gender: Female  
NPI: 1780851253  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

---

### PHYSICIANS ASSISTANT

---

**SCHULZ, STEFAN**  
Provider ID: 243419  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1316102163  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: UCSD Medical Group  

---

**PHYSICIANS ASSISTANT**

---

**SHAUL, SHERA**  
Provider ID: 247974  
Board Certified Specialty: No  
 4520 EXECUTIVE DR STE 111  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1336659507  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

---

### PHYSICIANS ASSISTANT

---

**SPEH, BRIAN**  
Provider ID: 305009  
Board Certified Specialty: No  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1124593926  
 Provider English Spoken: Y

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

---

### PHYSICIANS ASSISTANT

---

**STALLINGS, ANDREA**  
Provider ID: 255913  
Board Certified Specialty: No  
 330 LEWIS ST  
SAN DIEGO, CA 92103  
 Phone: (619) 543-7496  
 After Hours Phone: (619) 543-7496  
Provider Gender: Female  
NPI: 1972595478  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

---

### PHYSICIANS ASSISTANT

---


**TESFAI, HELEN**  
Provider ID: 287372  
Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 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: 1942724042

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT


**WAHLIN, TAMARA**

Provider ID: 299599

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1083823322

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

**WAHLIN, TAMARA**

Provider ID: 299598

Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1083823322


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT


**WAHLIN, TAMARA**

Provider ID: 299600

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1083823322

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT


**WEBB, SHANNON**

Provider ID: 305285

Board Certified Specialty: No

 6605 NANCY RIDGE DR

SAN DIEGO, CA 92121

 Phone: (858) 750-2983

Fax: (858) 750-2984

 After Hours Phone: (858)  
750-2983

Provider Gender: Female

NPI: 1821271685

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes




Min/Max Age: 18\None

American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

N






 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

---




### **PHYSICIANS ASSISTANT**

---

#### **WEIR, JACQUELINE**

*Provider ID: 278203*  
*Board Certified Specialty: No*  
 9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1932494499*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N






 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---




### **PHYSICIANS ASSISTANT**

---

#### **WEIR, JACQUELINE**

*Provider ID: 278201*  
*Board Certified Specialty: No*  
 330 LEWIS ST  
SAN DIEGO, CA 92103  
 *Phone: (800) 925-8271*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 925-8271*  
*Provider Gender: Female*  
*NPI: 1932494499*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


---

### **PHYSICIANS ASSISTANT**

---


#### **WEIR, JACQUELINE**

*Provider ID: 278200*  
*Board Certified Specialty: No*  
 4168 FRONT ST  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*  
*NPI: 1932494499*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **PHYSICIANS ASSISTANT**


---

#### **WRIGHT, DEREK**

*Provider ID: 302388*

*Board Certified Specialty: No*

 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

 *Phone: (619) 325-1161*

*Fax: (619) 325-1717*

 *After Hours Phone: (619) 325-1161*

*Provider Gender: Male*


*NPI: 1629674858*


 *Provider English Spoken: Y*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

---

### **PREVENTATIVE MEDICINE** **GENERAL**


---

#### **ROMERO, CAMILA**


*Provider ID: 293289*

*Board Certified Specialty: No*

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 279-0925*


*Fax: (858) 633-4680*

 *After Hours Phone: (858) 279-0925*

*Provider Gender: Female*

*NPI: 1508912130*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: French, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*MARY BIRCH HOSP FOR WOMEN AND NEWBORNS*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP, UCSD Medical Group*

---

### **PREVENTATIVE MEDICINE** **GENERAL**


---

#### **ROMERO, CAMILA**

*Provider ID: 293290*

*Board Certified Specialty: No*

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111


 *Phone: (858) 810-8700*

*Fax: (858) 633-4680*

 *After Hours Phone: (858) 810-8700*

*Provider Gender: Female*

*NPI: 1508912130*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: French, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*MARY BIRCH HOSP FOR WOMEN AND NEWBORNS*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP, UCSD Medical Group*

---

### **PREVENTATIVE MEDICINE** **GENERAL**


---

#### **ROMERO, CAMILA**

*Provider ID: 303060*

*Board Certified Specialty: No*

 330 LEWIS ST  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*


*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1508912130*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: French, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*


*MARY BIRCH HOSP FOR WOMEN AND NEWBORNS*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP, UCSD Medical Group*

---

### **PSYCHIATRIC-MENTAL** **HEALTH NURSE**

---

#### **PRACTITIONER**


---

#### **SIETSMA, ALEXANDRA**

*Provider ID: 276908*

*Board Certified Specialty: No*

 350 DICKINSON ST  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1932522778*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### **PSYCHIATRIC-MENTAL HEALTH NURSE PRACTITIONER**

**SIETSMA, ALEXANDRA**

*Provider ID: 276909*

*Board Certified Specialty: No*

📍 *200 W ARBOR DR  
SAN DIEGO, CA 92103*

☎ *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1932522778*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### **PSYCHOLOGIST**

**ABERCROMBIE, SHERI**

*Provider ID: 293400*

*Board Certified Specialty: No*

📍 *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: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-4PM*

🌐 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

### **PSYCHOLOGIST**

**ABERCROMBIE, SHERI**

*Provider ID: 290770*

*Board Certified Specialty: No*

📍 *7011 LINDA VISTA RD  
SAN DIEGO, CA 92111*

☎ *Phone: (858) 810-8787*

*Fax: (858) 987-5825*

☎ *After Hours Phone: (858) 810-8787*

*Provider Gender: Female*

*NPI: 1932292422*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

### **PSYCHOLOGIST**

**BANKS, SARAH**

*Provider ID: 203173*

*Board Certified Specialty: No*

📍 *200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103*

☎ *Phone: (800) 926-8273*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1164701132*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

#### **BANKS, SARAH**


Provider ID: 203174

Board Certified Specialty: No

 4510 EXECUTIVE DR STE  
325

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1164701132

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

#### **BANKS, SARAH**

Provider ID: 304195

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1164701132

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### PSYCHOLOGIST

#### **BASS, GURGIANA**

Provider ID: 290752

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8787

Fax: (858) 987-5825

 After Hours Phone: (858)  
810-8787

Provider Gender: Male

NPI: 1639325277

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### **CHESHER, NICHOLAS**

Provider ID: 273811

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1124539697

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


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## D. 專業提供者目錄

American Sign Language (ASL):  Phone: (619) 429-3733  
 N Fax: (619) 628-5550

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PSYCHOLOGIST

#### CLEMENT, LUIS

Provider ID: 290745

Board Certified Specialty: No

 2630 1ST AVE  
 SAN DIEGO, CA 92103

 Phone: (619) 234-2158

Fax: (619) 234-0505

 After Hours Phone: (619)  
 234-2158

Provider Gender: Male


NPI: 1235364712

 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### DEL AGUILA, FABIOLA

Provider ID: 290302


Board Certified Specialty: No

 1016 OUTER RD  
 SAN DIEGO, CA 92154

 After Hours Phone: (619)  
 429-3733

Provider Gender: Female

NPI: 1720283211

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PSYCHOLOGIST

#### DIOKNO, RHODA

Provider ID: 290800

Board Certified Specialty: No

 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: 1629109483

 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PSYCHOLOGIST

#### FIRESTONE, MICHELLE


Provider ID: 290954

Board Certified Specialty: No

 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
 279-0925

Provider Gender: Female

NPI: 1114687803

 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PSYCHOLOGIST

#### FIRESTONE, MICHELLE

Provider ID: 290773

Board Certified Specialty: No

 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)

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## D. 專業提供者目錄

810-8700

Provider Gender: Female


NPI: 1114687803

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PSYCHOLOGIST

**FORZANI, CHRISTINA**

Provider ID: 290780

Board Certified Specialty: No

 4290 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 961-1497

Fax: (858) 633-4682

 After Hours Phone: (619)  
961-1497

Provider Gender: Female

NPI: 1902939630

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PSYCHOLOGIST

**GIAMONA, KRISTEN**


Provider ID: 294171

Board Certified Specialty: No

 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: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PSYCHOLOGIST

**GIAMONA, KRISTEN**

Provider ID: 290801

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8787

Fax: (858) 987-5825

 After Hours Phone: (858)  
810-8787

Provider Gender: Female

NPI: 1376824383

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PSYCHOLOGIST

**GOMEZ, JUANITA**


Provider ID: 291424

Board Certified Specialty: No

 6030 VILLAGE WAY  
SAN DIEGO, CA 92130

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8372

Provider Gender: Female

NPI: 1790915759

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

**KLUEMPER, NICOLE**

Provider ID: 296237

Board Certified Specialty: No

 6973 LINDA VISTA RD

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## D. 專業提供者目錄

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: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

**KLUEMPER, NICOLE**  
Provider ID: 290792  
Board Certified Specialty: No  
📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
☎ Phone: (858) 810-8700  
Fax: (858) 279-0377  
🕒 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: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT

PROVIDER  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

**LABIB, MICHAEL**  
Provider ID: 301617  
Board Certified Specialty: No  
📍 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: 1609055797  
🗣 Provider English Spoken: Y  
🗣 Provider Language(s) Spoken: Arabic  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

PROVIDER  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

**LEBENSOHN CHIALVO, FLORENCIA**  
Provider ID: 245225  
Board Certified Specialty: No  
📍 7910 FROST ST STE 350  
SAN DIEGO, CA 92123

☎ Phone: (858) 496-4800  
🕒 After Hours Phone: (858) 496-4800  
Provider Gender: Female  
NPI: 1134788730  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### PSYCHOLOGIST




**LEBENSOHN CHIALVO, FLORENCIA**  
Provider ID: 245224  
Board Certified Specialty: No  
📍 9333 GENESEE AVE STE 200  
SAN DIEGO, CA 92121  
☎ Phone: (800) 926-8273  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1134788730  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD

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## D. 專業提供者目錄





MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N




 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **PSYCHOLOGIST**

#### **LINKE, SARAH**

Provider ID: 273639  
Board Certified Specialty: No  
 4910 DIRECTORS PL STE 250  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1487026415  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group




### **PSYCHOLOGIST**

#### **LINKE, SARAH**

Provider ID: 273638  
Board Certified Specialty: No  
 9909 MIRA MESA BLVD STE 200  
SAN DIEGO, CA 92131  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1487026415  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group




### **PSYCHOLOGIST**

#### **MAGINOT-CHESHER, TAMARA**

Provider ID: 273223  
Board Certified Specialty: No  
 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
 Phone: (858) 534-8019  
Fax: (858) 534-6727  
 After Hours Phone: (858) 534-8019


Provider Gender: Female  
NPI: 1043441165  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **PSYCHOLOGIST**


#### **MCCULLUM, TIFFANY**

Provider ID: 290689  
Board Certified Specialty: No  
 286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
Fax: (619) 205-1949  
 After Hours Phone: (619) 662-4100




Provider Gender: Female

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## D. 專業提供者目錄




NPI: 1528306206  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None


American Sign Language (ASL):




N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### MONTOYA, JESSICA

Provider ID: 274619  
 Board Certified Specialty: No  
 4168 FRONT ST FL 3  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1003421256



 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):



N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### PSYCHOLOGIST

#### NING, GRACE

Provider ID: 296219  
 Board Certified Specialty: No  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 Fax: (858) 633-4680  
 After Hours Phone: (858)  
 279-0925  
 Provider Gender: Female  
 NPI: 1598911315

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese, Mandarin  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### NING, GRACE

Provider ID: 290742  
 Board Certified Specialty: No  
 7011 LINDA VISTA RD




SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858)  
 810-8700  
 Provider Gender: Female  
 NPI: 1598911315


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese, Mandarin  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### NORMAN, MARC

Provider ID: 272916  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-2827  
 After Hours Phone: (619)  
 543-2827  
 Provider Gender: Male  
 NPI: 1922169101

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON

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## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### PSYCHOLOGIST


---

**NORMAN, MARC**

Provider ID: 276869

Board Certified Specialty: No

 350 DICKINSON ST  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1922169101

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### PSYCHOLOGIST

---


**ORFF, HENRY**


Provider ID: 273009

Board Certified Specialty: No

 4520 EXECUTIVE DR STE  
P2


SAN DIEGO, CA 92121

 Phone: (844) 757-5337

 After Hours Phone: (844)  
757-5337

Provider Gender: Male

NPI: 1144685215

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### PSYCHOLOGIST


---

**ORTIZ, MARIA**


Provider ID: 290721

Board Certified Specialty: No

 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: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### PSYCHOLOGIST

---


**PATTERSON-HYATT,**

**KIMBERLY**

Provider ID: 290730

Board Certified Specialty: No

 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: 1780997742

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER





























 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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## D. 專業提供者目錄

<p align="center"><b>PSYCHOLOGIST</b></p> <p><b>PRINCE, RENEE</b>            Provider ID: 303603            Board Certified Specialty: No   10737 CAMINO RUIZ STE 235            SAN DIEGO, CA 92126   Phone: (844) 200-2426            Fax: (619) 474-4008   After Hours Phone: (844) 200-2426            Provider Gender: Female            NPI: 1467737908   Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-6PM   Website: N/A            IPA: Community Care IPA LLC</p>	<p>NPI: 1821365008   Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: IHP of Southern Cal-PHP</p>	<p> Website: N/A            IPA: UCSD Medical Group</p>
<p align="center"><b>PSYCHOLOGIST</b></p> <p><b>RADOJEVIC, NATASHA</b>            Provider ID: 290690            Board Certified Specialty: No   7011 LINDA VISTA RD            SAN DIEGO, CA 92111   Phone: (858) 810-8700            Fax: (858) 279-0377   After Hours Phone: (858) 810-8700            Provider Gender: Female</p>	<p align="center"><b>PSYCHOLOGIST</b></p> <p><b>SHELLINGER, KRISTON</b>            Provider ID: 213752            Board Certified Specialty: No   330 LEWIS ST            SAN DIEGO, CA 92103   Phone: (858) 246-1979   After Hours Phone: (858) 246-1979            Provider Gender: Female            NPI: 1710234273   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM</p>	<p align="center"><b>PSYCHOLOGIST</b></p> <p><b>SHELLINGER, KRISTON</b>            Provider ID: 213750            Board Certified Specialty: No   9333 GENESEE AVE STE 200            SAN DIEGO, CA 92121   Phone: (800) 926-8273   After Hours Phone: (800) 926-8273            Provider Gender: Female            NPI: 1710234273   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p> <p align="center"><b>PSYCHOLOGIST</b></p> <p><b>SHELLINGER, KRISTON</b>            Provider ID: 213751            Board Certified Specialty: No   9909 MIRA MESA BLVD</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

STE 200  
SAN DIEGO, CA 92131  
☎ Phone: (858) 246-1979  
📞 After Hours Phone: (858) 246-1979  
Provider Gender: Female  
NPI: 1710234273  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

---

### **PSYCHOLOGIST**

**TARLE, STEPHANIE**  
Provider ID: 303115  
Board Certified Specialty: No  
📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1659920403  
☑ Provider English Spoken: Y

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

---

### **PSYCHOLOGIST**

**TO, TUAN**  
Provider ID: 290283  
Board Certified Specialty: No  
📍 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  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

---

### **PSYCHOLOGIST**

**TO, TUAN**  
Provider ID: 290285  
Board Certified Specialty: No

📍 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  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

---



### **PSYCHOLOGIST**

**TO, TUAN**  
Provider ID: 290284  
Board Certified Specialty: No  
📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
☎ Phone: (858) 810-8700  
Fax: (858) 633-4680  
📞 After Hours Phone: (858) 810-8700  
Provider Gender: Male  
NPI: 1255696183  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

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## D. 專業提供者目錄

 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: IHP of Southern Cal-PHP


### **PSYCHOLOGIST**

#### **VANFOSSEN, BRIAN**


Provider ID: 295382

Board Certified Specialty: No

 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: 1396072500


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **PSYCHOLOGIST**


#### **VIERLING, SABRINA**

Provider ID: 290589

Board Certified Specialty: No

 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: 1215288238

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **PUBLIC HEALTH**

#### **PREVENTATIVE MEDICINE**


#### **SOZANSKI, JESSE**


Provider ID: 200925

Board Certified Specialty: No

 9333 GENESEE AVE STE  
200

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1437446622

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **PULMONARY DISEASES**

#### **BAILEY, JACOB**

Provider ID: 299924

Board Certified Specialty: No

 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1598150039

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **PULMONARY DISEASES**

#### **BAILEY, JACOB**

Provider ID: 299923

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

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## D. 專業提供者目錄

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1598150039

🗉 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **PULMONARY DISEASES**

#### **JOSHUA, JISHA**

Provider ID: 238062

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1023436417

🗉 Provider English Spoken: Y

🗉 Provider Language(s)  
Spoken: Hindi, Malayalam

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **PULMONARY DISEASES**

#### **JOSHUA, JISHA**

Provider ID: 238061

Board Certified Specialty: No

📍 4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1023436417

🗉 Provider English Spoken: Y

🗉 Provider Language(s)  
Spoken: Hindi, Malayalam

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **PULMONARY DISEASES**

#### **LE, HUAN**

Provider ID: 300636

Board Certified Specialty: No

📍 5507 EL CAJON BLVD STE  
C

SAN DIEGO, CA 92115

☎ Phone: (619) 582-1448

Fax: (619) 582-1081

☎ After Hours Phone: (619) 582-1448

Provider Gender: Male

NPI: 1780797381

🗉 Provider English Spoken: Y

🗉 Provider Language(s)  
Spoken: French, Spanish,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, PARADISE VALLEY

HOSPITAL, SHARP CHULA

VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-W 9AM-5PM  
TH 8AM-1PM

F 9AM-5PM

SA 8AM-11AM

🌐 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

**PULMONARY DISEASES**

**LE, HUAN**  
 Provider ID: 27358  
 Board Certified Specialty: No  
 5507 EL CAJON BLVD STE C  
 SAN DIEGO, CA 92115  
 Phone: (619) 582-1448  
 Fax: (619) 582-1081  
 After Hours Phone: (619) 582-1448  
 Provider Gender: Male  
 NPI: 1780797381  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: French, Spanish, Vietnamese  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16\99  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-W 9AM-5PM  
 TH 8AM-1PM  
 F 9AM-6PM  
 SA 8AM-11AM  
 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

**PULMONARY DISEASES**

**MCGUIRE, WILLIAM**  
 Provider ID: 299986  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1841684081  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP CHULA VISTA MED CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

**PULMONARY DISEASES**

**PEARCE, ALEX**  
 Provider ID: 300055  
 Board Certified Specialty: No  
 200 W ARBOR DR

SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1265896856  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

**RADIATION ONCOLOGY**

**CARMONA, RUBEN**  
 Provider ID: 303100  
 Board Certified Specialty: No  
 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  
 Cultural Competency: N  
 Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes


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## D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


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### **RADIATION ONCOLOGY**

#### **COLEMAN, LORI**

Provider ID: 221091

Board Certified Specialty: No

 3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123

 Phone: (858) 939-5010

Fax: (858) 939-5021

 After Hours Phone: (858)  
939-5010

Provider Gender: Female

NPI: 1053348920

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SHARP MEMORIAL HOSPITAL,

GROSSMONT HOSPITAL,

PALOMAR MEDICAL CENTER,


Sharp Grossmont Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 19\100

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

---

### **RADIATION ONCOLOGY**


#### **HATTANGADI GLUTH, JONA**

Provider ID: 254496

Board Certified Specialty: No

 16918 DOVE CANYON RD  
STE 103

SAN DIEGO, CA 92127

 Phone: (858) 649-5100

Fax: (858) 649-5099

 After Hours Phone: (858)  
649-5100

Provider Gender: Female

NPI: 1467625491

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-5PM  
F 8AM-8PM

 Website: N/A

IPA: Community Care IPA LLC,  
Imperial Health Holdings

Medical Group-SD

---

### **RADIATION ONCOLOGY**


#### **HATTANGADI GLUTH, JONA**

Provider ID: 262270

Board Certified Specialty: No

 16918 DOVE CANYON RD  
STE 103

SAN DIEGO, CA 92127

 Phone: (858) 649-5100

Fax: (858) 649-5099

 After Hours Phone: (858)  
649-5100

Provider Gender: Female

NPI: 1467625491

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-5PM  
F 8AM-8PM

 Website: N/A

IPA: Community Care IPA LLC,  
Imperial Health Holdings

Medical Group-SD

---

### **RADIATION ONCOLOGY**


#### **HOOPES, DAVID**

Provider ID: 262206

Board Certified Specialty: No

 16918 DOVE CANYON RD  
STE 103

SAN DIEGO, CA 92127

 Phone: (858) 649-5100

Fax: (858) 649-5099

 After Hours Phone: (858)

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## D. 專業提供者目錄

649-5100  
Provider Gender: Male  
NPI: 1962520080  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
Imperial Health Holdings  
Medical Group-SD

### **RADIATION ONCOLOGY**

#### **HOOPES, DAVID**

Provider ID: 269725  
Board Certified Specialty: No  
 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
 Phone: (858) 649-5100  
Fax: (858) 649-5099  
 After Hours Phone: (858)  
649-5100  
Provider Gender: Male  
NPI: 1962520080  
 Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
Imperial Health Holdings  
Medical Group-SD

### **RADIATION ONCOLOGY**

#### **MURPHY, JAMES**

Provider ID: 262401  
Board Certified Specialty: No  
 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
 Phone: (559) 447-4949  
Fax: (559) 447-4925  
 After Hours Phone: (559)  
447-4949  
Provider Gender: Male  
NPI: 1730382631  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: Imperial Health Holdings  
Medical Group-SD

### **RADIATION ONCOLOGY**

#### **VOLPP, PAUL**

Provider ID: 221105  
Board Certified Specialty: No  
 3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123  
 Phone: (858) 939-5010  
Fax: (858) 939-5021  
 After Hours Phone: (858)  
939-5010

Provider Gender: Male  
NPI: 1225186232

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
GROSSMONT HOSPITAL,  
PALOMAR MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 19\100  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Website: N/A  
IPA: Community Care IPA LLC


### RADIATION ONCOLOGY

#### **WEINSTEIN, GEOFFREY**

Provider ID: 220039

Board Certified Specialty: No

 3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123


 Phone: (858) 939-5010


Fax: (858) 939-5021

 After Hours Phone: (858)  
939-5010

Provider Gender: Male

NPI: 1841233947

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
SHARP CHULA VISTA MED CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 19\100

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### RADIOLOGY DIAGNOSTIC

#### **BERMAN, ZACHARY**

Provider ID: 269318

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033521190

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### RADIOLOGY DIAGNOSTIC

#### **BERMAN, ZACHARY**

Provider ID: 304163

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033521190

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

#### **BRANCH, CODY**

Provider ID: 304199

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1851770622

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Website: N/A  
IPA: UCSD Medical Group

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### **RADIOLOGY DIAGNOSTIC**

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#### **BRANCH, CODY**

Provider ID: 283675

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1851770622

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **RADIOLOGY DIAGNOSTIC**


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#### **CARSWELL, AIMEE**

Provider ID: 303054

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (858) 554-1212  
Fax: (858) 795-1195

 After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1619156635

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **RADIOLOGY DIAGNOSTIC**


---

#### **CARSWELL, AIMEE**


Provider ID: 303055

Board Certified Specialty: No

 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (858) 554-1212

Fax: (858) 795-1195

 After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1619156635

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **RADIOLOGY DIAGNOSTIC**


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#### **CARSWELL, AIMEE**


Provider ID: 304194

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (858) 554-1212

Fax: (858) 795-1195

 After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1619156635

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **RADIOLOGY DIAGNOSTIC**

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#### **CHENG, KAREN**

Provider ID: 304207

Board Certified Specialty: No

 6655 ALVARADO RD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

SAN DIEGO, CA 92120  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1427430511  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **CHENG, KAREN**

Provider ID: 283228  
Board Certified Specialty: No  
📍 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1427430511  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **CHENG, KAREN**

Provider ID: 283226  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1427430511  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT

PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **CHEWNING, RUSH**

Provider ID: 301914  
Board Certified Specialty: No  
📍 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-8863  
Fax: (858) 966-8863  
📞 After Hours Phone: (858) 966-8863

Provider Gender: Male  
NPI: 1083872212  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health  
Network

### **RADIOLOGY DIAGNOSTIC**

#### **FAZELI, SOUDABEH**

Provider ID: 304171  
Board Certified Specialty: No


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## D. 專業提供者目錄

 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1639553613

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


#### **FAZELI, SOUDABEH**

Provider ID: 299992  
Board Certified Specialty: No  
 330 LEWIS ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1639553613



 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A  
IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **FAZELI, SOUDABEH**

Provider ID: 299991  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1639553613

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **FORCIER, NANCY**

Provider ID: 286956  
Board Certified Specialty: No  
 330 LEWIS ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781


 After Hours Phone: (800)

926-8273

Provider Gender: Female  
NPI: 1497721724

 Provider English Spoken: Y  
Cultural Competency: N



Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
Providence Mission Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **FORCIER, NANCY**

Provider ID: 286954  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1497721724

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
Providence Mission Hospital

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


#### **FOWLER, KATHRYN**


Provider ID: 201289

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1255457941

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA,  
SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,  
SCRIPPS GREEN HOSPITAL,


SCRIPPS GREEN HOSPITAL  
Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


#### **FOWLER, KATHRYN**


Provider ID: 201291

Board Certified Specialty: No

 330 LEWIS ST STE 202

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1255457941

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA,  
SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,  
SCRIPPS GREEN HOSPITAL,

SCRIPPS GREEN HOSPITAL  
Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


#### **GRISSOM, MURRAY**

Provider ID: 271569

Board Certified Specialty: No

 330 LEWIS ST STE 202

SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1720465396

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, Stanford Health  
Care, STANFORD HEALTH


CARE TRI-VALLEY


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **GRISSOM, MURRAY**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider ID: 271567

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1720465396

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, Stanford Health

Care, STANFORD HEALTH

CARE TRI-VALLEY

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **HANNSUN, GEMMY**

Provider ID: 282791

Board Certified Specialty: No

330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1992120026

Provider English Spoken: Y

Provider Language(s)  
Spoken: Khmer, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **HANNSUN, GEMMY**

Provider ID: 282789

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1992120026

Provider English Spoken: Y

Provider Language(s)  
Spoken: Khmer, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **HORKY, LAURA**

Provider ID: 241853

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1598967812

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

**PROVIDER**  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **JAFFRAY, PAUL**

Provider ID: 304165  
Board Certified Specialty: No  
📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1275700999  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Los Angeles General Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **JAFFRAY, PAUL**

Provider ID: 299958  
Board Certified Specialty: No  
📍 330 LEWIS ST  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1275700999  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Los Angeles General Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **JAFFRAY, PAUL**

Provider ID: 299957  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1275700999  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Los Angeles General Medical Center

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **JAZBEH, SAMMER**

Provider ID: 271126  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1770825457  
🗣 Provider English Spoken: Y  
🗣 Provider Language(s) Spoken: Arabic  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **JAZBEH, SAMMER**

Provider ID: 271127

Board Certified Specialty: No

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: 1770825457

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **JAZBEH, SAMMER**

Provider ID: 304167

Board Certified Specialty: No

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: 1770825457

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **KONDILI, DHIMITER**

Provider ID: 283145

Board Certified Specialty: No

330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1699125450

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **KONDILI, DHIMITER**

Provider ID: 283143

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1699125450

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

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## D. 專業提供者目錄

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **MARKS, ROBERT**

Provider ID: 300065

Board Certified Specialty: No

330 LEWIS ST

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1952389934

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ST MARY  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **MARKS, ROBERT**

Provider ID: 300064

Board Certified Specialty: No

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1952389934

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ST MARY  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **RITCHIE, DAVID**

Provider ID: 300032

Board Certified Specialty: No

330 LEWIS ST

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1407201916

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **RITCHIE, DAVID**

Provider ID: 300031

Board Certified Specialty: No

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1407201916

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **SADAT, SAYED**

Provider ID: 299969

Board Certified Specialty: No

330 LEWIS ST

SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1679000806

Provider English Spoken: Y  
Cultural Competency: N

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## D. 專業提供者目錄

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **SADAT, SAYED**


Provider ID: 304202

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1679000806

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


#### **SADAT, SAYED**


Provider ID: 299968

Board Certified Specialty: No

 200 W ARBOR DR


SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1679000806

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**


#### **SCHULTZ, HEATHER**

Provider ID: 240344

Board Certified Specialty: No


 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1871910810

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**


#### **SCHULTZ, HEATHER**

Provider ID: 240342

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1871910810

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **SEARLEMAN, ADAM**

Provider ID: 299949

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## D. 專業提供者目錄

Board Certified Specialty: No

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1134570641

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **SEARLEMAN, ADAM**

Provider ID: 299948

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1134570641

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **SLATER, JERRY**

Provider ID: 283312

Board Certified Specialty: No

330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1851746382

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, LOMA LINDA

UNIVERSITY MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **SLATER, JERRY**

Provider ID: 283310

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1851746382

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, LOMA LINDA

UNIVERSITY MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **SPENGLER, NATHAN**

Provider ID: 303049

Board Certified Specialty: No

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

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## D. 專業提供者目錄

Provider Gender: Male  
NPI: 1992919666  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **SPENGLER, NATHAN**

Provider ID: 303048  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1992919666  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **STRAKA, CHRISTOPHER**

Provider ID: 276875  
Board Certified Specialty: No  
📍 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
☎ Phone: (858) 649-5100  
Fax: (858) 649-5099  
🕒 After Hours Phone: (858)  
649-5100  
Provider Gender: Male  
NPI: 1801281399

☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 17\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Community Care IPA LLC

### **RADIOLOGY DIAGNOSTIC**

#### **SWEET, JASON**

Provider ID: 305028  
Board Certified Specialty: No  
📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
☎ Phone: (800) 926-8273  
🕒 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1326197393  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **TADDONIO, MICHAEL**

Provider ID: 304179  
Board Certified Specialty: No  
📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1386987261  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA

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## D. 專業提供者目錄

JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


**TADDONIO, MICHAEL**

Provider ID: 240407

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1386987261

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


**TADDONIO, MICHAEL**

Provider ID: 240408

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1386987261

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

**TADDONIO, MICHAEL**

Provider ID: 240405

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1386987261

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

**TADROS, ANTHONY**

Provider ID: 268546

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1306112057

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### RADIOLOGY DIAGNOSTIC

**TADROS, ANTHONY**

Provider ID: 304150

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1306112057

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### RADIOLOGY DIAGNOSTIC

**THOMPSON, COLE**

Provider ID: 304175

Board Certified Specialty: No

 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: 1700315264

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### RADIOLOGY DIAGNOSTIC

**THOMPSON, COLE**

Provider ID: 299989

Board Certified Specialty: No

 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1700315264

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

**THOMPSON, COLE**

Provider ID: 299988

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1700315264


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### UNSDORFER, KYLE

Provider ID: 300035

Board Certified Specialty: No

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1285165183

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

### UNSDORFER, KYLE

Provider ID: 300034

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1285165183

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

### VAHDOT, NOUSHIN

Provider ID: 300070

Board Certified Specialty: No

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1396700852

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

### VAHDOT, NOUSHIN

Provider ID: 300071

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1396700852

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

### VAKILIAN, SIAVOSH

Provider ID: 283205

Board Certified Specialty: No

3366 5TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 230-0400

Fax: (858) 429-7938

After Hours Phone: (619)  
230-0400

Provider Gender: Male

NPI: 1427456151

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes



Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC


### **RADIOLOGY DIAGNOSTIC**

#### **VAKILIAN, SIAVOSH**

Provider ID: 283207

Board Certified Specialty: No

 5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123

 Phone: (858) 505-4100

Fax: (858) 429-7939

 After Hours Phone: (858)  
505-4100

Provider Gender: Male

NPI: 1427456151

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### **RADIOLOGY DIAGNOSTIC**

#### **YORK, VINCENT**

Provider ID: 283519

Board Certified Specialty: No

 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1790146611


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **YORK, VINCENT**

Provider ID: 283517

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1790146611


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **REGISTERED DIETITIAN / NUTRITIONIST**

#### **CALLAWAY, MALLORY**

Provider ID: 287926

Board Certified Specialty: No

 4303 LA JOLLA VILLAGE  
DR STE 2110

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1477207611

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **REGISTERED DIETITIAN / NUTRITIONIST**

#### **FISHER, JENNIFER**

Provider ID: 286339

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## D. 專業提供者目錄

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 471-0438

Fax: (619) 543-3763

After Hours Phone: (619)  
471-0438

Provider Gender: Female

NPI: 1538312657

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### REGISTERED DIETITIAN / NUTRITIONIST

**FISHER, JENNIFER**

Provider ID: 286340

Board Certified Specialty: No

4303 LA JOLLA VILLAGE  
DR STE 2110

SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1538312657

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### REGISTERED DIETITIAN / NUTRITIONIST

**SIEVERING, DENISE**

Provider ID: 268250

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1356478929

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### REGISTERED PHYSICAL

### THERAPIST

**AGUERO, PETER**

Provider ID: 258298

Board Certified Specialty: No

8929 UNIVERSITY CENTER  
LN STE 200

SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982120861

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

**AGUERO, PETER**

Provider ID: 258299

Board Certified Specialty: No

9333 GENESEE AVE STE  
310

SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

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## D. 專業提供者目錄

Provider Gender: Male  
NPI: 1982120861  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

#### **BARTZ, BRYAN**

Provider ID: 273380  
Board Certified Specialty: No  
📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1669818993

☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

#### **BARTZ, BRYAN**

Provider ID: 273381  
Board Certified Specialty: No  
📍 8929 UNIVERSITY CENTER  
LN STE 200  
SAN DIEGO, CA 92122  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273

Provider Gender: Male  
NPI: 1669818993  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

#### **BERGERON, PATRICK**

Provider ID: 206534  
Board Certified Specialty: No  
📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
☎ Phone: (800) 926-8273  
📞 After Hours Phone: (800) 926-8273

Provider Gender: Male  
NPI: 1285061390  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group


### REGISTERED PHYSICAL THERAPIST

#### **BUNOSKY, ABIGAIL**

Provider ID: 258304  
Board Certified Specialty: No  
📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1780018416

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **REGISTERED PHYSICAL THERAPIST**


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#### **BUNOSKY, ABIGAIL**

*Provider ID: 246022*

*Board Certified Specialty: No*

 *200 W ARBOR DR*  
*SAN DIEGO, CA 92103*

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*

*NPI: 1780018416*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*  
*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **REGISTERED PHYSICAL THERAPIST**


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#### **CORTEZ, AARON**

*Provider ID: 279194*

*Board Certified Specialty: No*

 *16950 VIA TAZON*  
*SAN DIEGO, CA 92127*

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Male*

*NPI: 1639693187*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA*  
*JOLLA JOHN SALLY*


*THORNTON, UCSD MEDICAL*  
*CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **REGISTERED PHYSICAL THERAPIST**


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#### **COSTELLO, MARK**

*Provider ID: 295634*

*Board Certified Specialty: No*



 *7510 CLAIREMONT MESA*  
*BLVD STE 103*  
*SAN DIEGO, CA 92111*

 *Phone: (858) 277-2277*  
*Fax: (408) 945-4018*

 *After Hours Phone: (858)*  
*277-2277*

*Provider Gender: Male*

*NPI: 1710193602*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Arabic, Armenian,*  
*Spanish*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 5\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

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### **REGISTERED PHYSICAL THERAPIST**


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
#### **DANG, ERIC**

*Provider ID: 258363*

*Board Certified Specialty: No*

 *8929 UNIVERSITY CENTER*  
*LN STE 200*  
*SAN DIEGO, CA 92122*

 *Phone: (858) 543-3333*  
*Fax: (858) 657-1809*

 *After Hours Phone: (858)*  
*543-3333*


*Provider Gender: Male*

*NPI: 1891237756*


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## D. 專業提供者目錄

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### REGISTERED PHYSICAL THERAPIST


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#### **DANG, KAYLEE**

Provider ID: 279261

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1316426356

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### REGISTERED PHYSICAL THERAPIST


---

#### **FARRAR, COURTNEY**

Provider ID: 303843

Board Certified Specialty: No

 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: 1124577952

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---


### REGISTERED PHYSICAL THERAPIST


---

#### **FARRAR, COURTNEY**

Provider ID: 295259

Board Certified Specialty: No

 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: 1124577952


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 13\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### REGISTERED PHYSICAL THERAPIST

---


#### **JOHNSON, KENNADY**

Provider ID: 305041

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730834417

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **REGISTERED PHYSICAL THERAPIST**

---

#### **MC ELROY, CARTER**

*Provider ID: 206523*

*Board Certified Specialty: No*

 16950 VIA TAZON

SAN DIEGO, CA 92127


 *Phone: (800) 926-8273*


*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1114472230*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Thai*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **REGISTERED PHYSICAL THERAPIST**

---

#### **MC ELROY, CARTER**


*Provider ID: 206522*

*Board Certified Specialty: No*

 8929 UNIVERSITY CENTER

LN STE 200

SAN DIEGO, CA 92122


 *Phone: (855) 543-0333*


*Fax: (858) 657-6873*

 *After Hours Phone: (855) 543-0333*

*Provider Gender: Male*

*NPI: 1114472230*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Thai*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*


*MEDICAL CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **REGISTERED PHYSICAL THERAPIST**

---


#### **NGUYEN, HARRY**


*Provider ID: 271871*

*Board Certified Specialty: No*

 16950 VIA TAZON

SAN DIEGO, CA 92127

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1629558499*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*


*MEDICAL CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **REGISTERED PHYSICAL THERAPIST**

---

#### **NUTHALL, KAITLIN**


*Provider ID: 202326*

*Board Certified Specialty: No*

 8929 UNIVERSITY CENTER

LN STE 200

SAN DIEGO, CA 92122

 *Phone: (858) 249-0832*

*Fax: (858) 657-1809*

 *After Hours Phone: (858) 249-0832*

*Provider Gender: Female*

*NPI: 1992210090*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*MEMORIAL HOSPITAL, UCSD*

*LA JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL*

*CTR*

*Medi-Cal Open Panel: Yes*


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

#### **RICKERTS, MATTHEW**

Provider ID: 287652

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1063882579

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### REGISTERED PHYSICAL THERAPIST


#### **RUDD, CHRISTOPHER**

Provider ID: 207560

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1831539337

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### REGISTERED PHYSICAL THERAPIST


#### **SKINNER, NICOLE**

Provider ID: 206547

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1386964997

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### REGISTERED PHYSICAL THERAPIST

#### **VANDEWIELE, EMILY**

Provider ID: 285183

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1942818505

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

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## D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### REGISTERED PHYSICAL THERAPIST

**VASQUEZ, BENJAMIN**

Provider ID: 302870

Board Certified Specialty: No

 4910 DIRECTORS PL  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1568938413

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### REGISTERED PHYSICAL THERAPIST

**WALKER, JULIE**

Provider ID: 258489

Board Certified Specialty: No

 8929 UNIVERSITY CENTER  
LN STE 200  
SAN DIEGO, CA 92122

 Phone: (855) 543-0333

Fax: (858) 535-6422

 After Hours Phone: (855)  
543-0333

Provider Gender: Female

NPI: 1720489503


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### REGISTERED PHYSICAL THERAPIST

**WILLIAMS, STACY**

Provider ID: 259683

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689962169

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

**WILLIAMS, STACY**

Provider ID: 259684

Board Certified Specialty: No

 4520 EXECUTIVE DR STE 1  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689962169

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SLEEP MEDICINE**

**FINCH, CHRISTINA**

Provider ID: 299938

Board Certified Specialty: No

 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-7283

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-7283

Provider Gender: Female

NPI: 1598255325

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

### **SLEEP MEDICINE**

**FINCH, CHRISTINA**


Provider ID: 299939

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1598255325

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

### **SPEECH PATHOLOGIST**


**AROCHO-SALGADO, MIRELIS**

Provider ID: 296929

Board Certified Specialty: No

 11440 W BERNARDO CT  
STE 300

SAN DIEGO, CA 92127

 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1063660165

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **SPEECH PATHOLOGIST**


**AROCHO-SALGADO, MIRELIS**

Provider ID: 296932

Board Certified Specialty: No

 7510 CLAIREMONT MESA  
BLVD STE 103

SAN DIEGO, CA 92111

 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1063660165


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

IPA: IHP of Southern Cal-PHP

### **SPEECH PATHOLOGIST**

#### **AROCHO-SALGADO, MIRELIS**

Provider ID: 296930

Board Certified Specialty: No

9655 GRANITE RIDGE DR  
STE 200

SAN DIEGO, CA 92123

Phone: (877) 757-8353

Fax: (818) 357-2505

After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1063660165

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### **SPEECH PATHOLOGIST**

#### **CALDERON MORALES, ASTRID**

Provider ID: 305580

Board Certified Specialty: No

7510 CLAIREMONT MESA  
BLVD STE 103

SAN DIEGO, CA 92111

Phone: (877) 757-8353

Fax: (818) 357-2505

After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1619501186

Provider English Spoken: Y

Provider Language(s)  
Spoken: Armenian, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-7PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **SPEECH PATHOLOGIST**

#### **CALDERON MORALES, ASTRID**

Provider ID: 305581

Board Certified Specialty: No

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: 1619501186

Provider English Spoken: Y

Provider Language(s)  
Spoken: Armenian, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-7PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **SPEECH PATHOLOGIST**

#### **CALDERON MORALES, ASTRID**

Provider ID: 305579

Board Certified Specialty: No

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: 1619501186

Provider English Spoken: Y

Provider Language(s)  
Spoken: Armenian, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-7PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **SPEECH PATHOLOGIST**

#### **CLARK, MELISSA**

Provider ID: 296922

Board Certified Specialty: No

7510 CLAIREMONT MESA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

BLVD STE 102  
SAN DIEGO, CA 92111  
☎ Phone: (877) 757-8353  
Fax: (818) 357-2505  
🕒 After Hours Phone: (877) 757-8353  
Provider Gender: Female  
NPI: 1760546428  
☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: SU 7AM-9PM  
M-F 7AM-9PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **SPEECH PATHOLOGIST**

#### **CLARK, MELISSA**

Provider ID: 296921  
Board Certified Specialty: No  
📍 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: 1760546428  
☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: SU 7AM-7PM  
M-F 7AM-7PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **SPEECH PATHOLOGIST**

#### **CLARK, MELISSA**

Provider ID: 296920  
Board Certified Specialty: No  
📍 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: 1760546428  
☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT

PROVIDER  
🕒 Hours: SU 7AM-7PM  
M-F 7AM-7PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **SPEECH PATHOLOGIST**

#### **MADERA RIVERA, PAULA**

Provider ID: 296578  
Board Certified Specialty: No  
📍 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: 1205443769  
☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 7AM-7PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP


### **SPEECH PATHOLOGIST**


#### **MADERA RIVERA, PAULA**

Provider ID: 296575  
Board Certified Specialty: No

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111


 Phone: (858) 277-2277


Fax: (818) 357-2505

 After Hours Phone: (858)  
277-2277

Provider Gender: Female

NPI: 1205443769

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 7AM-7PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **SPEECH PATHOLOGIST**


#### **MADERA RIVERA, PAULA**

Provider ID: 296576

Board Certified Specialty: No

 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: 1205443769

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 7AM-7PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **SPEECH PATHOLOGIST**


#### **O'DORAN, KAYLA**

Provider ID: 296585

Board Certified Specialty: No

 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: 1275021438

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 7AM-7PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **SPEECH PATHOLOGIST**


#### **O'DORAN, KAYLA**

Provider ID: 296586

Board Certified Specialty: No

 7510 CLAIREMONT MESA  
BLVD STE 103

SAN DIEGO, CA 92111

 Phone: (877) 757-8353


Fax: (818) 357-2505

 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1275021438

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 7AM-7PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


---

### **SPEECH PATHOLOGIST**

#### **O'DORAN, KAYLA**

Provider ID: 296588

Board Certified Specialty: No

 11440 W BERNARDO CT  
STE 300

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

SAN DIEGO, CA 92127  
☎ Phone: (877) 757-8353  
Fax: (818) 357-2505  
🕒 After Hours Phone: (877) 757-8353  
Provider Gender: Female  
NPI: 1275021438  
📄 Provider English Spoken: Y  
📄 Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 7AM-7PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **SPEECH PATHOLOGIST**

**SCHIEDERMAYER, BENJAMIN**  
Provider ID: 288937  
Board Certified Specialty: No  
📄 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1164979837  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **SPEECH PATHOLOGIST**

**UNGER, LINDSEY**  
Provider ID: 207202  
Board Certified Specialty: No  
📄 8929 UNIVERSITY CENTER  
LN STE 200  
SAN DIEGO, CA 92122  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1972936813

📄 Provider English Spoken: Y  
📄 Provider Language(s)  
Spoken: Sign Language  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A  
IPA: UCSD Medical Group

### **SURGERY COLON SURGERY**

**EISENSTEIN, SAMUEL**  
Provider ID: 286384  
Board Certified Specialty: No  
📄 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
☎ Phone: (858) 657-7237  
🕒 After Hours Phone: (858) 657-7237  
Provider Gender: Male  
NPI: 1194983932  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **SURGERY COLON SURGERY**

**EISENSTEIN, SAMUEL**  
Provider ID: 286364  
Board Certified Specialty: No  
📄 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


NPI: 1194983932

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

### SURGERY COLON SURGERY

#### **EISENSTEIN, SAMUEL**

Provider ID: 286363

Board Certified Specialty: No

 4303 LA JOLLA VILLAGE  
DR STE 2110

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male


NPI: 1194983932

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### SURGERY COLON SURGERY

#### **LIU, SHANGLEI**

Provider ID: 273363

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1043558653

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UNIVERSITY HSP  
OF SAN DIEGO CO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### SURGERY COLON SURGERY


#### **LOPEZ, NICOLE**

Provider ID: 286387

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-6886

 After Hours Phone: (619)  
543-6886

Provider Gender: Female

NPI: 1518163005

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY COLON SURGERY

#### **LOPEZ, NICOLE**

Provider ID: 286366

Board Certified Specialty: No

 4303 LA JOLLA VILLAGE  
DR STE 2110

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1518163005

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

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## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY COLON SURGERY**

#### **PARRY, LISA**

Provider ID: 286341

Board Certified Specialty: No

 4303 LA JOLLA VILLAGE DR STE 2110

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1235369067

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY COLON SURGERY**

#### **PARRY, LISA**

Provider ID: 278553

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1235369067

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY COLON SURGERY**


#### **RAMAMOORTHY, SONIA**

Provider ID: 286370

Board Certified Specialty: No

 4303 LA JOLLA VILLAGE DR STE 2110

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 529-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1801812656

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY CRITICAL CARE**

#### **ADAMS, LAURA**

Provider ID: 284407

Board Certified Specialty: No

 200 W 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **SURGERY CRITICAL CARE**


**POTENZA, BRUCE**

Provider ID: 277298

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-7200

 After Hours Phone: (619)  
543-7200

Provider Gender: Male

NPI: 1548281496

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **SURGERY CRITICAL CARE**

**VENTRO, GEORGE**


Provider ID: 284418

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1548604648

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **SURGERY CRITICAL CARE**

**WEAVER, JESSICA**

Provider ID: 243239

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1396044657

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **SURGERY GENERAL**


**AL-NOURI, OMAR**

Provider ID: 211903

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1770742264

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY GENERAL


#### **ARMANI, AVA**


Provider ID: 282141

Board Certified Specialty: Yes

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (858) 822-6100

 After Hours Phone: (858) 822-6100

Provider Gender: Female

NPI: 1861759383

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: MEDICAL CTR AT UCSF, UCSF Medical Center At Mission Bay, UCSF MEDICAL CENTER AT MOUNT ZION, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY GENERAL


#### **BARNES, RYAN**

Provider ID: 299904

Board Certified Specialty: No

 7910 FROST ST STE 250

SAN DIEGO, CA 92123

 Phone: (858) 565-0104

Fax: (858) 565-0194

 After Hours Phone: (858) 565-0104

Provider Gender: Male

NPI: 1831493501

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, PALOMAR HEALTH


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-4:30PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### SURGERY GENERAL

#### **BARNES, RYAN**

Provider ID: 129062

Board Certified Specialty: No

 7910 FROST ST STE 250  
SAN DIEGO, CA 92123

 Phone: (858) 565-0104

Fax: (858) 565-0194

 After Hours Phone: (858) 565-0104

Provider Gender: Male

NPI: 1831493501

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, PALOMAR HEALTH


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-4:30PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### SURGERY GENERAL

#### **BENCH, SHAWN**

Provider ID: 129060

Board Certified Specialty: Yes

 7910 FROST ST STE 250  
SAN DIEGO, CA 92123

 Phone: (858) 565-0104

Fax: (858) 565-0194

 After Hours Phone: (858)

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## D. 專業提供者目錄

565-0104  
Provider Gender: Male  
NPI: 1669700753  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, KERN  
MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH 9AM-5PM  
F 9AM-4PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **SURGERY GENERAL**





#### **BENCH, SHAWN**




Provider ID: 299895  
Board Certified Specialty: Yes  
 7910 FROST ST STE 250  
SAN DIEGO, CA 92123  
 Phone: (858) 565-0104  
Fax: (858) 565-0194  
 After Hours Phone: (858)  
565-0104  
Provider Gender: Male  
NPI: 1669700753  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, KERN  
MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH 9AM-5PM  
F 9AM-4PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **SURGERY GENERAL**




#### **BERUMEN, JENNIFER**

Provider ID: 260052  
Board Certified Specialty: No  
 8001 FROST ST  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5811  
Fax: (858) 966-8035  
 After Hours Phone: (858)  
966-5811  
Provider Gender: Female  
NPI: 1558566372  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL  
OAKLAND  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network




### **SURGERY GENERAL**

#### **BRODERICK, RYAN**

Provider ID: 286342  
Board Certified Specialty: No  
 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1619252418  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


### **SURGERY GENERAL**


#### **BRODERICK, RYAN**

*Provider ID: 201617*

*Board Certified Specialty: Yes*


 4520 EXECUTIVE DR STE 111  
SAN DIEGO, CA 92121

 *Phone: (858) 657-8860*

 *After Hours Phone: (858) 657-8860*

*Provider Gender: Male*

*NPI: 1619252418*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*


*THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

### **SURGERY GENERAL**

#### **BRODERICK, RYAN**


*Provider ID: 247073*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1619252418*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*


### **SURGERY GENERAL**

#### **BRUBAKER, ALEAH**

*Provider ID: 289164*

*Board Certified Specialty: No*

 8001 FROST ST  
SAN DIEGO, CA 92123

 *Phone: (858) 966-8354*

*Fax: (858) 966-5815*

 *After Hours Phone: (858) 966-8354*

*Provider Gender: Female*

*NPI: 1790104305*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, UCSD LA JOLLA JOHN SALLY THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*


*IPA: Rady Childrens Health Network, UCSD Medical Group*

### **SURGERY GENERAL**

#### **BRUBAKER, ALEAH**

*Provider ID: 285272*

*Board Certified Specialty: No*

 4510 EXECUTIVE DR STE 7  
SAN DIEGO, CA 92121

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1790104305*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: Stanford Health Care, LUCILE SALTER*

*PACKARD CHILDRENS HOSP,*

*UCSD LA JOLLA JOHN SALLY*

*THORNTON*

*Medi-Cal Open Panel: Yes*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


## D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

### **SURGERY GENERAL**


#### **CASILLAS BERUMEN, SERGIO**

Provider ID: 304608

Board Certified Specialty: No

 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: PARADISE VALLEY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL, PALOMAR


MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **SURGERY GENERAL**


#### **CASILLAS BERUMEN, SERGIO**

Provider ID: 304609

Board Certified Specialty: No

 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: PARADISE VALLEY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL, PALOMAR

MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **SURGERY GENERAL**

#### **FAIRBANKS, TIMOTHY**

Provider ID: 260842

Board Certified Specialty: No

 3030 CHILDRENS WAY FL 1 SAN DIEGO, CA 92123

 Phone: (858) 966-7711

Fax: (858) 966-7712

 After Hours Phone: (858) 966-7711

Provider Gender: Male

NPI: 1407010556

 Provider English Spoken: Y Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR,

SHARP MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, UCSF BENIOFF

CHILDREN'S HOSPITAL


OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### **SURGERY GENERAL**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

### **HORGAN, SANTIAGO**

Provider ID: 286367

Board Certified Specialty: No

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1932297231

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY GENERAL**

### **HORGAN, SANTIAGO**

Provider ID: 286379

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 471-0700

After Hours Phone: (619)  
471-0700

Provider Gender: Male

NPI: 1932297231

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY GENERAL**

### **IGNACIO, ROMEO**

Provider ID: 217053

Board Certified Specialty: No

8110 BIRMINGHAM WAY FL  
2

SAN DIEGO, CA 92123

Phone: (858) 966-7711

After Hours Phone: (858)  
966-7711

Provider Gender: Male

NPI: 1538147145

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **SURGERY GENERAL**

### **JACOBSEN, GARTH**

Provider ID: 201729

Board Certified Specialty: No

4520 EXECUTIVE DR STE 111  
SAN DIEGO, CA 92121

Phone: (858) 657-8860

After Hours Phone: (858)  
657-8860

Provider Gender: Male

NPI: 1265649966

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

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## D. 專業提供者目錄

 Website: N/A  
IPA: UCSD Medical Group

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### **SURGERY GENERAL**


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#### **JACOBSEN, GARTH**

Provider ID: 286355

Board Certified Specialty: No

 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1265649966

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **SURGERY GENERAL**

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#### **JACOBSEN, GARTH**

Provider ID: 286356

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1265649966

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **SURGERY GENERAL**


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#### **KOSOY, DANIEL**

Provider ID: 82513

Board Certified Specialty: No



 8010 FROST ST STE 510  
SAN DIEGO, CA 92123

 Phone: (858) 499-1900  
Fax: (858) 637-4801

 After Hours Phone: (858)  
499-1900

Provider Gender: Male

NPI: 1770627259

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: French, Spanish  
Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

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### **SURGERY GENERAL**


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#### **MUELLER, GEORGE**

Provider ID: 54298

Board Certified Specialty: No

 7910 FROST ST STE 250  
SAN DIEGO, CA 92123

 Phone: (858) 565-0104  
Fax: (858) 565-0194

 After Hours Phone: (858)  
565-0104

Provider Gender: Male

NPI: 1629179684

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL




Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## D. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TH 8:30AM-5PM  
F 8:30AM-4PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*

### **SURGERY GENERAL**






#### **MUELLER, GEORGE**




*Provider ID: 300091*  
*Board Certified Specialty: No*  
 7910 FROST ST STE 250  
SAN DIEGO, CA 92123  
 *Phone: (858) 565-0104*  
*Fax: (858) 565-0194*  
 *After Hours Phone: (858)  
565-0104*  
*Provider Gender: Male*  
*NPI: 1629179684*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish,  
Vietnamese*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TH 8:30AM-5PM  
F 8:30AM-4PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*

### **SURGERY GENERAL**


#### **POLLACK, LARRY**







*Provider ID: 54346*  
*Board Certified Specialty: Yes*  
 7910 FROST ST STE 250  
SAN DIEGO, CA 92123  
 *Phone: (858) 565-0104*  
*Fax: (858) 565-0194*  
 *After Hours Phone: (858)  
565-0104*  
*Provider Gender: Male*  
*NPI: 1104998400*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: German, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TH 9AM-5PM  
F 9AM-4PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC*

### **SURGERY GENERAL**





#### **SANDLER, BRYAN**

*Provider ID: 286357*  
*Board Certified Specialty: No*  
 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)  
926-8273*  
*Provider Gender: Male*  
*NPI: 1043410186*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD  
MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **SURGERY GENERAL**

#### **SANDLER, BRYAN**

*Provider ID: 286383*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)  
926-8273*  
*Provider Gender: Male*  
*NPI: 1043410186*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD  
MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*

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## D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY GENERAL**

**SANTORELLI, JARRETT**

Provider ID: 272303

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1033529201

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY GENERAL**

#### **VASCULAR**

**AL-NOURI, OMAR**

Provider ID: 275349

Board Certified Specialty: No

 4510 EXECUTIVE DR STE  
215

SAN DIEGO, CA 92121


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1770742264

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY GENERAL**

#### **VASCULAR**


**BARLEBEN, ANDREW**

Provider ID: 275372

Board Certified Specialty: No

 4510 EXECUTIVE DR STE  
215

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1497936900

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY HAND**

**CAGE, DORI NEILL**

Provider ID: 296731

Board Certified Specialty: No

 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





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## D. 專業提供者目錄

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, Sharp  
Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **SURGERY HAND ORTHOPEDIC**

#### **STEPHENSON, SAMUEL**




Provider ID: 284934  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1578058665  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY



THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **BARBA, DAVID**




Provider ID: 244087  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (619) 543-5720  
 After Hours Phone: (619)  
543-5720  
Provider Gender: Male  
NPI: 1093730251




 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**


#### **BELVERUD, SHAWN**

Provider ID: 202333  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1073817268

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group


### **SURGERY NEUROLOGICAL**

#### **BEN-HAIM, SHARONA**

Provider ID: 304129  
Board Certified Specialty: No  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120

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## D. 專業提供者目錄


 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1942469663

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hebrew, Spanish

Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY NEUROLOGICAL**

#### **LEVY, MICHAEL**

Provider ID: 298705

Board Certified Specialty: No

 7910 FROST ST STE 180  
SAN DIEGO, CA 92123

 Phone: (858) 966-8574

Fax: (858) 966-7930

 After Hours Phone: (858)  
966-8574

Provider Gender: Male

NPI: 1164593927

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
CHILDRENS HOSP OF LOS  
ANGELES

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network


### **SURGERY NEUROLOGICAL**


#### **MARSHALL, LAWRENCE**

Provider ID: 244150

Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1750306171

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German, Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **OSORIO, JOSEPH**

Provider ID: 304170

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1437416591


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY NEUROLOGICAL**

#### **OSORIO, JOSEPH**

Provider ID: 242007

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

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## D. 專業提供者目錄

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1437416591

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **PHAM, MARTIN**

Provider ID: 244158

Board Certified Specialty: No

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1609130921

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **SOUMEKH, MASSOUD**

Provider ID: 257468

Board Certified Specialty: Yes

📍 8008 FROST ST STE 401  
SAN DIEGO, CA 92123

☎ Phone: (858) 560-8544

Fax: (858) 560-8546

☎ After Hours Phone: (858)  
560-8544

Provider Gender: Male

NPI: 1265495014

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ALVARADO  
HOSP MED CTR, ALVARADO

HOSPITAL LLC, SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TH 9AM-4:30PM

🌐 Website: N/A

IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT

### **SURGERY NEUROLOGICAL**

#### **TOMLIN, JEFFREY**

Provider ID: 272950

Board Certified Specialty: No

📍 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103

☎ Phone: (858) 657-8540

☎ After Hours Phone: (858)  
657-8540

Provider Gender: Male

NPI: 1366530321

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **U, HOI**

Provider ID: 244132

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273





☎ After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1164468146

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## D. 專業提供者目錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **SURGERY ORTHOPEDIC**




#### **ANDRY, JAMES**

*Provider ID: 302086*  
*Board Certified Specialty: No*  
 7910 FROST ST STE 340  
 SAN DIEGO, CA 92123  
 *Phone: (858) 824-1703*  
*Fax: (858) 455-6473*  
 *After Hours Phone: (858) 824-1703*  
*Provider Gender: Male*  
*NPI: 1679726103*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: PARADISE VALLEY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL, SHARP CHULA*

*VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **SURGERY ORTHOPEDIC**







#### **BALLARD, BROOKE**

*Provider ID: 262204*  
*Board Certified Specialty: No*  
 5555 RESERVOIR DR STE 104  
 SAN DIEGO, CA 92120  
 *Phone: (619) 286-9480*  
*Fax: (619) 286-4568*  
 *After Hours Phone: (619) 286-9480*  
*Provider Gender: Female*  
*NPI: 1841447950*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: French, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: ALVARADO HOSPITAL LLC, SHARP CORONADO HOSP AND HEALTHCARE CTR, SHARP*

*MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9AM-5PM*  
 *Website: N/A*  
*IPA: Imperial Health Holdings Medical Group-SD*

### **SURGERY ORTHOPEDIC**

#### **BLAIS, MICAH**

*Provider ID: 299943*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1972867562*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

<hr/> <b>SURGERY ORTHOPEDIC</b> <hr/> <b>BUI, CHRISTOPHER</b> Provider ID: 241162 Board Certified Specialty: No 📍 200 W ARBOR DR SAN DIEGO, CA 92103 ☎ Phone: (800) 926-8273 📞 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1619231537 🗣 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-5PM 🌐 Website: N/A IPA: UCSD Medical Group	926-8273 Provider Gender: Female NPI: 1932140639 🗣 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-5PM 🌐 Website: N/A IPA: UCSD Medical Group	<hr/> <b>SURGERY ORTHOPEDIC</b> <hr/> <b>CAMPBELL, TANNER</b> Provider ID: 301633 Board Certified Specialty: No 📍 3020 CHILDRENS WAY SAN DIEGO, CA 92123 ☎ Phone: (858) 966-6789 Fax: (858) 966-8519 📞 After Hours Phone: (858) 966-6789 Provider Gender: Male NPI: 1821593096 🗣 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: No Min/Max Age: 0\19 American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🌐 Website: N/A IPA: Rady Childrens Health Network
<hr/> <b>SURGERY ORTHOPEDIC</b> <hr/> <b>BUKATA, SUSAN</b> Provider ID: 277948 Board Certified Specialty: No 📍 200 W ARBOR DR SAN DIEGO, CA 92103 ☎ Phone: (800) 926-8273 Fax: (888) 539-8781 📞 After Hours Phone: (800) 926-8273	<hr/> <b>SURGERY ORTHOPEDIC</b> <hr/> <b>BUKATA, SUSAN</b> Provider ID: 304181 Board Certified Specialty: No 📍 6655 ALVARADO RD SAN DIEGO, CA 92120 ☎ Phone: (800) 926-8273 Fax: (888) 539-8781 📞 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1932140639 🗣 Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🌐 Website: N/A IPA: UCSD Medical Group	<hr/> <b>SURGERY ORTHOPEDIC</b> <hr/> <b>CHENG, YU TSUN</b> Provider ID: 301903 Board Certified Specialty: No 📍 3030 CHILDRENS WAY FL 3 SAN DIEGO, CA 92123 ☎ Phone: (858) 966-6789 Fax: (858) 966-6706

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 After Hours Phone: (858) 966-6789

Provider Gender: Male

NPI: 1992982854

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### **SURGERY ORTHOPEDIC**

#### **CHIARAPPA, FRANK**

Provider ID: 304174

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1932536828

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

#### **CHOI, JIHOON**

Provider ID: 284788

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1285097741

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY ORTHOPEDIC**


#### **CIDAMBI, EMILY**

Provider ID: 296446

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1659634699

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network

### **SURGERY ORTHOPEDIC**


#### **CIDAMBI, EMILY**

Provider ID: 246466

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
3

SAN DIEGO, CA 92123

 Phone: (858) 966-6789

Fax: (858) 966-6706

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ *After Hours Phone: (858) 966-6789*

*Provider Gender: Female*

*NPI: 1659634699*

🗉 *Provider English Spoken: Y*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: Rady Childrens Health Network*

### **SURGERY ORTHOPEDIC**

#### **EDMONDS, ERIC**

*Provider ID: 205495*

*Board Certified Specialty: No*

📍 *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): Network*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

*IPA: Rady Childrens Health Network*

### **SURGERY ORTHOPEDIC**

#### **EDMONDS, ERIC**

*Provider ID: 260841*

*Board Certified Specialty: No*

📍 *3030 CHILDRENS WAY FL  
3*

*SAN DIEGO, CA 92123*

☎ *Phone: (858) 966-6789*

*Fax: (858) 966-6706*

☎ *After Hours Phone: (858) 966-6789*

*Provider Gender: Male*

*NPI: 1013048412*

🗉 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN*

*DIEGO, UCSF BENIOFF*

*CHILDREN'S HOSPITAL*

*OAKLAND*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: Rady Childrens Health*

### **SURGERY ORTHOPEDIC**

#### **FLINT, JAMES**

*Provider ID: 304177*

*Board Certified Specialty: No*

📍 *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: 1629239140*

🗉 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### **SURGERY ORTHOPEDIC**

#### **FLINT, JAMES**

*Provider ID: 203178*

*Board Certified Specialty: No*

📍 *200 W ARBOR DR  
SAN DIEGO, CA 92103*

☎ *Phone: (858) 657-8200*

☎ *After Hours Phone: (858)*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

657-8200

Provider Gender: Male

NPI: 1629239140

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

**GOEB, YANNICK**

Provider ID: 284794

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1730542747

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY ORTHOPEDIC**


**JACKSON, MADELEINE**

Provider ID: 301818

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1386140085

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network


### **SURGERY ORTHOPEDIC**

**KUSNEZOV, NICHOLAS**

Provider ID: 303196

Board Certified Specialty: No

 7910 FROST ST STE 340  
SAN DIEGO, CA 92123

 Phone: (858) 824-1703

Fax: (858) 455-6473

 After Hours Phone: (858)  
824-1703

Provider Gender: Male

NPI: 1396185161

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TWIN  
CITIES COMMUNITY  
HOSPITAL, PARADISE VALLEY  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS, SHARP CHULA

VISTA MED CTR, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, Sharp

Grossmont Hospital, SHARP

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

<hr/> <b>SURGERY ORTHOPEDIC</b> <hr/> <b>PRUSS, ERIKA</b> Provider ID: 303797 Board Certified Specialty: No  3030 CHILDRENS WAY FL 3 SAN DIEGO, CA 92123  Phone: (858) 966-6789 Fax: (858) 966-6706  After Hours Phone: (858) 966-6789 Provider Gender: Female NPI: 1538402441  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: Rady Childrens Health Network	Fax: (888) 539-8781  After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1437565488  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Website: N/A IPA: UCSD Medical Group	CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group
<hr/> <b>SURGERY ORTHOPEDIC</b> <hr/> <b>SULLIVAN, THOMAS</b> Provider ID: 304164 Board Certified Specialty: No  6655 ALVARADO RD SAN DIEGO, CA 92120  Phone: (800) 926-8273	<hr/> <b>SURGERY ORTHOPEDIC</b> <hr/> <b>SULLIVAN, THOMAS</b> Provider ID: 285247 Board Certified Specialty: No  200 W ARBOR DR SAN DIEGO, CA 92103  Phone: (800) 926-8273 Fax: (888) 539-8781  After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1437565488  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL	<hr/> <b>SURGERY ORTHOPEDIC</b> <hr/> <b>TAYLOR, MARIO</b> Provider ID: 304142 Board Certified Specialty: No  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: 1407380512  Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Website: N/A IPA: UCSD Medical Group
<hr/> <b>SURGERY ORTHOPEDIC</b> <hr/> <b>TAYLOR, MARIO</b> Provider ID: 299909		<hr/> <b>SURGERY ORTHOPEDIC</b> <hr/> <b>TAYLOR, MARIO</b> Provider ID: 299909

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
☎ Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1407380512

🗉 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

#### **UPASANI, VIDYADHAR**

Provider ID: 205914

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-8800

🕒 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1548417652

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### **SURGERY ORTHOPEDIC**

#### **UPASANI, VIDYADHAR**

Provider ID: 260953

Board Certified Specialty: No

📍 3030 CHILDRENS WAY FL  
3

SAN DIEGO, CA 92123

☎ Phone: (858) 966-6789

☎ Fax: (858) 966-6706

🕒 After Hours Phone: (858)  
966-6789

Provider Gender: Male

NPI: 1548417652

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### **SURGERY PEDIATRIC**

#### **BICKLER, STEPHEN**

Provider ID: 270090

Board Certified Specialty: No

📍 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-7711

☎ Fax: (858) 966-7712

🕒 After Hours Phone: (858)  
966-7711

Provider Gender: Male

NPI: 1891866653

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### **SURGERY PEDIATRIC**

#### **GOSMAN, AMANDA**

Provider ID: 205841

Board Certified Specialty: Yes

📍 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5999

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Fax: (858) 966-4064

☎ After Hours Phone: (858) 966-5999

Provider Gender: Female

NPI: 1164436291

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR,

UCSD LA JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

### **SURGERY PEDIATRIC**

#### **KELLER, BENJAMIN**

Provider ID: 285941

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-7711

Fax: (858) 966-7712

☎ After Hours Phone: (858) 966-7711

Provider Gender: Male

NPI: 1285953364

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

### **SURGERY PEDIATRIC**

#### **KELLER, BENJAMIN**

Provider ID: 272196

Board Certified Specialty: No

📍 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5999

Fax: (858) 966-4064

☎ After Hours Phone: (858) 966-5999

Provider Gender: Male

NPI: 1285953364

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

### **SURGERY PEDIATRIC**

#### **KLING, KAREN**

Provider ID: 205340

Board Certified Specialty: No

📍 8110 BIRMINGHAM WAY FL  
2

SAN DIEGO, CA 92123

☎ Phone: (858) 966-7711

Fax: (858) 966-7712

☎ After Hours Phone: (858) 966-7711

Provider Gender: Female

NPI: 1982775144

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR,

SHARP MARY BIRCH HOSP

FOR WOMEN AND

NEWBORNS, NATIONAL

NAVAL MED CTR, SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19


American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

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## D. 專業提供者目錄

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### **SURGERY PEDIATRIC**


---

#### **KLING, KAREN**

Provider ID: 283380

Board Certified Specialty: No

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 966-7711

Fax: (858) 966-7712

 After Hours Phone: (858)  
966-7711

Provider Gender: Female

NPI: 1982775144

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND


NEWBORNS, NATIONAL  
NAVAL MED CTR, SHARP  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### **SURGERY PEDIATRIC**


---

#### **LAZAR, DAVID**

Provider ID: 283140

Board Certified Specialty: No

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 966-7711

Fax: (858) 966-7712

 After Hours Phone: (858)  
966-7711

Provider Gender: Male

NPI: 1538365002

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network

Fax: (858) 966-7712

 After Hours Phone: (858)  
966-7711

Provider Gender: Male

NPI: 1538365002

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

---


### **SURGERY PEDIATRIC**


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#### **THANGARAJAH, HARIHARAN**

Provider ID: 256194

Board Certified Specialty: No

 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

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## D. 專業提供者目錄


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### **SURGERY PEDIATRIC**


**THANGARAJAH, HARIHARAN**

Provider ID: 206172

Board Certified Specialty: No

 8110 BIRMINGHAM WAY FL 2

SAN DIEGO, CA 92123

 Phone: (858) 966-7711

Fax: (858) 966-7712

 After Hours Phone: (858) 966-7711

Provider Gender: Male

NPI: 1598979593

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### **SURGERY PLASTIC**

**HINCHCLIFF, KATHARINE**

Provider ID: 277965

Board Certified Specialty: No

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 966-5999

Fax: (858) 966-8394

 After Hours Phone: (858) 966-5999

Provider Gender: Female

NPI: 1346674561

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

### **SURGERY PLASTIC**


**HINCHCLIFF, KATHARINE**

Provider ID: 277288

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1346674561

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

### **SURGERY PLASTIC**


**KOLB, FREDERIC**


Provider ID: 246239

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273


Provider Gender: Female




NPI: 1790341832

 Provider English Spoken: Y

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## D. 專業提供者目錄




 *Provider Language(s) Spoken: French*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network, UCSD Medical Group*

### **SURGERY PLASTIC**







#### **KOLB, FREDERIC**



*Provider ID: 246240*  
*Board Certified Specialty: No*  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1790341832*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: French*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network, UCSD Medical Group*

### **SURGERY PLASTIC**

#### **KOLB, FREDERIC**

*Provider ID: 255576*  
*Board Certified Specialty: No*  
 7920 FROST ST STE 200  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-5999*  
*Fax: (858) 966-8394*  
 *After Hours Phone: (858) 966-5999*  
*Provider Gender: Female*  
*NPI: 1790341832*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: French*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network, UCSD Medical Group*

### **SURGERY PLASTIC**

#### **KOLB, FREDERIC**

*Provider ID: 255575*  
*Board Certified Specialty: No*  
 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1790341832*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: French*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network, UCSD Medical Group*

### **SURGERY PLASTIC**

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## D. 專業提供者目錄

### LEWIS, PRIYA

Provider ID: 302132

Board Certified Specialty: No

7920 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 966-5999

Fax: (858) 966-8394

After Hours Phone: (858)  
966-5999

Provider Gender: Female

NPI: 1720465024

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### SURGERY PLASTIC

### REID, CHRISTOPHER

Provider ID: 224795

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982964276

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### SURGERY PLASTIC

### REID, CHRISTOPHER

Provider ID: 255564

Board Certified Specialty: No

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982964276

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### SURGERY PLASTIC

### REID, CHRISTOPHER

Provider ID: 245523

Board Certified Specialty: No

7920 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 966-5999

Fax: (858) 966-8394

After Hours Phone: (858)  
966-5999

Provider Gender: Male

NPI: 1982964276

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N





























Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

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## D. 專業提供者目錄

<hr/> <b>SURGERY THORACIC</b> <hr/> <b>FOX, KENNETH</b> Provider ID: 257841 Board Certified Specialty: No  3020 CHILDRENS WAY SAN DIEGO, CA 92123  Phone: (858) 966-8030  After Hours Phone: (858) 966-8030 Provider Gender: Male NPI: 1235153552  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: Rady Childrens Health Network	Provider Gender: Male NPI: 1265071005  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: Rady Childrens Health Network, UCSD Medical Group	American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: Rady Childrens Health Network, UCSD Medical Group
<hr/> <b>SURGERY THORACIC</b> <hr/> <b>GANTA, SRUJAN</b> Provider ID: 256383 Board Certified Specialty: No  3020 CHILDRENS WAY SAN DIEGO, CA 92123  Phone: (858) 966-5855  After Hours Phone: (858) 966-5855	<hr/> <b>SURGERY THORACIC</b> <hr/> <b>GANTA, SRUJAN</b> Provider ID: 275611 Board Certified Specialty: No  3020 CHILDRENS WAY SAN DIEGO, CA 92123  Phone: (858) 966-5855  After Hours Phone: (858) 966-5855 Provider Gender: Male NPI: 1265071005  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\None	<hr/> <b>SURGERY THORACIC</b> <hr/> <b>LEWIS, MICHAEL</b> Provider ID: 296906 Board Certified Specialty: No  3020 CHILDRENS WAY SAN DIEGO, CA 92123  Phone: (858) 966-8030 Fax: (858) 966-8032  After Hours Phone: (858) 966-8030 Provider Gender: Male NPI: 1780847533  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: No Min/Max Age: 0\19 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: Rady Childrens Health Network

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### **SURGERY THORACIC**

#### **NIGRO, JOHN**

Provider ID: 205367

Board Certified Specialty: No

3030 CHILDRENS WAY STE 202

SAN DIEGO, CA 92123

Phone: (858) 966-8030

Fax: (858) 966-8032

After Hours Phone: (858) 966-8030

Provider Gender: Male

NPI: 1881707818

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### **TRANSPLANT SURGERY**

#### **MEKEEL, KRISTIN**

Provider ID: 262109

Board Certified Specialty: Yes

3020 CHILDRENS WAY STE 107

SAN DIEGO, CA 92123

Phone: (858) 966-7711

After Hours Phone: (858) 966-7711

Provider Gender: Female

NPI: 1104861947

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### **TRANSPLANT SURGERY**

#### **SCHNICKEL, GABRIEL**

Provider ID: 262192

Board Certified Specialty: No

8001 FROST ST

SAN DIEGO, CA 92123

Phone: (858) 966-8354

Fax: (858) 966-5815

After Hours Phone: (858) 966-8354

Provider Gender: Male

NPI: 1619111440

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### **UROLOGY**

#### **CHEN, TONY**

Provider ID: 283960

Board Certified Specialty: No

200 W 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

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## D. 專業提供者目錄

American Sign Language (ASL):  Phone: (800) 926-8273  
N  
 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### UROLOGY

#### KATZ, JONATHAN

Provider ID: 299918

Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1952756207


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### UROLOGY

#### MONGA, MANOJ

Provider ID: 274480

Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174609127

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### UROLOGY

#### MONGA, MANOJ

Provider ID: 256847

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174609127

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### UROLOGY


#### PATEL, DEVIN


Provider ID: 246094

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (858) 657-7876

 After Hours Phone: (858)  
657-7876

Provider Gender: Male

NPI: 1437505559

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, CEDARS SINAI

MEDICAL CENTER

Medi-Cal Open Panel: Yes



Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT





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## D. 專業提供者目錄

**PROVIDER**  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### UROLOGY

#### SAIDIAN, AVA

Provider ID: 284831  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1205281912  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N



 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### UROLOGY



#### SALMASI, AMIRALI

Provider ID: 203122  
 Board Certified Specialty: No

 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273

Provider Gender: Male  
 NPI: 1609187962  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, GROSSMONT  
 HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 UCSD Medical Group

### UROLOGY

#### SALMASI, AMIRALI

Provider ID: 302912  
 Board Certified Specialty: No  
 11770 BERNARDO PLAZA  
 CT STE 270  
 SAN DIEGO, CA 92128  
 Phone: (858) 485-0554  
 After Hours Phone: (858)  
 485-0554  
 Provider Gender: Male

NPI: 1609187962  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, GROSSMONT  
 HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 UCSD Medical Group

### UROLOGY

#### SWORDS, KELLY

Provider ID: 206183  
 Board Certified Specialty: No  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-7484  
 Fax: (858) 966-4064  
 After Hours Phone: (858)  
 966-7484  
 Provider Gender: Female  
 NPI: 1316101256  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSF BENIOFF

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## D. 專業提供者目錄

### CHILDREN'S HOSPITAL

OAKLAND


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### UROLOGY

#### UNTERBERG, STEPHEN

Provider ID: 295833

Board Certified Specialty: Yes

 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: 0\None


American Sign Language (ASL):

N

 Accessibility: CONTACT

### PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### UROLOGY

#### UNTERBERG, STEPHEN


Provider ID: 284664

Board Certified Specialty: Yes

 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

 Phone: (619) 297-4707

Fax: (858) 429-7927

 After Hours Phone: (619)  
297-4707

Provider Gender: Male

NPI: 1215374210

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, PALOMAR MEDICAL  
CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,


IHP of Southern Cal-PHP

### UROLOGY


#### UNTERBERG, STEPHEN

Provider ID: 284665

Board Certified Specialty: No

 11770 BERNARDO PLAZA  
CT STE 270

SAN DIEGO, CA 92128

 Phone: (858) 485-0554

Fax: (858) 429-7933

 After Hours Phone: (858)  
485-0554

Provider Gender: Male

NPI: 1215374210

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA  
VISTA, PALOMAR MEDICAL  
CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,


IHP of Southern Cal-PHP

### UROLOGY


#### UNTERBERG, STEPHEN

Provider ID: 295834

Board Certified Specialty: No

 11770 BERNARDO PLAZA  
CT STE 270

SAN DIEGO, CA 92128

 Phone: (858) 485-0554

Fax: (858) 429-7933

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## D. 專業提供者目錄

☎ *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: 0\None*

*American Sign Language (ASL):*  
*N*

♿ *Accessibility: CONTACT*  
*PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: Community Care IPA LLC,*

*IHP of Southern Cal-PHP*

### UROLOGY

#### **WANG, LUKE**

*Provider ID: 299933*

*Board Certified Specialty: No*

📍 *200 W ARBOR DR*

*SAN DIEGO, CA 92103*

☎ *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1033630173*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):* **CARRA, BARBARA**

*N*

♿ *Accessibility: CONTACT*  
*PROVIDER*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### **SAN MARCOS**

### CARDIOVASCULAR DISEASE

#### **LERNER, JONATHAN**

*Provider ID: 303448*

*Board Certified Specialty: No*

📍 *955 BOARDWALK STE 100*

*SAN MARCOS, CA 92078*

☎ *Phone: (760) 798-8855*

*Fax: (619) 616-2104*

☎ *After Hours Phone: (760) 798-8855*

*Provider Gender: Male*

*NPI: 1962899823*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s)*

*Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

♿ *Accessibility: CONTACT*  
*PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: Community Care IPA LLC*

### CERTIFIED ACUPUNCTURIST

*Provider ID: 303128*

*Board Certified Specialty: No*

📍 *1595 GRAND AVE STE 100*

*SAN MARCOS, CA 92078*

☎ *Phone: (760) 736-6767*

*Fax: (760) 736-8740*

☎ *After Hours Phone: (760) 736-6767*

*Provider Gender: Female*

*NPI: 1588173629*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s)*

*Spoken: Italian, Spanish*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

♿ *Accessibility: CONTACT*  
*PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

### CERTIFIED ACUPUNCTURIST

#### **GONZALEZ, ANDRES**

*Provider ID: 298658*

*Board Certified Specialty: No*

📍 *1595 GRAND AVE STE 100*

*SAN MARCOS, CA 92078*

☎ *Phone: (760) 736-6767*

*Fax: (760) 736-6744*



☎ *After Hours Phone: (760) 736-6767*

*Provider Gender: Male*

*NPI: 1841857729*

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## D. 專業提供者目錄

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER


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#### **BLAND, JACELIS**

Provider ID: 296766

Board Certified Specialty: No

 150 VALPRED A RD  
 SAN MARCOS, CA 92069


 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
 736-6767

Provider Gender: Female

NPI: 1801522859

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 SA 8AM-4:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER


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#### **FODDA, RAMI**

Provider ID: 296603

Board Certified Specialty: No

 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: 1164660452

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Arabic

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-6PM  
 SA 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER


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#### **FREEMAN, WANDA**

Provider ID: 305751

Board Certified Specialty: No

 150 VALPRED A RD  
 SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
 736-6767

Provider Gender: Female

NPI: 1659504264

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 SA 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER


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#### **GARCIA, REGINA**

Provider ID: 297837

Board Certified Specialty: No

 150 VALPRED A RD  
 SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
 736-6767

Provider Gender: Female

NPI: 1639673858

 Provider English Spoken: Y

Cultural Competency: N

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## D. 專業提供者目錄


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE** **PRACTITIONER**

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#### **HAN, ANGELA**

Provider ID: 300215

Board Certified Specialty: No

 150 VALPRED A RD

SAN MARCOS, CA 92069


 Phone: (760) 736-6767

Fax: (760) 566-1501

 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

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **KOHOUT, KATHRYN**

Provider ID: 291105

Board Certified Specialty: No

 150 VALPRED A RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 556-1501

 After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1316544331

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 14\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-8PM  
SA 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **MAROSOK, MICHELLE**

Provider ID: 305310

Board Certified Specialty: No

 838 NORDAHL RD STE 300

SAN MARCOS, CA 92069

 Phone: (760) 748-8935

Fax: (760) 466-0078

 After Hours Phone: (760) 748-8935

Provider Gender: Female

NPI: 1669166112

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, PALOMAR  
HEALTH


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

---

### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **MOONEY, PATRICIA**

Provider ID: 280382

Board Certified Specialty: No

 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


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## D. 專業提供者目錄

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American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **PARSONS, MEKRAE**

Provider ID: 303220

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1972090306

Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---


### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **PRIETO, ALEJANDRA**

Provider ID: 297888

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1699222620

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **VAHDAT, VALERIE**

Provider ID: 294758

Board Certified Specialty: No

 2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069

 Phone: (833) 867-4642

Fax: (360) 462-5827

 After Hours Phone: (833)  
867-4642

Provider Gender: Female

NPI: 1093474090

Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **CERTIFIED REGISTERED** **NURSE MIDWIFE**


---

#### **BELANGER, TANYA**

Provider ID: 290739

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 566-1501

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1407287469

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **CHIROPRACTOR**

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## D. 專業提供者目錄

### HINES, TAYTE

Provider ID: 302080

Board Certified Specialty: No

2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069

Phone: (833) 867-4642

Fax: (360) 462-5827

After Hours Phone: (833)  
867-4642

Provider Gender: Male

NPI: 1598265647

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### CHIROPRACTOR

### HINES, TAYTE

Provider ID: 302081

Board Certified Specialty: No

2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069

Phone: (833) 867-4642

Fax: (360) 462-5827

After Hours Phone: (833)  
867-4642

Provider Gender: Male

NPI: 1598265647

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### FAMILY PRACTICE

### NATH, DEVARSHI

Provider ID: 305242

Board Certified Specialty: No

150 VALPREDA RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1275630618

Provider English Spoken: Y

Provider Language(s)

Spoken: Bengali

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 2\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE

### NATH, DEVARSHI

Provider ID: 296592

Board Certified Specialty: No

1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

Phone: (760) 736-6767

Fax: (760) 736-6767

After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1275630618

Provider English Spoken: Y

Provider Language(s)

Spoken: Bengali

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 2\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### INTERNAL MEDICINE

### PONIACHIK, SAMUEL

Provider ID: 305472

Board Certified Specialty: No

150 VALPREDA RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 566-1501

After Hours Phone: (760)  
736-6767

Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

NPI: 1467485078

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-6PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### INTERNAL MEDICINE

#### **PONIACHIK, SAMUEL**

Provider ID: 299258

Board Certified Specialty: No

1595 GRAND AVE STE 100  
SAN MARCOS, CA 92078

Phone: (760) 520-8200

Fax: (360) 462-2749

After Hours Phone: (760)  
520-8200

Provider Gender: Male

NPI: 1467485078

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### INTERNAL MEDICINE

#### **TOLENTINO, ARTURO**

Provider ID: 298696

Board Certified Specialty: No

2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069

Phone: (833) 867-4642

Fax: (360) 462-5827

After Hours Phone: (833)  
867-4642

Provider Gender: Male

NPI: 1609066018

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL  
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\17

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### INTERVENTIONAL

#### CARDIOLOGY

#### **DO, HULBERT**

Provider ID: 295941

Board Certified Specialty: No

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Phone: (760) 798-8855

Fax: (619) 616-2104

After Hours Phone: (760)  
798-8855

Provider Gender: Male

NPI: 1679733760

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, Sharp  
Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### INTERVENTIONAL

#### CARDIOLOGY

#### **DO, HULBERT**

Provider ID: 291583

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1679733760




Provider English Spoken: Y  
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄






Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, Sharp  
Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N




 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-8PM SA 8AM-8PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### INTERVENTIONAL CARDIOLOGY

#### **MOHAMEDALI, BURHAN**

Provider ID: 245578  
Board Certified Specialty: No  
 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
 Phone: (760) 798-8855  
Fax: (760) 755-5245  
 After Hours Phone: (760)  
798-8855  
Provider Gender: Male  
NPI: 1831393289  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Swahili  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
Adventist Health and Rideout  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N




 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY

#### **SUDHAKAR, DEEPTHI**

Provider ID: 296052  
Board Certified Specialty: No  
 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
 Phone: (760) 798-8855  
Fax: (619) 616-2104  
 After Hours Phone: (760)  
798-8855  
Provider Gender: Female  
NPI: 1811307051  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 15\99  
American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP




### INTERVENTIONAL

### CARDIOLOGY

#### **SUDHAKAR, DEEPTHI**

Provider ID: 291607  
Board Certified Specialty: No  
 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: 1811307051  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### INTERVENTIONAL CARDIOLOGY

#### **SUDHAKAR, DEEPTHI**

Provider ID: 295847  
Board Certified Specialty: No  
 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
 Phone: (760) 798-8855  
Fax: (619) 616-2104

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## D. 專業提供者目錄

☎ *After Hours Phone: (760) 798-8855*

*Provider Gender: Female*  
*NPI: 1811307051*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: Sharp*  
*Grossmont Hospital, SHARP*  
*CHULA VISTA MED CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: Community Care IPA LLC,*  
*IHP of Southern Cal-PHP*

### **NEUROLOGY**

#### **ANDER, AZIZ**

*Provider ID: 290382*

*Board Certified Specialty: No*

📍 *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*

*Cultural Competency: N*

*Hospital Affiliation: DESERT*

*REGIONAL MED CTR, JOHN F*  
*KENNEDY MEMORIAL HOSP,*  
*PALOMAR HEALTH, PALOMAR*  
*MEDICAL CENTER*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL):*  
*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F*  
*8:30AM-4:30PM*

🌐 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

### **NEUROLOGY**

#### **HOSSEIN ZADEH MALEKI, ANA**

*Provider ID: 304998*

*Board Certified Specialty: No*

📍 *838 NORDAHL RD STE 200*  
*SAN MARCOS, CA 92069*

☎ *Phone: (760) 281-3662*

*Fax: (760) 316-5268*

☎ *After Hours Phone: (760) 281-3662*

*Provider Gender: Female*

*NPI: 1316471485*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s)*  
*Spoken: Arabic, Persian*

*Cultural Competency: N*

*Hospital Affiliation: TEMECULA*  
*VALLEY HOSPITAL INC*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

### **NEUROLOGY**

#### **SORIA LOPEZ, JOSE**

*Provider ID: 295745*

*Board Certified Specialty: No*

📍 *838 NORDAHL RD STE 200*  
*SAN MARCOS, CA 92069*

☎ *Phone: (760) 281-3662*

*Fax: (760) 316-5268*

☎ *After Hours Phone: (760) 281-3662*

*Provider Gender: Male*

*NPI: 1225474034*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON, SCRIPPS MERCY*

*HOSPITAL CHULA VISTA,*

*TEMECULA VALLEY HOSPITAL*

*INC*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16\None*

*American Sign Language (ASL):*  
*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-6PM*

🌐 *Website: N/A*

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## D. 專業提供者目錄

IPA: IHP of Southern Cal-PHP

### **OBSTETRICS / GYNECOLOGY**

#### **CABRERA, MICHELLE**

Provider ID: 303025

Board Certified Specialty: No

150 VALPRED A RD

SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 566-1501

After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1174774723

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Adventist  
Health and Rideout

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **OBSTETRICS / GYNECOLOGY**

#### **HINSHAW, PAUL**

Provider ID: 288907

Board Certified Specialty: No

120 CRAVEN RD STE 101

SAN MARCOS, CA 92078

Phone: (760) 740-2710

Fax: (858) 207-0003

After Hours Phone: (760)

740-2710

Provider Gender: Male

NPI: 1215170717

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
Rady Childrens Health  
Network

### **OPHTHALMOLOGY**

#### **GUAN, HOWARD**

Provider ID: 303144

Board Certified Specialty: No

100 N RANCHO SANTA FE  
RD STE 126

SAN MARCOS, CA 92069

Phone: (760) 598-0400

Fax: (760) 290-7044

After Hours Phone: (760)  
598-0400

Provider Gender: Male

NPI: 1134427636

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: LOMA  
LINDA UNIVERSITY MED CTR,  
LOMA LINDA UNIVERSITY

CHILDRENS HOSPITAL,

RIVERSIDE COUNTY

REGIONAL MED CTR, TRI CITY  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\0

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **OPHTHALMOLOGY**

#### **GUAN, HOWARD**

Provider ID: 302370

Board Certified Specialty: No

100 N RANCHO SANTA FE  
RD STE 126

SAN MARCOS, CA 92069

Phone: (760) 598-0400

Fax: (760) 290-7044

After Hours Phone: (760)  
598-0400

Provider Gender: Male

NPI: 1134427636

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: LOMA  
LINDA UNIVERSITY MED CTR,  
LOMA LINDA UNIVERSITY  
CHILDRENS HOSPITAL,  
RIVERSIDE COUNTY  
REGIONAL MED CTR, TRI CITY

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


### MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 13\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### OPHTHALMOLOGY

#### PRESTERA, TORY

Provider ID: 290590

Board Certified Specialty: Yes

 100 N RANCHO SANTA FE  
RD STE 126  
SAN MARCOS, CA 92069

 Phone: (760) 598-0400

Fax: (760) 598-5270

 After Hours Phone: (760)  
598-0400

Provider Gender: Male

NPI: 1346224557

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Thai

Cultural Competency: N

Hospital Affiliation: SHARP


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 10\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### OPHTHALMOLOGY

#### PRESTERA, TORY

Provider ID: 204707

Board Certified Specialty: Yes

 100 N RANCHO SANTA FE  
RD STE 126  
SAN MARCOS, CA 92069


 Phone: (760) 598-0400


Fax: (760) 598-5270

 After Hours Phone: (760)  
598-0400

Provider Gender: Male

NPI: 1346224557

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Thai

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### PEDIATRICS

#### LUM HO, RACHEL

Provider ID: 303150

Board Certified Specialty: No

 150 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-6797

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1215469283

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health  
Network


### PEDIATRICS

#### LUM HO, RACHEL

Provider ID: 304047

Board Certified Specialty: No

 150 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-6797

 After Hours Phone: (760)  
736-6767

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider Gender: Female

NPI: 1215469283


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health  
Network


### PEDIATRICS

#### **POSADAS, EMERITO**

Provider ID: 257536

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767


Fax: (760) 566-1501

 After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1720093198

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR


MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM

 Website: N/A

IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT


### PEDIATRICS

#### **QUINTERO, CAROLYN**

Provider ID: 303142

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069


 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1023033156

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM  
SA 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PHYSICIANS ASSISTANT

#### **CELESTINO, MISHEL**

Provider ID: 302439

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1578263760

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PHYSICIANS ASSISTANT

#### **GRAF, HALEY**

Provider ID: 301290

Board Certified Specialty: No

 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

 Phone: (760) 436-6767

Fax: (760) 736-8740

 After Hours Phone: (760)

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## D. 專業提供者目錄

436-6767

Provider Gender: Female

NPI: 1598394371

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 2\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **PHYSICIANS ASSISTANT**

**HERNANDEZ, MIRIAM**

Provider ID: 298336

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-6767

After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1457903700

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### **PHYSICIANS ASSISTANT**

**MATHIAS, WILLIAM**

Provider ID: 302570

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 566-1501

After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1285806323

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **PHYSICIANS ASSISTANT**

**POLLEY, SHANNON**

Provider ID: 296093

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1225608722

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-8PM  
SA 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **PSYCHOLOGIST**

**ALTAMIRANO, LEON**

Provider ID: 290362

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1619271517

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## D. 專業提供者目錄

<hr/> <p style="text-align: center;"><b>PSYCHOLOGIST</b></p> <hr/> <p><b>ARIELLA, LYNDA</b> Provider ID: 299716 Board Certified Specialty: No 📍 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: 1073518965</p> <p>☑ Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 5\50 American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-5PM 🌐 Website: N/A IPA: IHP of Southern Cal-PHP</p> <hr/> <p style="text-align: center;"><b>PSYCHOLOGIST</b></p> <hr/> <p><b>CORTIZO, ROSA</b> Provider ID: 290796 Board Certified Specialty: No 📍 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: 1952316648</p>	<p>☑ Provider English Spoken: Y ☑ Provider Language(s) Spoken: Spanish Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🌐 Website: N/A IPA: IHP of Southern Cal-PHP</p> <hr/> <p style="text-align: center;"><b>PSYCHOLOGIST</b></p> <hr/> <p><b>FLYNN, DANIELLE</b> Provider ID: 290795 Board Certified Specialty: No 📍 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: 1477785137</p> <p>☑ Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🌐 Website: N/A IPA: IHP of Southern Cal-PHP</p> <hr/> <p style="text-align: center;"><b>PSYCHOLOGIST</b></p> <hr/>	<p><b>GEORGIEV, MARY JO</b> Provider ID: 290793 Board Certified Specialty: No 📍 150 VALPREDA RD SAN MARCOS, CA 92069 ☎ Phone: (760) 737-6767 📠 Fax: (760) 736-8740 🕒 After Hours Phone: (760) 737-6767 Provider Gender: Female NPI: 1518996875</p> <p>☑ Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🌐 Website: N/A IPA: IHP of Southern Cal-PHP</p> <hr/> <p style="text-align: center;"><b>PSYCHOLOGIST</b></p> <hr/> <p><b>IMAM, SYED</b> Provider ID: 298174 Board Certified Specialty: No 📍 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: 1447428271</p> <p>☑ Provider English Spoken: Y ☑ Provider Language(s) Spoken: Hindi</p>
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## D. 專業提供者目錄







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*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 15\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

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### **PSYCHOLOGIST**

#### **SIMPSON, ERIC**






*Provider ID: 290803*  
*Board Certified Specialty: No*  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-8740*  
 *After Hours Phone: (760) 736-6767*  
*Provider Gender: Male*  
*NPI: 1710110416*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*



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### **PSYCHOLOGIST**

#### **TORRES, HECTOR**

*Provider ID: 290788*





*Board Certified Specialty: No*  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-8740*  
 *After Hours Phone: (760) 736-6767*  
*Provider Gender: Male*  
*NPI: 1720265614*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*




*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

---

### **RHEUMATOLOGY**

#### **AL NAHLAWI, BASMA**






*Provider ID: 290068*  
*Board Certified Specialty: No*  
 334 VIA VERA CRUZ STE 251  
SAN MARCOS, CA 92078  
 *Phone: (760) 736-8091*  
*Fax: (760) 736-8092*  
 *After Hours Phone: (760) 736-8091*  
*Provider Gender: Female*  
*NPI: 1144455262*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic*

*Cultural Competency: N*  
*Hospital Affiliation: LOMA LINDA UNIVERSITY MED CTR MURRIETA, PALOMAR MEDICAL CENTER, LOMA LINDA UNIVERSITY MED CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

---

### **RHEUMATOLOGY**

#### **AL NAHLAWI, BASMA**

*Provider ID: 295532*  
*Board Certified Specialty: No*  
 960 W SAN MARCOS BLVD STE 210  
SAN MARCOS, CA 92078  
 *Phone: (760) 736-8091*  
*Fax: (760) 736-8092*  
 *After Hours Phone: (760) 736-8091*  
*Provider Gender: Female*  
*NPI: 1144455262*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic*  
*Cultural Competency: N*  
*Hospital Affiliation: LOMA LINDA UNIVERSITY MED CTR MURRIETA, PALOMAR MEDICAL CENTER, LOMA*

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## D. 專業提供者目錄

LINDA UNIVERSITY MED CTR N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### SAN YSIDRO

#### CERTIFIED NURSE PRACTITIONER

**IBARRA, MARTHA**  
 Provider ID: 304292  
 Board Certified Specialty: No  
 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: 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: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

#### FAMILY PRACTICE

**ALVAREZ-ESTRADA, MIGUEL**  
 Provider ID: 294925  
 Board Certified Specialty: No  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619)  
 662-4100  
 Provider Gender: Male  
 NPI: 1588197826

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MERCY  
 HOSPITAL, PARADISE VALLEY  
 HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

#### FAMILY PRACTICE

**ARRIETA, NOEMI**  
 Provider ID: 297794  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6341  
 After Hours Phone: (619)  
 662-4100  
 Provider Gender: Female  
 NPI: 1912223496  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-8PM  
 SA 8AM-2PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

#### FAMILY PRACTICE

**DALUGDUGAN, ESTHER**  
 Provider ID: 302285  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6341  
 After Hours Phone: (619)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

662-4100  
Provider Gender: Female  
NPI: 1962662718  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **FAMILY PRACTICE**

**MALEKMADANI, ARIENNE**  
Provider ID: 303333  
Board Certified Specialty: No  
 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: 1124648332  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Persian, Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **FAMILY PRACTICE**

**NAVARRO, VANESSA**  
Provider ID: 297756  
Board Certified Specialty: No  
 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 785-3384  
 After Hours Phone: (619)  
662-4100  
Provider Gender: Female  
NPI: 1952563421

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Filipino, Spanish,  
Tagalog  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:30AM-5:30PM

SA 8AM-2:30PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **FAMILY PRACTICE**

**ORTEGA, LUIS**  
Provider ID: 295225  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6341  
 After Hours Phone: (619)  
662-4100  
Provider Gender: Male  
NPI: 1558924936  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **FAMILY PRACTICE**

**ORTIZ ILIZALITURRI, ANA**  
Provider ID: 296008  
Board Certified Specialty: No  
 4050 BEYER BLVD

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## D. 專業提供者目錄

SAN YSIDRO, CA 92173  
☎ Phone: (619) 662-4100  
Fax: (619) 205-6305  
🕒 After Hours Phone: (619) 662-4100

Provider Gender: Female  
NPI: 1316407026

☐ 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: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE

#### **VAN PRATT LEVIN, AISHA**

Provider ID: 303300

Board Certified Specialty: No

📍 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: 1821550559

☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### GENERAL PRACTICE

#### **GARCIA-SANDOVAL, DAMARIS**

Provider ID: 302644

Board Certified Specialty: No

📍 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

☎ Phone: (619) 662-4100

Fax: (619) 662-4198

🕒 After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1447838883

☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### GENERAL PRACTICE

#### **SAMI, REMAN**

Provider ID: 305484

Board Certified Specialty: No

📍 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: 1295362242

☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### INFECTIOUS DISEASE

#### **ALDOUS, JEANNETTE**

Provider ID: 290421

Board Certified Specialty: No

📍 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

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## D. 專業提供者目錄

☎ 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### INTERNAL MEDICINE

#### **BULOW, KWI**

Provider ID: 302346

Board Certified Specialty: No

📍 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: 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: CONTACT  
PROVIDER

🕒 Hours: M-F 8:30AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### INTERNAL MEDICINE

#### **PROMER, KATHERINE**

Provider ID: 293527

Board Certified Specialty: No

📍 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: 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: CONTACT

PROVIDER

🕒 Hours: M-F 8AM-8PM  
SA 8AM-2PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

### INTERNAL MEDICINE

#### **RAMIREZ SANCHEZ, CLAUDIA**

Provider ID: 296122

Board Certified Specialty: Yes

📍 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

☎ Phone: (619) 662-4100

Fax: (619) 205-6305

📞 After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1659720555

🗨 Provider English Spoken: Y

🗨 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-8PM  
SA 8AM-2PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

UCSD Medical Group

### **INTERNAL MEDICINE**

#### **SY, RAMON**

Provider ID: 297757

Board Certified Specialty: No

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 785-3384

After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1982617403

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL,

PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **OBSTETRICS / GYNECOLOGY**

#### **DINH, MY**

Provider ID: 290490

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 428-4463

Fax: (213) 250-3369

After Hours Phone: (619)  
428-4463

Provider Gender: Female

NPI: 1316146996

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **OBSTETRICS / GYNECOLOGY**

#### **GOLDSTEIN, EDWARD**

Provider ID: 290471

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-1967

After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1982617494

Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP  
CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM  
SA 8AM-2:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **OBSTETRICS / GYNECOLOGY**

#### **GOMEZ, DANIELA**

Provider ID: 294885

Board Certified Specialty: No

4004 BEYER BLVD STE  
400

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1255878997

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None




American Sign Language (ASL):

N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄




---

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-8PM  
SA 8AM-2PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*


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### **OBSTETRICS / GYNECOLOGY**


#### **GOMEZ, DANIELA**

*Provider ID: 294886*  
*Board Certified Specialty: No*  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
*Fax: (619) 205-1967*  
 *After Hours Phone: (619)  
662-4100*

*Provider Gender: Female*  
*NPI: 1255878997*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL):*

*N*  
 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-8PM  
SA 8AM-2PM*


 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*


---

### **OPHTHALMOLOGY**

#### **DE SILVA, NIHAL**

*Provider ID: 290551*  
*Board Certified Specialty: No*  
 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: 1003834789*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation:  
MARINHEALTH AND  
MARINHEALTH MEDICAL  
CENTER*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*


---

### **PEDIATRICS**

#### **FUJII, CINDY**

*Provider ID: 298309*  
*Board Certified Specialty: No*

 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: 1871664821*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\18*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: SU 10AM-4PM  
M-F 8:30AM-5:30PM  
SA 8AM-2:30PM*

 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*


---

### **PEDIATRICS**

#### **RODRIGUEZ, ALDO**



*Provider ID: 295779*  
*Board Certified Specialty: No*

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*  
*Fax: (619) 662-6305*

 *After Hours Phone: (619)  
662-4100*

*Provider Gender: Male*  
*NPI: 1508209651*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Portuguese,  
Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

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## D. 專業提供者目錄








 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

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### **PEDIATRICS**

---

#### **TAYLOR, TASHA**

Provider ID: 290077  
Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619)  
662-4100  
Provider Gender: Female  
NPI: 1528144433  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

---





### **PSYCHOLOGIST**

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#### **IBANEZ, BERENICE**

Provider ID: 290465

Board Certified Specialty: No  
 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: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: IHP of Southern Cal-PHP





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### **PSYCHOLOGIST**

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#### **JOHNSON, JENNIFER**

Provider ID: 301296  
Board Certified Specialty: No  
 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: 1023783248  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\64  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

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### **REGISTERED PHYSICAL THERAPIST**

---

#### **TORRES, JOANN**

Provider ID: 296045  
Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
Provider Gender: Female  
NPI: 1134732522  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

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### **SPEECH PATHOLOGIST**

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## D. 專業提供者目錄

### HILL, CARLA

Provider ID: 295894

Board Certified Specialty: No

3364 BEYER BLVD STE  
102-103

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 600-4870

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1043950751

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### SANTEE

#### PHYSICIANS ASSISTANT

### ROSENBLATT, SHERI

Provider ID: 295738

Board Certified Specialty: No

120 TOWN CENTER PKWY  
SANTEE, CA 92071

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1114041621

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 10AM-4PM  
M-F 8:30AM-5:30PM  
SA 10AM-2:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

#### RADIOLOGY DIAGNOSTIC

### MOORE, BRIAN

Provider ID: 243961

Board Certified Specialty: No

9640 MISSION GORGE RD  
STE H

SANTEE, CA 92071

Phone: (619) 460-2770

Fax: (619) 460-2774

After Hours Phone: (619)  
460-2770

Provider Gender: Male

NPI: 1831144005

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: CONTACT

PROVIDER

Hours: M-F 7AM-5PM

Website: N/A

IPA: Community Care IPA LLC

#### RADIOLOGY DIAGNOSTIC

### VENKATESH, VIJAY

Provider ID: 269661

Board Certified Specialty: No

9640 MISSION GORGE RD  
STE H

SANTEE, CA 92071

Phone: (619) 460-2770

Fax: (619) 460-2774

After Hours Phone: (619)  
460-2770

Provider Gender: Male

NPI: 1689627085

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: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

#### REGISTERED PHYSICAL

#### THERAPIST

### BOUTELLE, DAVID

Provider ID: 248308

Board Certified Specialty: No

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## D. 專業提供者目錄

9830 PROSPECT AVE STE A  
SANTEE, CA 92071  
Phone: (619) 448-4860  
Fax: (619) 448-1639  
After Hours Phone: (760) 591-7750  
Provider Gender: Male  
NPI: 1063461101  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M 7AM-7PM  
TU 7AM-5PM  
W 7AM-7PM  
TH 7AM-5PM  
F 7AM-7PM  
Website: N/A  
IPA: Community Care IPA LLC

### TEMECULA

#### CERTIFIED ACUPUNCTURIST

**CRAFT, KEVIN**  
Provider ID: 290944  
Board Certified Specialty: No  
41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Phone: (951) 225-6400  
Fax: (360) 462-2751  
After Hours Phone: (951) 225-6400  
Provider Gender: Male

NPI: 1659745610  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: TU-F 8AM-5PM  
Website: N/A  
IPA: IHP of Southern Cal-PHP

#### CERTIFIED NURSE PRACTITIONER

**MIRACLE, ANGELYN**  
Provider ID: 300260  
Board Certified Specialty: No  
31170 TEMECULA PKWY STE 200  
TEMECULA, CA 92592  
Phone: (951) 699-3299  
Fax: (951) 302-1313  
After Hours Phone: (951) 699-3299  
Provider Gender: Female  
NPI: 1144539842  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: No  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM  
Website: N/A  
IPA: Rady Childrens Health Network

#### PHYSICIANS ASSISTANT

**ANWAR, YASMIN**  
Provider ID: 300846  
Board Certified Specialty: No  
31515 RANCHO PUEBLO RD STE 102  
TEMECULA, CA 92592  
Phone: (951) 225-7873  
Fax: (951) 305-9117  
After Hours Phone: (951) 225-7873  
Provider Gender: Female  
NPI: 1588602247  
Provider English Spoken: Y  
Provider Language(s) Spoken: Persian, Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: IHP of Southern Cal-PHP

#### PSYCHOLOGIST

**WOODWORTH, JENNIFER**  
Provider ID: 290633  
Board Certified Specialty: No  
41840 ENTERPRISE CIR N

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## D. 專業提供者目錄

TEMECULA, CA 92590  
☎ Phone: (951) 225-6400  
Fax: (858) 633-4697  
🕒 After Hours Phone: (951) 225-6400  
Provider Gender: Female  
NPI: 1639362494  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-TH 8AM-5PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### SURGERY GENERAL VASCULAR

**HOWE, STEVEN**  
Provider ID: 206759  
Board Certified Specialty: No  
📍 31700 TEMECULA VALLEY PARKWAY  
TEMECULA, CA 92592  
☎ Phone: (951) 303-2349  
Fax: (951) 303-8591  
🕒 After Hours Phone: (951) 303-2349  
Provider Gender: Male  
NPI: 1497702740  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON, TRI CITY  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **VISTA**

### ANESTHESIOLOGY PAIN MANAGEMENT

**GUPTA, ANUJ**  
Provider ID: 297703  
Board Certified Specialty: No  
📍 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  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 9AM-5PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### CARDIOVASCULAR DISEASE

**DO, HULBERT**  
Provider ID: 290574  
Board Certified Specialty: No  
📍 1000 VALE TERRACE DR  
VISTA, CA 92084  
☎ Phone: (760) 631-5000  
Fax: (760) 414-3892  
🕒 After Hours Phone: (760) 631-5000  
Provider Gender: Male  
NPI: 1679733760  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: SU 9AM-8PM  
M-TH 9AM-8PM  
F 9AM-5PM  
SA 9AM-4PM  
🌐 Website: N/A

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

IPA: IHP of Southern Cal-PHP

### **CERTIFIED ACUPUNCTURIST**

#### **SONG, CAROL**

Provider ID: 290550

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1518166685

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-8PM  
F 9AM-5PM

SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **CERTIFIED NURSE PRACTITIONER**

#### **AYELE, MAHOGANY**

Provider ID: 257586

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1902120421

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-8PM  
F 8AM-5PM

SA 9AM-4PM

Website: N/A

IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT

### **CERTIFIED NURSE PRACTITIONER**

#### **AYELE, MAHOGANY**

Provider ID: 257587

Board Certified Specialty: No

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (844) 308-5003

Fax: (760) 414-3763

After Hours Phone: (844)  
308-5003

Provider Gender: Female

NPI: 1902120421

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8AM-5PM  
TU 10:30AM-7:30PM  
W-F 8AM-5PM

Website: N/A

IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT

### **CERTIFIED NURSE PRACTITIONER**

#### **BERNETICH, MEGHAN**

Provider ID: 304506

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3702

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1629354360

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM  
SA 9AM-4PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **CERTIFIED NURSE**

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## D. 專業提供者目錄

---

### PRACTITIONER

#### **BERNETICH, MEGHAN**

Provider ID: 302526

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3702

🕒 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1629354360

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\24

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 9AM-5PM  
SA 9AM-4PM

🌐 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### CERTIFIED NURSE

#### PRACTITIONER

#### **CARDINELL, ANNA**

Provider ID: 291411

Board Certified Specialty: No

📍 910 SYCAMORE AVE STE  
270

VISTA, CA 92081

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1306978614

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

---

### CERTIFIED NURSE

#### PRACTITIONER

#### **CHILAKA, SAMUEL**

Provider ID: 301311

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1679140644

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TH 8AM-8PM  
F 8AM-5PM

SA 9AM-4PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### CERTIFIED NURSE

#### PRACTITIONER

#### **CHILAKA, SAMUEL**

Provider ID: 301312

Board Certified Specialty: No

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1679140644

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TH 8AM-8PM  
F 8AM-5PM

SA 9AM-4PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### CERTIFIED NURSE

#### PRACTITIONER

#### **CHRISTY, TYLER**







Provider ID: 303928

Board Certified Specialty: No





📍 517 N HORNE ST




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## D. 專業提供者目錄


VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
Provider Gender: Male  
NPI: 1689094971  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP





### CERTIFIED NURSE PRACTITIONER

**CHRISTY, TYLER**  
Provider ID: 303927  
Board Certified Specialty: No  
 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: 1689094971  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**CHRISTY, TYLER**  
Provider ID: 303929  
Board Certified Specialty: No  
 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: 1689094971





 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**CHRISTY, TYLER**  
Provider ID: 303932  
Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
Provider Gender: Male  
NPI: 1689094971  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER


**CORY, ALLISON**  
Provider ID: 245207  
Board Certified Specialty: No  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
Provider Gender: Female  
NPI: 1194027706  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

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## D. 專業提供者目錄

American Sign Language (ASL): IPA: Community Care IPA LLC  
N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-5PM  
TU 10:30AM-7:30PM  
W-F 8AM-5PM  
SA 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC

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### CERTIFIED NURSE PRACTITIONER


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**HALGEDAHL, YI**

Provider ID: 241907

Board Certified Specialty: No

 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: Mandarin

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-8PM  
F 9AM-5PM

SA 9AM-4PM

 Website: N/A

---


### CERTIFIED NURSE PRACTITIONER


---

**HARRIS, PAMELA**

Provider ID: 303439

Board Certified Specialty: No

 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: 1407545221

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-7PM  
F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

---

### CERTIFIED NURSE PRACTITIONER


---

**HARRIS, PAMELA**

Provider ID: 302286

Board Certified Specialty: No

 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: 1407545221

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-7PM  
F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

---


### CERTIFIED NURSE PRACTITIONER


---

**HARRIS, PAMELA**

Provider ID: 302291

Board Certified Specialty: No

 105 DURIAN ST STE A  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1407545221

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

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## D. 專業提供者目錄

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### CERTIFIED NURSE

#### PRACTITIONER


**HARRIS, PAMELA**

Provider ID: 302287

Board Certified Specialty: No

 134 GRAPEVINE RD

VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Female

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: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### CERTIFIED NURSE


### PRACTITIONER

**HERNANDEZ, JESSICA**

Provider ID: 302296

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1013668680

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### CERTIFIED NURSE


#### PRACTITIONER

**HERNANDEZ, JESSICA**

Provider ID: 302301

Board Certified Specialty: No

 105 DURIAN ST STE A  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1013668680

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### CERTIFIED NURSE


#### PRACTITIONER

**HERNANDEZ, JESSICA**

Provider ID: 302297

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1013668680

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

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## D. 專業提供者目錄

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **HERNANDEZ, JESSICA**

Provider ID: 304492

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1013668680

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **HERNANDEZ, JESSICA**

Provider ID: 304493

Board Certified Specialty: No

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1013668680

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **KELLEHER, BRIDGET**

Provider ID: 298085

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1245695006

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health  
Network

### CERTIFIED NURSE PRACTITIONER

#### **KELLEHER, BRIDGET**

Provider ID: 305737

Board Certified Specialty: No

105 DURIAN ST STE B  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1245695006

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP,

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Rady Childrens Health  
Network

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**KELLEHER, BRIDGET**

Provider ID: 298083

Board Certified Specialty: No

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (760) 631-5000

📞 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1245695006

📄 Provider English Spoken: Y

📄 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP,

Rady Childrens Health

Network

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**KORMANIK, PATRICIA**

Provider ID: 282072

Board Certified Specialty: No

📍 910 SYCAMORE AVE STE  
102

VISTA, CA 92081

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093895047

📄 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**MONTGOMERY, KEITH ALLEN**

Provider ID: 295284

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

📞 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1790978617

📄 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 6\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TU 8AM-5PM  
W 10AM-7PM

TH-F 8AM-5PM

SA 9AM-4PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**MONTGOMERY, KEITH ALLEN**

Provider ID: 295288

Board Certified Specialty: No

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

📞 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1790978617

📄 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 6\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

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## D. 專業提供者目錄

🕒 Hours: M-TU 8AM-5PM  
W 10AM-7PM  
TH-F 8AM-5PM  
SA 9AM-4PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**NICHOLAS, ESTELA**  
Provider ID: 239866  
Board Certified Specialty: No  
📍 1000 VALE TERRACE DR  
VISTA, CA 92084  
☎ Phone: (760) 631-5000  
Fax: (760) 414-3892  
📞 After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1558384792  
📄 Provider English Spoken: Y  
📄 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M 8AM-5PM  
TU-TH 8AM-8PM  
F 8AM-5PM  
SA 9AM-4PM  
🌐 Website: N/A  
IPA: Community Care IPA LLC

### CERTIFIED NURSE

### PRACTITIONER

**PRITZKER, JOELY**  
Provider ID: 239773  
Board Certified Specialty: No  
📍 1000 VALE TERRACE DR  
VISTA, CA 92084  
☎ Phone: (760) 631-5000  
Fax: (760) 414-3892  
📞 After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1619384351  
📄 Provider English Spoken: Y  
📄 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 12\None  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
SA 9AM-4PM  
🌐 Website: N/A  
IPA: Community Care IPA LLC

### CERTIFIED NURSE PRACTITIONER

**SHAHBAZ, LINNAE**  
Provider ID: 304820  
Board Certified Specialty: No  
📍 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: 1427712215  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: TU-W 0PM-8PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**SRILASAK, MICHELE**  
Provider ID: 281857  
Board Certified Specialty: No  
📍 910 SYCAMORE AVE STE  
102  
VISTA, CA 92081  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1265487326  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。




## D. 專業提供者目錄

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER

**TAYLOR, CHRISTOPHER**

Provider ID: 295504

Board Certified Specialty: No

 105 DURIAN ST STE A  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1851747166

 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 12\None

American Sign Language (ASL): Network

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-2PM  
SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,

Rady Childrens Health

Network

### CERTIFIED NURSE


### PRACTITIONER

**TAYLOR, CHRISTOPHER**

Provider ID: 295507

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1851747166

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 12\None

American Sign Language (ASL): Network

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-2PM  
SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,

Rady Childrens Health


### CERTIFIED NURSE PRACTITIONER

**TAYLOR, CHRISTOPHER**

Provider ID: 295502

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)

631-5000

Provider Gender: Male

NPI: 1851747166


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 12\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-2PM  
SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,

Rady Childrens Health

Network


### CERTIFIED NURSE PRACTITIONER

**WINDHAM, SUZONNE**

Provider ID: 303842

Board Certified Specialty: No

 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: 1679926208

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes




Min/Max Age: 12\None

American Sign Language (ASL):

N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM  
SA 8AM-4PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*

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### **CERTIFIED NURSE PRACTITIONER**

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**WINDHAM, SUZONNE**  
*Provider ID: 303840*  
*Board Certified Specialty: No*  
 *134 GRAPEVINE RD  
VISTA, CA 92083*  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760)  
631-5000*  
*Provider Gender: Female*  
*NPI: 1679926208*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 12\None*  
*American Sign Language (ASL):  
N*




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM  
SA 8AM-4PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*

---

### **CERTIFIED NURSE PRACTITIONER**

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**WINDHAM, SUZONNE**  
*Provider ID: 303726*  
*Board Certified Specialty: No*  
 *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: 1679926208*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 12\None*  
*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM  
SA 8AM-4PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*




---

### **CERTIFIED NURSE PRACTITIONER**

---

**WINDHAM, SUZONNE**  
*Provider ID: 303724*  
*Board Certified Specialty: No*  
 *105 DURIAN ST STE A  
VISTA, CA 92083*  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760)  
631-5000*  
*Provider Gender: Female*



*NPI: 1679926208*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 12\None*  
*American Sign Language (ASL):  
N*



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM  
SA 8AM-4PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*

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### **CERTIFIED NURSE PRACTITIONER**

---

**WINDHAM, SUZONNE**  
*Provider ID: 303721*  
*Board Certified Specialty: No*  
 *134 GRAPEVINE RD  
VISTA, CA 92083*  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760)  
631-5000*  
*Provider Gender: Female*  
*NPI: 1679926208*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 12\None*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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SA 8AM-4PM  
Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

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### **CERTIFIED NURSE PRACTITIONER**

---

#### **YCASAS, EMILY**

Provider ID: 298837  
Board Certified Specialty: No  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1033841861  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-8PM  
Website: N/A  
IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**

---

#### **GUIDI, CASEY**

Provider ID: 303315  
Board Certified Specialty: No  
1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1013349919  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8AM-8PM  
F 8AM-5PM  
SA 9AM-4PM  
Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**

---

#### **GUIDI, CASEY**

Provider ID: 300224  
Board Certified Specialty: No  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1013349919  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes

Min/Max Age: 12\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8AM-8PM  
F 8AM-5PM  
SA 9AM-4PM  
Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

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### **CHIROPRACTOR**

---

#### **CORTEZ, JAIME**

Provider ID: 290483  
Board Certified Specialty: No  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Phone: (760) 414-3892  
Fax: (760) 631-5000  
After Hours Phone: (760)  
414-3892  
Provider Gender: Male  
NPI: 1508195348  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: IHP of Southern Cal-PHP

---

### **CHIROPRACTOR**

---

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

### JU, NATHANIEL

Provider ID: 290222

Board Certified Specialty: No

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1972883882

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### CHIROPRACTOR

### JU, NATHANIEL

Provider ID: 290220

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1972883882

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-8PM  
F 9AM-5PM  
SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE

### HIKES, RYAN

Provider ID: 291652

Board Certified Specialty: No

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: 1609862358

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE

### MARTINEZ, LESLY

Provider ID: 298003

Board Certified Specialty: No

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1629509260

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8AM-5PM  
TU 10AM-7PM  
W-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE

### MARTINEZ, LESLY

Provider ID: 298007

Board Certified Specialty: No



1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000  
Fax: (760) 414-3892




After Hours Phone: (760)




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄


631-5000  
Provider Gender: Female  
NPI: 1629509260  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M 8AM-5PM  
TU 10AM-7PM  
W-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **FAMILY PRACTICE**

**NGUYEN, DANIELA**  
Provider ID: 305346  
Board Certified Specialty: No  
 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: 1891069662  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 12\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP


### **FAMILY PRACTICE**






**NGUYEN, DANIELA**  
Provider ID: 305347  
Board Certified Specialty: No  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1891069662

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 12\None

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M 8AM-5PM  
TU 10:30AM-7:30PM  
W-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **FAMILY PRACTICE**

**VIDAL, MONICA**  
Provider ID: 293354  
Board Certified Specialty: No  
 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: 1871791749  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **FAMILY PRACTICE**


**VIDAL, MONICA**  
Provider ID: 293349  
Board Certified Specialty: No  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 Phone: (844) 308-5003  
Fax: (760) 414-3763  
 After Hours Phone: (844)  
308-5003  
Provider Gender: Female  
NPI: 1871791749  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

American Sign Language (ASL): REGIONAL HOSP AND MED  
CTR, CORONA REGIONAL  
MED CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8AM-5PM  
TU 10:30AM-7:30PM  
W-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **GYNECOLOGIC ONCOLOGY**


#### **ESKANDER, RAMEZ**

Provider ID: 282163

Board Certified Specialty: No

 910 SYCAMORE AVE STE  
102

VISTA, CA 92081

 Phone: (760) 536-7737

Fax: (760) 536-7959

 After Hours Phone: (760)  
536-7737

Provider Gender: Male

NPI: 1144486929


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, EARL AND  
LORRAINE MILLER

CHILDRENS HSP, LONG  
BEACH MEMORIAL MED CTR,  
Providence St Joseph Hospital,  
Providence St Jude Medical  
Center, ORANGE COAST MEM  
MED CTR, FOUNTAIN VALLEY  
REGIONAL HOSP AND MED  
CTR, FOUNTAIN VALLEY

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **HOSPICE AND PALLIATIVE MEDICINE**


#### **RUBENZI, TAMARA**

Provider ID: 282128


Board Certified Specialty: No

 910 SYCAMORE AVE STE  
102

VISTA, CA 92081

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811200652

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


### **INFECTIOUS DISEASE**

#### **HALPERIN, JASON**

Provider ID: 296420

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1952626228


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8AM-5PM  
TU 10:30AM-7:30PM  
W-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **INTERNAL MEDICINE**

#### **DAO, MARC**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider ID: 297754

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3763

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1467542175

Provider English Spoken: Y

Provider Language(s)  
Spoken: French,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL,  
PALOMAR MEDICAL CENTER,  
SHARP MEMORIAL HOSPITAL,  
SHARP MARY BIRCH HOSP

FOR WOMEN AND

NEWBORNS, EL CENTRO  
REGIONAL MEDICAL CENTER,  
PALOMAR HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-8PM  
F 8AM-5PM

SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### INTERVENTIONAL

### CARDIOLOGY

**PARKS, MONICA**

Provider ID: 302414

Board Certified Specialty: No

906 SYCAMORE AVE STE  
104

VISTA, CA 92081

Phone: (760) 630-2550

Fax: (760) 726-2305

After Hours Phone: (760)  
630-2550

Provider Gender: Female

NPI: 1740634971

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL

HOSPITAL ENCINITAS, TRI  
CITY MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### OBSTETRICS / GYNECOLOGY

**ARRIETA, IRIS**

Provider ID: 290607

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1659614303

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-8PM  
F 9AM-5PM

SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### OBSTETRICS / GYNECOLOGY

**BINDER, PRATIBHA**

Provider ID: 282168

Board Certified Specialty: No

910 SYCAMORE AVE STE  
102

VISTA, CA 92081

Phone: (800) 926-8273

Fax: (888) 539-8781

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1174758031

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **DIETERICH, FREDERICK**

Provider ID: 304868

Board Certified Specialty: No

📍 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: 1720183650

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Providence

St Jude Medical Center,

PLACENTIA LINDA HOSP,

Foothill Regional Medical

Center, LOS ALAMITOS

MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-4PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **OBSTETRICS / GYNECOLOGY**

#### **HAWKINS, MELISSA**

Provider ID: 290596

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3755

☎ After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1851620447

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH 8AM-7PM

F 8AM-5PM

SA 9AM-4PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **OBSTETRICS / GYNECOLOGY**

#### **LEONARD, LISA**

Provider ID: 290710

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1477588598

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH 9AM-8PM  
F 9AM-5PM  
SA 9AM-4PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **GEE, JENNIFER**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## D. 專業提供者目錄

Provider ID: 290208  
Board Certified Specialty: No  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Provider Gender: Female  
NPI: 1336589332  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC  
MEDICAL CENTER - D P APH  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8AM-8PM  
F 9AM-5PM  
SA 9AM-4PM  
Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OPTOMETRIST

#### **GEE, JENNIFER**

Provider ID: 273113  
Board Certified Specialty: No  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Phone: (760) 631-5000

Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Provider Gender: Female  
NPI: 1336589332  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC  
MEDICAL CENTER - D P APH  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8AM-8PM  
F 9AM-5PM  
SA 9AM-4PM  
Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OPTOMETRIST

#### **GEE, JENNIFER**

Provider ID: 273114  
Board Certified Specialty: No  
134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Provider Gender: Female  
NPI: 1336589332

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC  
MEDICAL CENTER - D P APH  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M 8AM-5PM  
TU 9:30AM-5PM  
W 8AM-5PM  
TH 10AM-7PM  
F 8AM-5PM  
SA 9AM-4PM  
Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OPTOMETRIST

#### **GEE, JENNIFER**

Provider ID: 290209  
Board Certified Specialty: No  
134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Provider Gender: Female  
NPI: 1336589332  
Provider English Spoken: Y  
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

*Hospital Affiliation:*

COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC  
MEDICAL CENTER - D P APH  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

*American Sign Language (ASL):* N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 8AM-5PM  
TU 9:30AM-5PM  
W 8AM-5PM  
TH 10AM-7PM  
F 8AM-5PM  
SA 9AM-4PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*


### **OPTOMETRIST**

**KIM, MICHAEL**

*Provider ID: 290697*

*Board Certified Specialty: No*

 134 GRAPEVINE RD  
VISTA, CA 92083

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760)  
631-5000*

*Provider Gender: Male*

*NPI: 1164546313*

 *Provider English Spoken: Y  
Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-W 8AM-5PM  
TH 10:30AM-7:30PM  
F 8AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*


### **OPTOMETRIST**

**KIM, MICHAEL**

*Provider ID: 245239*

*Board Certified Specialty: No*

 134 GRAPEVINE RD  
VISTA, CA 92083

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760)  
631-5000*

*Provider Gender: Male*

*NPI: 1164546313*

 *Provider English Spoken: Y  
Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-W 8AM-5PM  
TH 10:30AM-7:30PM  
F 8AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*


### **OPTOMETRIST**

**KIM, MICHAEL**

*Provider ID: 290903*

*Board Certified Specialty: No*

 1000 VALE TERRACE DR  
VISTA, CA 92084

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760)  
631-5000*

*Provider Gender: Male*

*NPI: 1164546313*

 *Provider English Spoken: Y  
Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: SU 8AM-5PM  
M-F 8AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*


### **OPTOMETRIST**

**MORA, WENDY**

*Provider ID: 290236*

*Board Certified Specialty: No*

 1000 VALE TERRACE DR  
VISTA, CA 92084

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760)  
631-5000*

*Provider Gender: Female*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

NPI: 1376958389

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-8PM  
F 8AM-5PM

SA 9AM-4PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **MORA, WENDY**

Provider ID: 242634

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1376958389

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-8PM  
F 8AM-5PM

SA 9AM-4PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **MORA, WENDY**

Provider ID: 290238

Board Certified Specialty: No

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1376958389

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **TAM, EMILY**

Provider ID: 290316

Board Certified Specialty: No

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1497161236

Provider English Spoken: Y

Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **TAM, EMILY**

Provider ID: 290315

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000





Provider Gender: Female

NPI: 1497161236

Provider English Spoken: Y






請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

 *Provider Language(s)*  
*Spoken: Mandarin*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: SU 9AM-4PM*  
*M-TH 8AM-8PM*  
*F 8AM-5PM*  
*SA 9AM-4PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,*  
*IHP of Southern Cal-PHP*

### **OPTOMETRIST**





#### **TAM, EMILY**




*Provider ID: 277978*  
*Board Certified Specialty: No*  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760)*  
*631-5000*  
*Provider Gender: Female*  
*NPI: 1497161236*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Mandarin*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: SU 9AM-4PM*  
*M-TH 8AM-8PM*  
*F 8AM-5PM*  
*SA 9AM-4PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,*  
*IHP of Southern Cal-PHP*

### **OPTOMETRIST**

#### **TRAN, JESSICA**

*Provider ID: 304595*  
*Board Certified Specialty: No*  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3702*  
 *After Hours Phone: (760)*  
*631-5000*  
*Provider Gender: Female*  
*NPI: 1457922957*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*  
*SA 9AM-4PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,*  
*IHP of Southern Cal-PHP*





### **OPTOMETRIST**

#### **TRAN, JESSICA**

*Provider ID: 303729*  
*Board Certified Specialty: No*  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3702*  
 *After Hours Phone: (760)*  
*631-5000*  
*Provider Gender: Female*  
*NPI: 1457922957*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 5\21*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*  
*SA 9AM-4PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,*  
*IHP of Southern Cal-PHP*

### **OPTOMETRIST**

#### **TRAN, JESSICA**

*Provider ID: 303733*  
*Board Certified Specialty: No*  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760)*  
*631-5000*  
*Provider Gender: Female*  
*NPI: 1457922957*  
 *Provider English Spoken: Y*


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 5\21

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

 Website: N/A


IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### **OPTOMETRIST**

#### **TRAN, JESSICA**

Provider ID: 304596

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1457922957


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### **PEDIATRICS**

#### **RAHIMI, NASSRIN**

Provider ID: 257581

Board Certified Specialty: No

 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

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-8PM  
F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT


### **PHYSICIANS ASSISTANT**

#### **WALLACE, STEPHANIE**


Provider ID: 239770

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (888)  
216-8482

Provider Gender: Female

NPI: 1518104942

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-5PM  
TU-TH 8AM-8PM

F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC


### **PODIATRIST**

#### **MILLER, JULIE**

Provider ID: 290666

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3763

 After Hours Phone: (760)  
631-5000

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider Gender: Female  
NPI: 1619115664  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, TRI CITY MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-TH 8AM-8PM  
F 8AM-5PM  
SA 9AM-4PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### PODIATRIST

**MILLER, JULIE**  
Provider ID: 305464  
Board Certified Specialty: No  
📍 134 GRAPEVINE RD  
VISTA, CA 92083  
☎ Phone: (760) 631-5000  
Fax: (760) 414-3892  
📞 After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1619115664  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, TRI CITY MEDICAL

CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### PULMONARY DISEASES

**BAUTISTA, JENNIFER**  
Provider ID: 300864  
Board Certified Specialty: No  
📍 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: 1770727034  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, COMMUNITY  
HOSPITAL OF THE MONTEREY  
PENINSULA, NATIVIDAD  
MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 21\None  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

**AMBROSE, CHRISTOPHER**  
Provider ID: 248009  
Board Certified Specialty: No  
📍 2067 W VISTA WAY STE 185  
VISTA, CA 92083  
☎ Phone: (760) 631-5888  
Fax: (760) 631-5880  
📞 After Hours Phone: (760)  
591-7750  
Provider Gender: Male  
NPI: 1114977535  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 8\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M 7AM-7PM  
TU 7AM-5PM  
W 7AM-7PM  
TH 7AM-5PM  
F 7AM-7PM  
🌐 Website: N/A  
IPA: Community Care IPA LLC

### SURGERY GENERAL

**ARMANI, AVA**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Provider ID: 282144  
Board Certified Specialty: No  
910 SYCAMORE AVE STE 102  
VISTA, CA 92081  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1861759383  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: MEDICAL CTR AT UCSF, UCSF Medical Center At Mission Bay, UCSF MEDICAL CENTER AT MOUNT ZION, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### **SURGERY GENERAL**

#### **GROVE, JAY**

Provider ID: 245227  
Board Certified Specialty: No  
2385 S MELROSE DR  
VISTA, CA 92081  
Phone: (760) 300-3647

Fax: (760) 482-1316  
After Hours Phone: (760) 300-3647  
Provider Gender: Male  
NPI: 1912971334  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: Community Care IPA LLC

### **WILDOMAR**

### **ANESTHESIOLOGY**

#### **HYLTON, DIANA**

Provider ID: 241737  
Board Certified Specialty: No  
36485 INLAND VALLEY DR  
WILDOMAR, CA 92595  
Phone: (800) 926-8273  
After Hours Phone: (800)

926-8273  
Provider Gender: Female  
NPI: 1932527751  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

#### **KRAUSE, MARTIN**

Provider ID: 287654  
Board Certified Specialty: No  
36485 INLAND VALLEY DR  
WILDOMAR, CA 92595  
Phone: (951) 677-1111  
Fax: (951) 677-9757  
After Hours Phone: (951) 677-1111  
Provider Gender: Male  
NPI: 1417243239  
Provider English Spoken: Y  
Provider Language(s)




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## D. 專業提供者目錄

Spoken: German  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N



 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **ANESTHESIOLOGY CRITICAL CARE MEDICINE**

**RODRIGUEZ-MINETTE, JESSICA**

Provider ID: 275308

Board Certified Specialty: No

 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273


Provider Gender: Female  
NPI: 1164809950

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **EMERGENCY MEDICINE**


**LI, JINGHONG**

Provider ID: 255940

Board Certified Specialty: No

 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

 Phone: (951) 677-1111

 After Hours Phone: (951) 677-1111

Provider Gender: Female  
NPI: 1619014479

Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **INTERNAL MEDICINE CRITICAL CARE MEDICINE**

**CHEN, KENNETH**


Provider ID: 283131

Board Certified Specialty: No

 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

 Phone: (951) 677-1111

Fax: (951) 677-9757

 After Hours Phone: (951) 677-1111

Provider Gender: Male

NPI: 1720472657

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **INTERNAL MEDICINE CRITICAL CARE MEDICINE**

**PATEL, SAGAR**

Provider ID: 283000

Board Certified Specialty: No

 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

 Phone: (951) 677-1111

Fax: (951) 677-9757

 After Hours Phone: (951) 677-1111

Provider Gender: Male

NPI: 1245672302




Provider English Spoken: Y  
Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。







## D. 專業提供者目錄


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **INTERNAL MEDICINE** **CRITICAL CARE MEDICINE**

#### **TRAN, LINH**

Provider ID: 202658  
Board Certified Specialty: Yes  
 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595  
 Phone: (951) 677-1111  
 After Hours Phone: (951)  
677-1111  
Provider Gender: Female  
NPI: 1851682728  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None


American Sign Language (ASL):  Phone: (951) 677-1111  
Fax: (951) 677-9757


 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **PULMONARY DISEASES**



#### **KUMAR, AVNEE**

Provider ID: 300013  
Board Certified Specialty: No  
 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595  
 Phone: (951) 677-1111  
Fax: (951) 677-9757

 After Hours Phone: (951)  
677-1111  
Provider Gender: Female  
NPI: 1750745394


 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group


### **PULMONARY DISEASES**

#### **SURI, RAJAT**

Provider ID: 283349  
Board Certified Specialty: No  
 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

 After Hours Phone: (951)  
677-1111

Provider Gender: Male  
NPI: 1144615337



 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: UCSD Medical Group

### **SURGERY CRITICAL CARE**

#### **WEAVER, JESSICA**

Provider ID: 248112  
Board Certified Specialty: No  
 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1396044657

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

## D. 專業提供者目錄

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*JOLLA JOHN SALLY*

*THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## E. 醫院名錄 - 普通急症醫院

### ALVARADO HOSPITAL LLC

Provider ID: 170056

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (619) 287-3270

After Hours Phone: (619)  
287-3270

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:

JCAHO

Hours: M-F 8AM-4:30PM

NPI: 1265468946

Website: [www.alvaradohospital.com](http://www.alvaradohospital.com)

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### GROSSMONT HOSPITAL

Provider ID: 170046

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Phone: (619) 740-6000

After Hours Phone: (619)  
740-6000

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:

JCAHO

Hours: 24 Hours / 7  
days/week

License Number: 080000006

NPI: 1528041811

Website: [www.sharp.com/hospitals/grossmont/](http://www.sharp.com/hospitals/grossmont/)

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Birthing Friendly: Y

### KINDRED HOSPITAL SAN DIEGO

Provider ID: 169663

1940 EL CAJON BLVD  
SAN DIEGO, CA 92104

Phone: (619) 543-4500

After Hours Phone: (619)  
543-4500

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:

JCAHO

Hours: 24 Hours / 7  
days/week

NPI: 1992880512

Website: N/A

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### PALOMAR HEALTH

Provider ID: 170052

15615 POMERADO RD  
POWAY, CA 92064

Phone: (858) 613-4000

After Hours Phone: (858)  
613-4000

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:

JCAHO

Hours: 24 Hours / 7

days/week

License Number: 080000127

NPI: 1376513754

Website: [www.palomarhealth.org/facilities/palomar-poway-outpatient](http://www.palomarhealth.org/facilities/palomar-poway-outpatient)

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Birthing Friendly: Y

### PALOMAR MEDICAL CENTER

Provider ID: 173011

2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

Phone: (442) 281-5000

After Hours Phone: (442)  
281-5000

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:

JCAHO




Hours: 24 Hours / 7  
days/week

License Number: 080000083

NPI: 1457321317

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## E. 醫院名錄 - 普通急症醫院

<p> Website: <a href="http://www.palomarhealth.org/facilities/palomar-medical-center">www.palomarhealth.org/facilities/palomar-medical-center</a>                      American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p>576-1700                      Accepting New Patients: No                      Min/Max Age: 0\None  <input type="checkbox"/> Site English Spoken: Y                      Cultural Competency: N                      Hospital Accreditation Status: JCAHO</p>	<p>N   Accessibility: CONTACT PROVIDER</p>
<p><b>PARADISE VALLEY HOSPITAL</b>                      Provider ID: 170057   2400 E 4TH ST                      NATIONAL CITY, CA 91950   Phone: (619) 470-4321   After Hours Phone: (619) 470-4321                      Accepting New Patients: No                      Min/Max Age: 0\None  <input type="checkbox"/> Site English Spoken: Y                      Cultural Competency: N                      Hospital Accreditation Status: JCAHO</p>	<p> Hours: 24 Hours / 7 days/week                      NPI: 1710065933   Website: <a href="http://www.rchsd.org">www.rchsd.org</a>                      American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p><b>SCRIPPS MEMORIAL HOSPITAL</b>                      Provider ID: 170045   9888 GENESEE AVE                      LA JOLLA, CA 92037   Phone: (800) 727-4777   After Hours Phone: (800) 727-4777                      Accepting New Patients: No                      Min/Max Age: 0\None  <input type="checkbox"/> Site English Spoken: Y                      Cultural Competency: N                      Hospital Accreditation Status: JCAHO</p>
<p> Hours: 24 Hours / 7 days/week                      NPI: 1356410351   Website: <a href="http://www.paradisevallyhospital.net">www.paradisevallyhospital.net</a>                      American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p><b>SCRIPPS GREEN HOSPITAL</b>                      Provider ID: 171084   10666 N TORREY PINES RD MS 220                      LA JOLLA, CA 92037   Phone: (858) 455-9100   After Hours Phone: (858) 455-9100                      Accepting New Patients: No                      Min/Max Age: 0\None  <input type="checkbox"/> Site English Spoken: Y                      Cultural Competency: N                      Hospital Accreditation Status: JCAHO</p>	<p> Hours: 24 Hours / 7 days/week                      License Number: 080000050                      NPI: 1841277704   Website: <a href="http://www.scripps.org/locations/hospitals__scripps-memorial-hospital-la-jolla">www.scripps.org/locations/hospitals__scripps-memorial-hospital-la-jolla</a>                      American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER                      Birthing Friendly: Y</p>
<p><b>RADY CHILDRENS HOSPITAL SAN DIEGO</b>                      Provider ID: 171083   3020 CHILDRENS WAY                      SAN DIEGO, CA 92123   Phone: (858) 576-1700   After Hours Phone: (858)</p>	<p> Hours: 24 Hours / 7 days/week                      License Number: 080000139                      NPI: 1841233780   Website: <a href="http://www.scripps.org/locations/hospitals__scripps-green-hospital">www.scripps.org/locations/hospitals__scripps-green-hospital</a>                      American Sign Language (ASL):</p>	<p><b>SCRIPPS MEMORIAL HOSPITAL ENCINITAS</b>                      Provider ID: 170305   354 SANTA FE DR                      ENCINITAS, CA 92024   Phone: (760) 753-6501</p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## E. 醫院名錄 - 普通急症醫院

☎ 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-mercy-hospital-encinitas](http://www.scripps.org/locations/hospitals__scripps-mercy-hospital-encinitas)

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

Birthing Friendly: Y

### SCRIPPS MERCY HOSPITAL

Provider ID: 170048

📍 4077 5TH AVE  
SAN DIEGO, CA 92103

☎ Phone: (619) 294-8111

☎ After Hours Phone: (619) 294-8111

Accepting New Patients: No  
Min/Max Age: 0\None

🗣 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

🕒 Hours: 24 Hours / 7 days/week

NPI: 1659359446

🌐 Website: [www.scripps.org/locations/hospitals\\_\\_scripps-mercy-hospital-san-diego](http://www.scripps.org/locations/hospitals__scripps-mercy-hospital-san-diego)

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

Birthing Friendly: Y

### SCRIPPS MERCY HOSPITAL CHULA VISTA

Provider ID: 170256

📍 435 H ST  
CHULA VISTA, CA 91910

☎ Phone: (619) 691-7000

☎ After Hours Phone: (619) 691-7000

Accepting New Patients: No  
Min/Max Age: 0\None

🗣 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

🕒 Hours: 24 Hours / 7 days/week

License Number: 090000074  
NPI: 1659359446

🌐 Website: [www.scripps.org/locations/hospitals\\_\\_scripps-mercy-hospital-chula-vista](http://www.scripps.org/locations/hospitals__scripps-mercy-hospital-chula-vista)

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

### SELECT SPECIALTY HOSPITAL SAN DIEGO

Provider ID: 170165

📍 555 WASHINGTON ST  
SAN DIEGO, CA 92103

☎ Phone: (619) 260-8300

☎ After Hours Phone: (619) 260-8300

Accepting New Patients: No  
Min/Max Age: 0\None

🗣 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

🕒 Hours: 24 Hours / 7 days/week

License Number: 090000404  
NPI: 1639172133

🌐 Website: N/A

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

### SHARP CHULA VISTA MED CTR

Provider ID: 170251

📍 751 MEDICAL CENTER CT  
CHULA VISTA, CA 91911

☎ Phone: (619) 502-5800

☎ After Hours Phone: (619) 502-5800

Accepting New Patients: No  
Min/Max Age: 0\None

🗣 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## E. 醫院名錄 - 普通急症醫院

🕒 Hours: 24 Hours / 7 days/week  
 License Number: 090000008  
 NPI: 1396728630  
 🌐 Website: [www.sharp.com/hospitals/chula-vista/](http://www.sharp.com/hospitals/chula-vista/)  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 Birthing Friendly: Y

### SHARP CORONADO HOSP AND HEALTHCARE CTR

Provider ID: 170252  
 📍 250 PROSPECT PL  
 CORONADO, CA 92118  
 📞 Phone: (619) 522-3600  
 🕒 After Hours Phone: (619) 522-3600  
 Accepting New Patients: No  
 Min/Max Age: 0\None  
 📄 Site English Spoken: Y  
 Cultural Competency: N  
 Hospital Accreditation Status: JCAHO

🕒 Hours: 24 Hours / 7 days/week  
 NPI: 1154304475  
 🌐 Website: [www.sharp.com/hospitals/coronado/](http://www.sharp.com/hospitals/coronado/)  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

### SHARP MARY BIRCH HOSP FOR WOMEN AND

### NEWBORNS

Provider ID: 170054  
 📍 3003 HEALTH CENTER DR  
 SAN DIEGO, CA 92123  
 📞 Phone: (858) 939-3400  
 🕒 After Hours Phone: (858) 939-3400  
 Accepting New Patients: No  
 Min/Max Age: 0\None  
 📄 Site English Spoken: Y  
 Cultural Competency: N  
 Hospital Accreditation Status: JCAHO

🕒 Hours: 24 Hours / 7 days/week  
 License Number: 080000039  
 NPI: 1407839921  
 🌐 Website: [www.sharp.com](http://www.sharp.com)  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

### SHARP MEMORIAL HOSPITAL

Provider ID: 170047  
 📍 7901 FROST ST  
 SAN DIEGO, CA 92123  
 📞 Phone: (858) 939-3400  
 🕒 After Hours Phone: (858) 939-3400  
 Accepting New Patients: No  
 Min/Max Age: 0\None  
 📄 Site English Spoken: Y  
 Cultural Competency: N  
 Hospital Accreditation Status: JCAHO

🕒 Hours: 24 Hours / 7 days/week

NPI: 1407839921  
 🌐 Website: [www.sharp.com/hospitals/memorial/](http://www.sharp.com/hospitals/memorial/)  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 Birthing Friendly: Y

### TRI CITY MEDICAL CTR

Provider ID: 170049  
 📍 4002 VISTA WAY  
 OCEANSIDE, CA 92056  
 📞 Phone: (760) 724-8411  
 🕒 After Hours Phone: (760) 724-8411  
 Accepting New Patients: No  
 Min/Max Age: 0\None  
 📄 Site English Spoken: Y  
 Cultural Competency: N  
 Hospital Accreditation Status: JCAHO

🕒 Hours: 24 Hours / 7 days/week  
 NPI: 1801861190  
 🌐 Website: [www.tricitymed.org](http://www.tricitymed.org)  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 Birthing Friendly: Y








### UCSD LA JOLLA JOHN SALLY THORNTON

Provider ID: 170053  
 📍 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/med-cal](http://blueshieldca.com/promise/med-cal)。此提供者目錄中的資訊可能會更改。

## E. 醫院名錄 - 普通急症醫院

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 Phone: (858) 657-7000 [crest.aspx](#)  
 After Hours Phone: (858) 657-7000 American Sign Language (ASL):  
N  
Accepting New Patients: No  
Min/Max Age: 0\None  Accessibility: CONTACT  
PROVIDER  
 Site English Spoken: Y Birthing Friendly: Y  
Cultural Competency: N  
Hospital Accreditation Status:  
JCAHO  
 Hours: 24 Hours / 7  
days/week  
License Number: 090000101  
NPI: 1497021265  
 Website: N/A  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### UCSD MEDICAL CTR

Provider ID: 170051  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (619) 543-6222  
 After Hours Phone: (619)  
543-6222  
Accepting New Patients: No  
Min/Max Age: 0\None  
 Site English Spoken: Y  
Cultural Competency: N  
Hospital Accreditation Status:  
JCAHO  
 Hours: 24 Hours / 7  
days/week  
License Number: 090000101  
NPI: 1184722779  
 Website: <https://health.ucsd.edu/locations/pages/hill>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## F. 長期護理 (LTC) 和專業護理機構 (SNF)

### CARLSBAD

#### LA COSTA HOUSE

Provider ID: 662923

6433 FLAMENCO ST  
CARLSBAD, CA 92009

Phone: (760) 721-1706

Fax: (760) 721-9872

After Hours Phone: (760)  
721-1706

Accepting New Patients: No  
NPI: 1962488007

Website: N/A  
Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CHULA VISTA

#### BIRCH PATRICK CONV CTR

Provider ID: 171998

751 MEDICAL CENTER CT  
CHULA VISTA, CA 91911

Phone: (619) 502-3600

Fax: (619) 502-5835

After Hours Phone: (619)  
502-3600

Accepting New Patients: No  
NPI: 1538142369

Website: [www.sharp.com/hospitals/chula-vista/departments/skilled-nursing.cfm](http://www.sharp.com/hospitals/chula-vista/departments/skilled-nursing.cfm)  
Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### SOUTH BAY POST ACUTE CARE

Provider ID: 394308

553 F ST  
CHULA VISTA, CA 91910

Phone: (619) 426-8611

Fax: (619) 240-7378

After Hours Phone: (619)  
426-8611

Accepting New Patients: No  
Hours: M-F 9AM-5:30PM  
NPI: 1376946277

Website: <http://southbaypostacute.com>

Credentials and/or  
certifications:

Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish, Filipino, Pilipino  
Cultural Competency: N  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CORONADO

#### VILLA CORONADO

#### CONVALESCENT

Provider ID: 172644

233 PROSPECT PL

CORONADO, CA 92118

Phone: (619) 552-3900

Fax: (619) 522-3939

After Hours Phone: (619)  
552-3900

Accepting New Patients: No  
NPI: 1184607418

Website: [www.sharp.com/hospitals/coronado/departments/long-term-care.cfm](http://www.sharp.com/hospitals/coronado/departments/long-term-care.cfm)

Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### EL CAJON

#### AVOCADO POST ACUTE

Provider ID: 171985

510 E WASHINGTON AVE  
EL CAJON, CA 92020

Phone: (619) 440-1211

Fax: (619) 956-3929

After Hours Phone: (619)  
440-1211

Accepting New Patients: No  
NPI: 1568484517

Website: [www.avacadopostacute.com](http://www.avacadopostacute.com)


Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N







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## F. 長期護理 (LTC) 和專業護理機構 (SNF)

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### COTTONWOOD CANYON HEALTHCARE CENTER







Provider ID: 171983  
 1391 E MADISON AVE  
EL CAJON, CA 92021  
 Phone: (619) 444-1107  
 Fax: (619) 444-1403  
 After Hours Phone: (619) 444-1107  
 Accepting New Patients: No  
 NPI: 1013953199  
 Website: <http://cottonwoodcanyonhc.com>  
 Credentials and/or certifications:  
 Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### COUNTRY HILLS HEALTH CARE CENTER

Provider ID: 416853  
 1580 BROADWAY  
EL CAJON, CA 92021  
 Phone: (619) 441-8745  
 After Hours Phone: (619) 441-8745  
 Accepting New Patients: No  
 NPI: 1700973963  
 Website: [www.countryhills.c](http://www.countryhills.c)







om  
 Credentials and/or certifications:  
 Site English Spoken: Y  
 Site Languages(s) Spoken: American Sign Language, Arabic, Korean, Spanish, Tagalog, Farsi, Vietnamese, Mandarin  
 Cultural Competency: N  
 American Sign Language (ASL):  
Y  
 Accessibility: CONTACT PROVIDER

### COUNTRY HILLS POST ACUTE







Provider ID: 503510  
 1580 BROADWAY  
EL CAJON, CA 92021  
 Phone: (619) 441-8745  
 Fax: (619) 441-9029  
 After Hours Phone: (619) 441-8745  
 Accepting New Patients: No  
 NPI: 1063974285  
 Website: N/A  
 Credentials and/or certifications:  
 Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### GRANITE HILLS HEALTHCARE AND WELLNESS CENTRE LLC

Provider ID: 286282






























 1340 E MADISON AVE  
EL CAJON, CA 92021  
 Phone: (619) 447-1020  
 Fax: (619) 447-1024  
 After Hours Phone: (619) 447-1020  
 Accepting New Patients: No  
 NPI: 1346516937  
 Website: N/A  
 Credentials and/or certifications:  
 Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### MAGNOLIA POST ACUTE CARE

Provider ID: 380518  
 635 S MAGNOLIA AVE  
EL CAJON, CA 92020  
 Phone: (616) 442-8826  
 Fax: (619) 442-0288  
 After Hours Phone: (616) 442-8826  
 Accepting New Patients: No  
 NPI: 1316340227  
 Website: N/A  
 Credentials and/or certifications:  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT

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## F. 長期護理 (LTC) 和專業護理機構 (SNF)


PROVIDER	Credentials and/or certifications:	After Hours Phone: (619) 448-6633
<p><b>PARKSIDE HEALTH AND WELLNESS CENTER</b>            Provider ID: 349923   444 W LEXINGTON AVE            EL CAJON, CA 92020   Phone: (619) 442-7744   After Hours Phone: (619) 442-7744            Accepting New Patients: No            NPI: 1447653340   Website: <a href="http://parksidehealth.net">http://parksidehealth.net</a>            Credentials and/or certifications:   Site English Spoken: Y   Site Languages(s) Spoken: Spanish, Tagalog            Cultural Competency: N            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p><b>SOMERSET SUBACUTE AND CARE</b>            Provider ID: 348526   151 CLAYDELLE AVE            EL CAJON, CA 92020   Phone: (619) 442-0245            Fax: (614) 423-3631   After Hours Phone: (619) 442-0245            Accepting New Patients: No            NPI: 1073916987   Website: <a href="http://sometersubacute.com">http://sometersubacute.com</a>            Credentials and/or certifications:   Site English Spoken: Y            Cultural Competency: N            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p>Accepting New Patients: No            NPI: 1629129267   Website: N/A            Credentials and/or certifications:   Site English Spoken: Y   Site Languages(s) Spoken: Tagalog, Spanish            Cultural Competency: N            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
<p><b>SAN DIEGO POST ACUTE CENTER</b>            Provider ID: 173508   1201 S ORANGE AVE            EL CAJON, CA 92020   Phone: (619) 441-1988            Fax: (619) 441-7416   After Hours Phone: (619) 441-1988            Accepting New Patients: No            NPI: 1285061085   Website: <a href="http://sdpostacute.com">http://sdpostacute.com</a></p>	<p><b>THE BRADLEY COURT</b>            Provider ID: 419158   675 E BRADLEY AVE            EL CAJON, CA 92021   Phone: (619) 448-6633            Fax: (619) 448-5462</p>	<p><b>VICTORIA POST ACUTE CARE</b>            Provider ID: 387720   654 S ANZA ST            EL CAJON, CA 92020   Phone: (619) 440-5005   After Hours Phone: (619) 440-5005            Accepting New Patients: No            NPI: 1326441239   Website: <a href="http://victoriapostacute.com">http://victoriapostacute.com</a>            Credentials and/or certifications:   Site English Spoken: Y            Cultural Competency: N            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
		<p><b>VICTORIA POST ACUTE CARE</b>            Provider ID: 387720</p>

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## F. 長期護理 (LTC) 和專業護理機構 (SNF)

 654 S ANZA ST  
EL CAJON, CA 92020  
 Phone: (619) 440-5005  
 After Hours Phone: (619)  
440-5005

Accepting New Patients: No  
NPI: 1326441239




 Website: [www.VICTORIAPOSTACUTE.com](http://www.VICTORIAPOSTACUTE.com)  
Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

### VILLA LAS PALMAS HEALTHCARE CTR


Provider ID: 172020

 622 S ANZA ST  
EL CAJON, CA 92020  
 Phone: (619) 442-0544  
 After Hours Phone: (619)  
442-0544

Accepting New Patients: No  
NPI: 1023048295

 Website: <http://villalaspalmascares.com>  
Credentials and/or  
certifications:




Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### ENCINITAS

#### AVIARA HEALTHCARE CENTER

Provider ID: 171995

 944 REGAL RD  
ENCINITAS, CA 92024  
 Phone: (760) 944-0331  
 After Hours Phone: (760)  
944-0331

Accepting New Patients: No  
NPI: 1518146620

 Website: <http://aviarahealthcare.com>

Credentials and/or  
certifications:



Site English Spoken: Y  
 Site Languages(s) Spoken:  
Tagalog, Spanish  
Cultural Competency: N


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### ENCINITAS NURSING AND REHAB CTR

Provider ID: 171977

 900 SANTA FE DR  
ENCINITAS, CA 92024  
 Phone: (760) 753-6423  
Fax: (760) 753-4979

 After Hours Phone: (760)  
753-6423

Accepting New Patients: No  
 Hours: M-F 8AM-5PM

NPI: 1265415749

 Website: [www.covenantcare.com](http://www.covenantcare.com)

Credentials and/or  
certifications:



Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: N  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

#### THE DORTHY AND JOSEPH GOLDBERG HEALTHCARE CENTER


Provider ID: 172000


 211 SAXONY RD  
ENCINITAS, CA 92024  
 Phone: (760) 632-0081

Fax: (760) 516-2016

 After Hours Phone: (760)  
632-0081

Accepting New Patients: No

 Hours: M-F 7AM-4PM  
NPI: 1659482032

 Website: N/A  
Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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## F. 長期護理 (LTC) 和專業護理機構 (SNF)

### ESCONDIDO

#### ESCONDIDO CARE CENTER

Provider ID: 172027

421 E MISSION AVE  
ESCONDIDO, CA 92025

Phone: (760) 747-0430

Fax: (760) 747-0569

After Hours Phone: (760)  
747-0430

Accepting New Patients: No

Hours: M-F 8AM-4:30PM

NPI: 1588660765

Website: <http://escondidopostacute.com>

Credentials and/or

certifications:

Site English Spoken: Y

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

#### LIFE CARE CENTER OF ESCONDIDO

Provider ID: 172010

1980 FELICITA RD  
ESCONDIDO, CA 92025

Phone: (760) 741-6109

After Hours Phone: (760)  
741-6109

Accepting New Patients: No

NPI: 1386681286

Website: <http://lifecarecenterofescondido.com>

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

#### PALOMAR HEIGHTS CARE CTR

Provider ID: 170055

1260 E OHIO AVE  
ESCONDIDO, CA 92027

Phone: (760) 746-1100

After Hours Phone: (760)  
746-1100

Accepting New Patients: No

NPI: 1255337440

Website: <http://palomarheightsrehab.com>

Credentials and/or

certifications:

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

#### PALOMAR VISTA HEALTHCARE CTR

Provider ID: 171988

201 N FIG ST  
ESCONDIDO, CA 92025

Phone: (760) 746-0303

Fax: (760) 738-1749

After Hours Phone: (760)

746-0303

Accepting New Patients: No

NPI: 1861491490

Website: <http://palomarvista.com>

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

#### VALLE VISTA POST ACUTE

Provider ID: 171968

1025 W 2ND AVE  
ESCONDIDO, CA 92025

Phone: (760) 745-1842

Fax: (760) 745-4346

After Hours Phone: (760)  
745-1842

Accepting New Patients: No

Hours: M-F 8AM-5PM

NPI: 1659369262

Website: [www.covenantcare.com](http://www.covenantcare.com)

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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## F. 長期護理 (LTC) 和專業護理機構 (SNF)

### FALLBROOK

#### FALLBROOK SKILLED NURSING

Provider ID: 298744

325 POTTER ST  
FALLBROOK, CA 92028

Phone: (760) 728-2330

Fax: (909) 863-4644

After Hours Phone: (760)  
728-2330

Accepting New Patients: No

Hours: M-F 8AM-5PM

NPI: 1265823264

Website: [www.progressivecarecenters.com](http://www.progressivecarecenters.com)

Credentials and/or

certifications:

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

#### VIA RIO HOUSE

Provider ID: 662930

1262 VIA ENCINOS DR  
FALLBROOK, CA 92028

Phone: (760) 547-1976

Fax: (760) 721-9872

After Hours Phone: (760)  
547-1976

Accepting New Patients: No

NPI: 1962488007

Website: N/A

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### LA JOLLA

#### LA JOLLA NURSING AND REHAB CTR

Provider ID: 171975

2552 TORREY PINES RD  
LA JOLLA, CA 92037

Phone: (858) 453-5810

Fax: (858) 214-1212

After Hours Phone: (858)  
453-5810

Accepting New Patients: No

Hours: M-F 8AM-5PM

NPI: 1457486078

Website: [www.covenantcare.com](http://www.covenantcare.com)

Credentials and/or

certifications:

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

#### THE COVE AT LA JOLLA

Provider ID: 305514

7160 FAY AVE

LA JOLLA, CA 92037

Phone: (858) 459-4361

After Hours Phone: (858)  
459-4361

Accepting New Patients: No

Hours: M-F 7:30AM-4PM

NPI: 1588067482

Website: <http://thecoveatlajolla.com>

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### LA MESA

#### ARBOR HILLS NURSING CENTER

Provider ID: 172007

7800 PARKWAY DR  
LA MESA, CA 91942

Phone: (619) 460-2330

After Hours Phone: (619)  
460-2330

Accepting New Patients: No

NPI: 1356345706

Website: [www.lifegen.net/arborhills/](http://www.lifegen.net/arborhills/)

Credentials and/or

certifications:

Site English Spoken: Y






























Site Languages(s) Spoken:  
Tagalog, Spanish, Russian

Cultural Competency: N

American Sign Language (ASL):

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## F. 長期護理 (LTC) 和專業護理機構 (SNF)

<p>N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p> <i>Site English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>American Sign Language (ASL): N</i></p>	<p>460-4444  <i>Accepting New Patients: No</i>  <i>NPI: 1689077588</i></p>
<p><b>CARE MERIDIAN LA MESA</b>  <i>Provider ID: 173379</i>   5640 AZTEC DR            LA MESA, CA 91942   <i>Phone: (949) 263-6632</i>  <i>Fax: (619) 465-0019</i>   <i>After Hours Phone: (949) 263-6632</i>  <i>Accepting New Patients: No</i>  <i>NPI: 1235404674</i>   <i>Website: www.neurorestorative.com</i>  <i>Credentials and/or certifications:</i></p>	<p>N   <i>Accessibility: CONTACT PROVIDER</i></p> <p><b>GROSSMONT HOSPITAL DP SNF</b>  <i>Provider ID: 172643</i>   5555 GROSSMONT CENTER DR            LA MESA, CA 91942   <i>Phone: (619) 740-4110</i>   <i>After Hours Phone: (619) 740-4110</i>  <i>Accepting New Patients: No</i>  <i>NPI: 1417930249</i>   <i>Website: www.sharp.com/hospitals/grossmont/departments/skilled-nursing.cfm</i>  <i>Credentials and/or certifications:</i></p>	<p> <i>Website: http://grossmontpostacute.com</i>  <i>Credentials and/or certifications:</i>   <i>Site English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i></p>
<p><b>COUNTRY MANOR LA MESA HEALTHCARE CENTER</b>  <i>Provider ID: 172023</i>   5696 LAKE MURRAY BLVD            LA MESA, CA 91942   <i>Phone: (619) 460-7871</i>   <i>After Hours Phone: (619) 460-7871</i>  <i>Accepting New Patients: No</i>  <i>NPI: 1457345001</i>   <i>Website: N/A</i>  <i>Credentials and/or certifications:</i></p>	<p>N   <i>Accessibility: CONTACT PROVIDER</i></p> <p><b>GROSSMONT POST ACUTE CARE</b>  <i>Provider ID: 310488</i>   8787 CENTER DR            LA MESA, CA 91942   <i>Phone: (619) 460-4444</i>  <i>Fax: (619) 713-5116</i>   <i>After Hours Phone: (619)</i></p>	<p><b>HILLDALE HABILITATION CENTER</b>  <i>Provider ID: 527671</i>   7979 LA MESA BLVD            LA MESA, CA 91942   <i>Phone: (619) 465-8010</i>  <i>Fax: (619) 465-8348</i>   <i>After Hours Phone: (619) 465-8010</i>  <i>Accepting New Patients: No</i>   <i>Hours: M-F 8AM-5PM</i>  <i>NPI: 1073736427</i>   <i>Website: N/A</i>  <i>Credentials and/or certifications:</i>   <i>Site English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i></p> <p><b>LA MESA HEALTHCARE CTR</b></p>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## F. 長期護理 (LTC) 和專業護理機構 (SNF)

Provider ID: 172022

3780 MASSACHUSETTS AVE  
LA MESA, CA 91941

Phone: (619) 465-1313

Fax: (619) 465-8429

After Hours Phone: (619) 465-1313

Accepting New Patients: No

NPI: 1003852666

Website: <http://lamesahealthcare.com>

Credentials and/or certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### PARKWAY HILLS NURSING & REHAB

Provider ID: 417047

7760 PARKWAY DR  
LA MESA, CA 91942

Phone: (619) 469-0124

Fax: (619) 828-7654

After Hours Phone: (619) 469-0124

Accepting New Patients: No

Hours: M-TH 9AM-5PM  
F 5AM-5PM

NPI: 1174926448

Website: N/A  
Credentials and/or certifications:

Site English Spoken: Y

Site Languages(s) Spoken: Farsi, Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### LEMON GROVE

#### BELLA VISTA HEALTH CENTER

Provider ID: 419062

7922 PALM ST  
LEMON GROVE, CA 91945

Phone: (619) 644-1000

Fax: (619) 797-2920

After Hours Phone: (619) 644-1000

Accepting New Patients: No

NPI: 1760709687

Website: [www.bellavistahealth.com](http://www.bellavistahealth.com)

Credentials and/or certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### LEMON GROVE CARE AND REHAB CTR

Provider ID: 172013

8351 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 463-0294

Fax: (619) 461-1064

After Hours Phone: (619) 463-0294

Accepting New Patients: No

NPI: 1336134204

Website: <http://lemongrovecare.com>

Credentials and/or certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### NATIONAL CITY

#### CASTLE MANOR NURSING AND REHABILITATION CTR

Provider ID: 171978

541 S V AVE  
NATIONAL CITY, CA 91950

Phone: (619) 791-7900

After Hours Phone: (619) 791-7900

Accepting New Patients: No

NPI: 1497759856

Website: [www.lifegen.net/castlemanor/index.html](http://www.lifegen.net/castlemanor/index.html)

Credentials and/or certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

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## F. 長期護理 (LTC) 和專業護理機構 (SNF)

### FRIENDSHIP MANOR NURSING AND REHABILITATION CTR

Provider ID: 171973

902 EUCLID AVE  
NATIONAL CITY, CA 91950

Phone: (619) 791-7700

Fax: (619) 791-7791

After Hours Phone: (619)  
791-7700

Accepting New Patients: No

Hours: M-F 9AM-5PM

NPI: 1235133687

Website: [www.lifegen.net/friendshipmanor/](http://www.lifegen.net/friendshipmanor/)  
Credentials and/or

certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PARADISE VALLEY HEALTH CARE CENTER

Provider ID: 171106

2575 E 8TH ST  
NATIONAL CITY, CA 91950

Phone: (619) 470-6700

After Hours Phone: (619)  
470-6700

Accepting New Patients: No

NPI: 1275513293

Website: <http://pvhcc.com>  
Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### WINDSOR GARDENS CONV CTR OF SAN DIEGO

Provider ID: 172011

220 E 24TH ST  
NATIONAL CITY, CA 91950

Phone: (619) 474-6741

Fax: (619) 474-1925

After Hours Phone: (619)  
474-6741

Accepting New Patients: No

NPI: 1730176538

Website: [www.windsorcare.com](http://www.windsorcare.com)  
Credentials and/or

certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

## OCEANSIDE

### LA PALOMA HEALTHCARE CTR

Provider ID: 172021

3232 THUNDER DR  
OCEANSIDE, CA 92056

Phone: (760) 724-2193

After Hours Phone: (760)

724-2193

Accepting New Patients: No

NPI: 1265462436

Website: [WWW.LAPALOMAHEALTHCARE.COM](http://WWW.LAPALOMAHEALTHCARE.COM)  
Credentials and/or

certifications:

Site English Spoken: Y

Site Language(s) Spoken:  
Spanish, Armenian, Korean,  
Tagalog

Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### MCNEALY HOUSE

Provider ID: 662925

4602 ALLENDE AVE  
OCEANSIDE, CA 92057

Phone: (760) 721-1706

Fax: (760) 721-9872

After Hours Phone: (760)  
721-1706

Accepting New Patients: No

NPI: 1962488007

Website: N/A  
Credentials and/or

certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### MICHALOWSKI HOME


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## F. 長期護理 (LTC) 和專業護理機構 (SNF)

Provider ID: 662925


 4602 ALLENDE AVE  
OCEANSIDE, CA 92057

 Phone: (760) 721-1706

Fax: (760) 721-9872

 After Hours Phone: (760)  
721-1706

Accepting New Patients: No  
NPI: 1962488007

 Website: N/A  
Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

### POWAY


#### BOULDER CREEK POST ACUTE

Provider ID: 276987


 12696 MONTE VISTA RD  
POWAY, CA 92064

 Phone: (858) 487-6242

Fax: (858) 487-4282

 After Hours Phone: (858)  
487-6242

Accepting New Patients: No  
 Hours: M-F 8AM-5:30PM  
NPI: 1073902672

 Website: [http://bouldercre  
ekpa.com](http://bouldercre<br/>ekpa.com)

Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


#### POWAY HEALTHCARE CENTER

Provider ID: 171989


 15632 POMERADO RD  
POWAY, CA 92064

 Phone: (858) 485-5153

Fax: (858) 485-7694

 After Hours Phone: (858)  
485-5153

Accepting New Patients: No  
NPI: 1407035512

 Website: [http://powaycare.  
com](http://powaycare.<br/>com)

Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

#### THE VILLAS AT POWAY


Provider ID: 172642

 15615 POMERADO RD  
POWAY, CA 92064

 Phone: (858) 613-4545

 After Hours Phone: (858)  
613-4545

Accepting New Patients: No  
NPI: 1619947090

 Website: [www.palomarheal  
th.org/skilled-nursing/villa](http://www.palomarheal<br/>th.org/skilled-nursing/villa)

- pomerado  
Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### SAN DIEGO

#### ACCESS TO INDEPENDENCE

Provider ID: 417267

 8885 RIO SAN DIEGO DR  
STE 131

SAN DIEGO, CA 92108

 Phone: (619) 293-3500

Fax: (619) 704-2054

 After Hours Phone: (619)  
293-3500

Accepting New Patients: No

 Hours: M-F 8AM-5PM

NPI: 1083039861

 Website: N/A

Credentials and/or  
certifications:


 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### ARROYO VISTA NURSING CTR

Provider ID: 172028

 3022 45TH ST





SAN DIEGO, CA 92105


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## F. 長期護理 (LTC) 和專業護理機構 (SNF)






 Phone: (619) 283-5855  
Fax: (619) 284-6327  
 After Hours Phone: (619) 283-5855  
Accepting New Patients: No  
 Hours: SU-SA 9AM-5PM  
NPI: 1487640066  
 Website: <http://arroyovistacare.com>  
Credentials and/or certifications:  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Mandarin, Spanish, Vietnamese, Arabic, Tagalog  
Cultural Competency: N  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### BALBOA NURSING AND REHAB CTR

Provider ID: 416840  
 3520 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 291-5270  
 After Hours Phone: (619) 291-5270  
Accepting New Patients: No  
NPI: 1578521274  
 Website: <http://balboahc.com>  
Credentials and/or certifications:  
 Site English Spoken: Y  
 Site Languages(s) Spoken:

Mandarin, Spanish, Tagalog, Vietnamese  
Cultural Competency: N  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### BRIGHTON PLACE SAN DIEGO






Provider ID: 402624  
 1350 EUCLID AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 263-2166  
Fax: (619) 264-9231  
 After Hours Phone: (619) 263-2166  
Accepting New Patients: No  
NPI: 1346258274  
 Website: N/A  
Credentials and/or certifications:  
 Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### CARMEL MOUNTAIN REHAB AND HEALTHCARE CTR

Provider ID: 171971  
 11895 AVENUE OF INDUSTRY  
SAN DIEGO, CA 92128  
 Phone: (858) 673-0101  
Fax: (858) 673-8320  
 After Hours Phone: (858) 673-0101

Accepting New Patients: No  
NPI: 1083727093  
 Website: <http://carmelmountain.net>  
Credentials and/or certifications:  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Tagalog, Armenian, Mandarin, Spanish, Russian, Korean, Vietnamese  
Cultural Competency: N  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### GOLDEN HILL POST ACUTE

Provider ID: 614821  
 1201 34TH ST  
SAN DIEGO, CA 92102  
 Phone: (619) 232-2946  
Fax: (619) 702-7358  
 After Hours Phone: (619) 232-2946  
Accepting New Patients: No  
NPI: 1598229437  
 Website: N/A  
Credentials and/or certifications:  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Tagalog  
Cultural Competency: N  
American Sign Language (ASL): N  
 Accessibility: CONTACT

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## F. 長期護理 (LTC) 和專業護理機構 (SNF)

### PROVIDER

#### HILLCREST HEIGHTS HEALTHCARE CENTER

Provider ID: 509489

4033 6TH AVE

SAN DIEGO, CA 92103

Phone: (619) 297-4086

Fax: (619) 297-9238

After Hours Phone: (619)  
297-4086

Accepting New Patients: No

Hours: M-F 8AM-5PM

NPI: 1558825067

Website: N/A

Credentials and/or

certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### JACOB HEALTH CARE CENTER LLC

Provider ID: 172617

4075 54TH ST

SAN DIEGO, CA 92105

Phone: (619) 582-5168

Fax: (619) 325-0194

After Hours Phone: (619)  
582-5168

Accepting New Patients: No

NPI: 1881684900

Website: [www.jacobhealthcare.com](http://www.jacobhealthcare.com)

Credentials and/or

certifications:

Site English Spoken: Y

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### MISSION HILLS POST ACUTE CARE

Provider ID: 339053

3680 REYNARD WAY

SAN DIEGO, CA 92103

Phone: (619) 297-4484

Fax: (855) 214-6992

After Hours Phone: (619)  
297-4484

Accepting New Patients: No  
NPI: 1669875563

Website: <http://missionhillspostacute.com>

Credentials and/or

certifications:

Site English Spoken: Y

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### RADY CHILDRENS

#### CONVALESCENT HOSPITAL

Provider ID: 172200

8022 BIRMINGHAM DR

SAN DIEGO, CA 92123

Phone: (858) 966-5833

Fax: (858) 966-8558

After Hours Phone: (858)  
966-5833

Accepting New Patients: No  
NPI: 1992881478

Website: [www.rchsd.org](http://www.rchsd.org)  
Credentials and/or

certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### REO VISTA HEALTHCARE CTR

Provider ID: 171993

6061 BANBURY ST

SAN DIEGO, CA 92139

Phone: (619) 475-2211

Fax: (619) 479-9126

After Hours Phone: (619)  
475-2211

Accepting New Patients: No  
NPI: 1255499174

Website: <http://reovista.com>

Credentials and/or

certifications:

Site English Spoken: Y  
Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT






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## F. 長期護理 (LTC) 和專業護理機構 (SNF)





PROVIDER	N	certifications:
<p><b>ST PAULS HEALTH CARE CENTER</b>            Provider ID: 288531   235 NUTMEG ST            SAN DIEGO, CA 92103   Phone: (619) 677-3895   After Hours Phone: (619) 677-3895            Accepting New Patients: No            NPI: 1972619104   Website: N/A            Credentials and/or certifications: CMS   Site English Spoken: Y            Cultural Competency: N            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p><b>THE SPRINGS AT PACIFIC REGENT</b>            Provider ID: 172008   3884 NOBEL DR            SAN DIEGO, CA 92122   Phone: (858) 625-8700            Fax: (858) 625-8777   After Hours Phone: (858) 625-8700            Accepting New Patients: No            NPI: 1003198342   Website: N/A            Credentials and/or certifications:   Site English Spoken: Y            Cultural Competency: N            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p> Site English Spoken: Y   Site Languages(s) Spoken: Tagalog, Mandarin, Russian, Vietnamese, Farsi, Spanish            Cultural Competency: N            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
<p><b>THE PAVILION AT OCEAN POINT</b>            Provider ID: 262151   3202 DUKE ST            SAN DIEGO, CA 92110   Phone: (619) 224-4141   After Hours Phone: (619) 224-4141            Accepting New Patients: No            NPI: 1538174990   Website: N/A            Credentials and/or certifications:   Site English Spoken: Y            Cultural Competency: N            American Sign Language (ASL):</p>	<p><b>UNIVERSITY CARE CENTER</b>            Provider ID: 172024   5602 UNIVERSITY AVE            SAN DIEGO, CA 92105   Phone: (619) 583-1993            Fax: (619) 501-3559   After Hours Phone: (619) 583-1993            Accepting New Patients: No            NPI: 1871522672   Website: <a href="http://universitycarecenter.com">http://universitycarecenter.com</a></p>	<p><b>VILLA RANCHO BERNARDO CARE CENTER</b>            Provider ID: 172009   15720 BERNARDO CENTER DR            SAN DIEGO, CA 92127   Phone: (858) 672-3900            Fax: (858) 672-9247   After Hours Phone: (858) 672-3900            Accepting New Patients: No            NPI: 1518063437   Website: <a href="http://www.villaranchobernardo.com">www.villaranchobernardo.com</a>            Credentials and/or certifications:   Site English Spoken: Y            Cultural Competency: N            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
<p>Accepting New Patients: No            NPI: 1538174990   Website: N/A            Credentials and/or certifications:   Site English Spoken: Y            Cultural Competency: N            American Sign Language (ASL):</p>	<p><b>WINDSOR GARDENS CONV AND REHAB OF GOLDEN HILL</b>            Provider ID: 172012</p>	


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## F. 長期護理 (LTC) 和專業護理機構 (SNF)




 1201 34TH ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 232-2946  
 Fax: (310) 595-3529  
 After Hours Phone: (619)  
 232-2946  
 Accepting New Patients: No  
 NPI: 1811963028  
 Website: <https://windsorgo.com>  
[Idenhill.com](https://windsorgo.com)  
 Credentials and/or  
 certifications:  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish, Tagalog  
 Cultural Competency: N  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### SAN MARCOS

**CARLO HOUSE**  
 Provider ID: 662931  
 411 CARLO ST  
 SAN MARCOS, CA 92078  
 Phone: (760) 721-1706  
 Fax: (760) 721-9872  
 After Hours Phone: (760)  
 721-1706  
 Accepting New Patients: No  
 NPI: 1962488007  
 Website: N/A  
 Credentials and/or  
 certifications:  
 Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL):



N  
 Accessibility: CONTACT  
 PROVIDER




### SANTEE STANFORD COURT SKILLED NURSING AND REHAB CENTER

Provider ID: 171994  
 8778 CUYAMACA ST  
 SANTEE, CA 92071  
 Phone: (619) 449-5555  
 After Hours Phone: (619)  
 449-5555  
 Accepting New Patients: No  
 Hours: SU-SA 8AM-5PM  
 NPI: 1184628554  
 Website: [www.lifegen.net/S](http://www.lifegen.net/S)  
[tanfordcourt/](http://www.lifegen.net/S)  
 Credentials and/or  
 certifications:






Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Tagalog, Spanish  
 Cultural Competency: N  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### SPRING VALLEY

**AMAYA SPRINGS HEALTH  
CARE CENTER**  
 Provider ID: 420233  
 8625 LAMAR ST  
 SPRING VALLEY, CA 91977  
 Phone: (323) 326-6186

Fax: (619) 461-3575  
 After Hours Phone: (323)  
 326-6186  
 Accepting New Patients: No  
 NPI: 1518974542  
 Website: N/A  
 Credentials and/or  
 certifications:  
 Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### BRIGHTON PLACE SPRING VALLEY

Provider ID: 417094  
 9009 CAMPO RD  
 SPRING VALLEY, CA 91977  
 Phone: (619) 460-2711  
 Fax: (619) 460-0451  
 After Hours Phone: (619)  
 460-2711  
 Accepting New Patients: No  
 NPI: 1780682021  
 Website: N/A  
 Credentials and/or  
 certifications:  
 Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### MOUNT MIGUEL COVENANT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medical)。此提供  
 者目錄中的資訊可能會更改。

## F. 長期護理 (LTC) 和專業護理機構 (SNF)

### VILLAGE HEALTH FAC

Provider ID: 171969

325 KEMPTON ST  
SPRING VALLEY, CA 91977

Phone: (619) 931-1151

Fax: (224) 233-1397

After Hours Phone: (619)  
931-1151

Accepting New Patients: No

Hours: SU-SA 8AM-5PM  
NPI: 1649375403

Website: [covivingmountmiguel.org](http://covivingmountmiguel.org)

Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### MOUNT MIGUEL COVENANT

#### VILLAGE HEALTH FAC

Provider ID: 171969

325 KEMPTON ST  
SPRING VALLEY, CA 91977

Phone: (619) 931-1151

Fax: (224) 233-1397

After Hours Phone: (619)  
931-1151

Accepting New Patients: No

Hours: SU-SA 8AM-5PM  
NPI: 1649375403

Website: [www.mountmiguelcovenantvillage.org](http://www.mountmiguelcovenantvillage.org)

Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### VALLEY CENTER

#### AMREEN HOME

Provider ID: 658588

13873 OAKWOOD GLEN PL  
VALLEY CENTER, CA 92082

Phone: (760) 751-9879

Fax: (760) 749-3019

After Hours Phone: (760)  
751-9879

Accepting New Patients: No  
NPI: 1700160405

Website: N/A  
Credentials and/or

certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### VISTA

#### ANZA HOUSE

Provider ID: 662920

1736 ANZA AVE  
VISTA, CA 92084

Phone: (760) 721-1706

Fax: (760) 721-9872

After Hours Phone: (760)  
721-1706

Accepting New Patients: No  
NPI: 1962488007

Website: N/A  
Credentials and/or

certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### GRACE HOUSE

Provider ID: 662919

2507 HIBISCUS AVE  
VISTA, CA 92081

Phone: (760) 721-1706

Fax: (760) 721-9872

After Hours Phone: (760)  
721-1706

Accepting New Patients: No  
NPI: 1962488007

Website: N/A  
Credentials and/or

certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### LA FUENTE POST ACUTE

Provider ID: 429590

247 E BOBIER DR  
VISTA, CA 92084

Phone: (760) 945-3033

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## F. 長期護理 (LTC) 和專業護理機構 (SNF)

☎ *After Hours Phone: (760) 945-3033*

*Accepting New Patients: No*

🕒 *Hours: SU-SA 8:30AM-5PM*

*NPI: 1366802696*

🌐 *Website: N/A*

*Credentials and/or certifications:*

🗑 *Site English Spoken: Y*

*Cultural Competency: N*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

### **LIFE CARE CENTER OF VISTA**

*Provider ID: 171970*

📍 304 N MELROSE DR  
VISTA, CA 92083

☎ *Phone: (760) 724-8222*

*Fax: (760) 941-4870*

☎ *After Hours Phone: (760) 724-8222*

*Accepting New Patients: No*

🕒 *Hours: SU-SA 9AM-5PM*

*NPI: 1811942063*

🌐 *Website: www.lcca.com*

*Credentials and/or*

*certifications:*

🗑 *Site English Spoken: Y*

🗑 *Site Languages(s) Spoken: Tagalog*

*Cultural Competency: N*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

### **MARSHALL HOUSE**

*Provider ID: 662924*

📍 758 S MELROSE DR  
VISTA, CA 92081

☎ *Phone: (760) 721-1706*

*Fax: (760) 721-9872*

☎ *After Hours Phone: (760) 721-1706*

*Accepting New Patients: No*

*NPI: 1962488007*

🌐 *Website: N/A*

*Credentials and/or*

*certifications:*

🗑 *Site English Spoken: Y*

*Cultural Competency: N*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

### **MONTGOMERY HOUSE**

*Provider ID: 662927*

📍 1658 MONTGOMERY DR  
VISTA, CA 92084

☎ *Phone: (760) 721-1706*

*Fax: (760) 721-9872*

☎ *After Hours Phone: (760) 721-1706*

*Accepting New Patients: No*

*NPI: 1962488007*

🌐 *Website: N/A*

*Credentials and/or*

*certifications:*

🗑 *Site English Spoken: Y*

*Cultural Competency: N*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

### **ORIENTE HOUSE**

*Provider ID: 662928*

📍 3081 ORIENTE DR  
VISTA, CA 92084

☎ *Phone: (760) 721-1706*

*Fax: (760) 721-9872*

☎ *After Hours Phone: (760) 721-1706*

*Accepting New Patients: No*

*NPI: 1962488007*

🌐 *Website: N/A*

*Credentials and/or*

*certifications:*

🗑 *Site English Spoken: Y*

*Cultural Competency: N*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

### **SUSAN PARHAM HOUSING CORPORATION**

*Provider ID: 662929*

📍 1658 ANZA AVE  
VISTA, CA 92084

☎ *Phone: (760) 721-1706*

*Fax: (760) 721-9872*

☎ *After Hours Phone: (760) 721-1706*

*Accepting New Patients: No*

*NPI: 1093137762*

🌐 *Website: N/A*

*Credentials and/or*

*certifications:*

🗑 *Site English Spoken: Y*

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## F. 長期護理 (LTC) 和專業護理機構 (SNF)

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*Cultural Competency: N*


*American Sign Language (ASL): N*


*N*

 *Accessibility: CONTACT PROVIDER*


### **VISTA HEALTHCARE CENTER**

*Provider ID: 171990*


 247 E BOBIER DR  
VISTA, CA 92084

 *Phone: (760) 945-3033*

*Fax: (760) 724-3169*

 *After Hours Phone: (760) 945-3033*

*Accepting New Patients: No*


 *Hours: M-F 8AM-5PM*

*NPI: 1912189812*

 *Website: <http://astorhealth.com>*

*Credentials and/or certifications:*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken: Spanish, Tagalog*

*Cultural Competency: N*

*American Sign Language (ASL):*


*N*

 *Accessibility: CONTACT PROVIDER*

### **VISTA HOUSE**

*Provider ID: 662916*

 1768 MONTE MAR RD  
VISTA, CA 92084

 *Phone: (760) 721-1706*

*Fax: (760) 721-9872*

 *After Hours Phone: (760) 721-1706*

*Accepting New Patients: No*

*NPI: 1962488007*

 *Website: N/A*

*Credentials and/or certifications:*

 *Site English Spoken: Y*

*Cultural Competency: N*

*American Sign Language (ASL):*


*N*

 *Accessibility: CONTACT PROVIDER*

### **VISTA KNOLL SPECIALIZED CARE FACILITY**

*Provider ID: 172017*

 2000 WESTWOOD RD  
VISTA, CA 92083

 *Phone: (760) 630-2273*

*Fax: (760) 630-0913*

 *After Hours Phone: (760) 630-2273*

*Accepting New Patients: No*


 *Hours: SU-SA 8:30AM-5PM*

*NPI: 1275533929*

 *Website: <http://vistaknoll.com>*

*Credentials and/or certifications:*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken: Korean, Tagalog, Vietnamese, Spanish*

*Cultural Competency: N*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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## G. 基於社群的成人服務 (CBAS) - 成人日間服務

### CHULA VISTA

#### OPEN ARMS ADHC

Provider ID: 417307

301 E J ST  
CHULA VISTA, CA 91910

Phone: (619) 420-1404

Fax: (619) 420-1408

After Hours Phone: (619)  
420-1404

Accepting New Patients: No

Hours: M-F 7AM-3PM

License Number: 060002076

NPI: 1598882169

Accessibility: CONTACT  
PROVIDER

American Sign Language (ASL):  
N

Language line interpreter  
services: N

If Facility has completed  
cultural competence training:  
N

Facility has access to skilled  
medical interpreters on site?: N

Interpreter Non-English

Languages: N

Website: <http://openarmsadhc.com>

631-7222

Accepting New Patients: No

Hours: M-F 8AM-3:30PM

NPI: 1821125550

Accessibility: CONTACT  
PROVIDER

American Sign Language (ASL):  
N

Language line interpreter  
services: N

If Facility has completed  
cultural competence training:  
N

Facility has access to skilled  
medical interpreters on site?: N

Interpreter Non-English

Languages: N

Website: <https://sites.google.com/site/westernadhcec/contact-us>

#### EL CAJON ADHC

Provider ID: 637126

854 JACKMAN ST  
EL CAJON, CA 92020

Phone: (619) 328-2112

Fax: (619) 328-0069

After Hours Phone: (619)  
328-2112

Accepting New Patients: No

Hours: SU-SA 9AM-3PM

License Number: 550008511

NPI: 1184207631

Accessibility: CONTACT  
PROVIDER

American Sign Language (ASL):  
N

Language line interpreter  
services: N

If Facility has completed  
cultural competence training:  
N

Facility has access to skilled  
medical interpreters on site?: N

Interpreter Non-English

Languages: N

Website: N/A

#### MAGNOLIA ADULT DAY HEALTH CARE

Provider ID: 408541

490 N MAGNOLIA AVE  
EL CAJON, CA 92020

Phone: (619) 444-1522

Fax: (619) 444-1516

After Hours Phone: (619)  
444-1522

Accepting New Patients: No

Hours: M-F 8AM-4PM

License Number: 60000821

NPI: 1487864468

Accessibility: CONTACT  
PROVIDER

American Sign Language (ASL):  
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

### EL CAJON

#### WESTERN ADHC

Provider ID: 417305


240 S MAGNOLIA AVE  
EL CAJON, CA 92020

Phone: (619) 631-7222

After Hours Phone: (619)

## G. 基於社群的成人服務 (CBAS) - 成人日間服務

Languages: N


 Website: <http://magnoliaadhc.com>

### LA MESA

#### GOLDEN LIFE ADHC

Provider ID: 619502

 9158 FLETCHER PKWY  
LA MESA, CA 91942

 Phone: (619) 357-7753

Fax: (619) 439-6038

 After Hours Phone: (619)  
357-7753

Accepting New Patients: No  
NPI: 1093921900

 Accessibility: CONTACT  
PROVIDER

American Sign Language (ASL):  
N

Language line interpreter  
services: N

If Facility has completed  
cultural competence training:  
N

Facility has access to skilled  
medical interpreters on site?: N  
Interpreter Non-English

Languages: N


 Website: N/A

### NATIONAL CITY


#### HORIZON CBAS

Provider ID: 642082

 1035 HARBISON AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 474-1822

Fax: (619) 474-1826

 After Hours Phone: (619)  
474-1822

Accepting New Patients: No  
License Number: 060000582  
NPI: 1396476388

 Accessibility: CONTACT  
PROVIDER

American Sign Language (ASL):  
N

Language line interpreter  
services: N

If Facility has completed  
cultural competence training:  
N

Facility has access to skilled  
medical interpreters on site?: N  
Interpreter Non-English

Languages: N


 Website: N/A

### POWAY

#### POWAY ADULT DAY HEALTH CARE CENTER

Provider ID: 404183

 12250 CROSTHWAITE CIR  
POWAY, CA 92064

 Phone: (858) 748-5044

Fax: (858) 748-5405

 After Hours Phone: (858)  
748-5044

Accepting New Patients: No  
License Number: 60000822  
NPI: 1568659977

 Accessibility: CONTACT  
PROVIDER

American Sign Language (ASL):  
N

Language line interpreter  
services: N

If Facility has completed  
cultural competence training:  
N

Facility has access to skilled  
medical interpreters on site?: N  
Interpreter Non-English


Languages: N


 Website: N/A

### SAN DIEGO

#### SAN DIEGO FAMILY CIRCLE ADULT DAY HEALTH CARE

Provider ID: 539018


 4428 CONVOY ST STE 288  
SAN DIEGO, CA 92111


 Phone: (858) 244-4555

Fax: (858) 724-3302

 After Hours Phone: (858)  
244-4555

Accepting New Patients: No

 Site Language(s) Spoken:  
Vietnamese, Mandarin,  
Spanish

 Hours: M-F 8AM-5PM

License Number: 550005837

NPI: 1396201828

 Accessibility: CONTACT  
PROVIDER

American Sign Language (ASL):  
N

Language line interpreter  
services: Y

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## G. 基於社群的成人服務 (CBAS) - 成人日間服務

*If Facility has completed*

*cultural competence training:*

N

*Facility has access to skilled*

*medical interpreters on site?:*

*Interpreter Non-English*

*Languages:*


 *Website: Sandiegofamilycircle.com*

### **LOVING CARE ADHC**

*Provider ID: 419961*

 2565 CAMINO DEL RIO S  
STE 201

SAN DIEGO, CA 92108

 *Phone: (619) 718-9777*


*Fax: (619) 569-2855*

 *After Hours Phone: (619)  
718-9777*

*Accepting New Patients: No*

 *Hours: SU-SA 8:30AM-4PM*

*NPI: 1346455961*

 *Accessibility: CONTACT  
PROVIDER*

*American Sign Language (ASL):*

N

*Language line interpreter*

*services: N*

*If Facility has completed*

*cultural competence training:*


N

*Facility has access to skilled*

*medical interpreters on site?:*

*Interpreter Non-English*


*Languages: N*


 *Website: www.lovingcareadhc.com*

### **CASA PACIFICA ADHCC**

*Provider ID: 417303*

 1424 30TH ST STE C  
SAN DIEGO, CA 92154

 *Phone: (619) 424-8181*

 *After Hours Phone: (619)  
424-8181*

*Accepting New Patients: No*

*NPI: 1609920305*

 *Accessibility: CONTACT  
PROVIDER*

*American Sign Language (ASL):*

N

*Language line interpreter*

*services: N*

*If Facility has completed*

*cultural competence training:*

N

*Facility has access to skilled*

*medical interpreters on site?:*

*Interpreter Non-English*

*Languages: N*

 *Website: www.casa-pacific  
a.com*

*Accepting New Patients: No*

*License Number: 060000832*

*NPI: 1528271186*

 *Accessibility: CONTACT  
PROVIDER*

*American Sign Language (ASL):*

N

*Language line interpreter*

*services: N*

*If Facility has completed*

*cultural competence training:*


N

*Facility has access to skilled*

*medical interpreters on site?:*

*Interpreter Non-English*

*Languages: N*

 *Website: www.americaread  
hc.com*

## **SAN MARCOS**


### **AMERICARE ADULT DAY**

### **HEALTH CARE CENTER**


*Provider ID: 420060*

 340 RANCHEROS DR STE  
196

SAN MARCOS, CA 92069

 *Phone: (760) 682-2424*

*Fax: (760) 471-5104*

 *After Hours Phone: (760)  
682-2424*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## H. 縣居家支援服務 (IHSS)


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### SAN DIEGO

#### AGING & INDEPENDENCE SERVICES

*Specialty: Case Management*

 5560 OVERLAND AVE  
SAN DIEGO, CA 92123

 Phone: (858) 495-5885


License Number: 1710308986

Accessibility: CONTACT

#### PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/inhome\\_supportive\\_services.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/inhome_supportive_services.html)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

# I. 心理健康名錄

## ALPINE

### KHALEEL, AMMAR

Provider Gender: Male

License Number: LCS110302

NPI: 1841744208

Provider English Spoken: Y

Arabic

Cultural Competency: N

### AMMAR KHALEEL

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## CAMPO

### CASTLEBERRY, DANI

Provider Gender: Female

License Number: LCS95022

NPI: 1053706853

Provider English Spoken: Y

Spanish

Cultural Competency: N

### DANI E CASTLEBERRY

1388 BUCKMAN SPRINGS  
RD  
CAMPO, CA 91906

Phone: (619) 662-4100

Fax: (619) 478-9164

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## CHULA VISTA

### BAYLON, ALDO

Provider Gender: Male

License Number: PSY29904

NPI: 1649429150

Provider English Spoken: Y

Cultural Competency: N

### ALDO BAYLON

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 425-6941

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-8PM  
SA 8AM-4PM

### CELAYA, PATRICIA

Provider Gender: Female

License Number: PSY33233

NPI: 1952656902

Provider English Spoken: Y

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 Language(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction


American Sign Language (ASL):

N

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# I. 心理健康名錄

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-8PM  
SA 8AM-4PM*

## **GALLO, LINDA**

*Provider Gender: Female*


*License Number: PSY27375*

*NPI: 1427773621*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

LINDA C GALLO

 780 BAY BLVD STE 200  
CHULA VISTA, CA 91910

 *Phone: (619) 662-4100*

*Fax: (619) 240-7852*

 *After Hours Phone: (619)  
662-4100*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 18\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

## **GOULD, HILARY**

*Provider Gender: Female*


*License Number: PSY31088*

*NPI: 1104297696*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

HILARY GOULD

 678 3RD AVE  
CHULA VISTA, CA 91910

 *Phone: (619) 662-4100*

*Fax: (619) 271-0260*

 *After Hours Phone: (619)  
662-4100*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: SU 10AM-4PM  
M-F 8:30AM-5:30PM  
SA 8AM-2:30PM*

## **JUAREZ, AMERICA**

*Provider Gender: Female*


*License Number: LCS92516*

*NPI: 1386281541*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

AMERICA P JUAREZ

 678 3RD AVE  
CHULA VISTA, CA 91910

 *Phone: (619) 662-4100*

*Fax: (619) 425-1184*

 *After Hours Phone: (619)  
662-4100*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

## **KURZ, TROY**

*Provider Gender: Male*


*License Number: A157190*

*NPI: 1154862357*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

TROY L KURZ

 678 3RD AVE  
CHULA VISTA, CA 91910

 *Phone: (619) 662-4100*

*Fax: (619) 425-6941*

 *After Hours Phone: (619)  
662-4100*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-8PM  
SA 8AM-4PM*

## **MALAK, LAWRENCE**

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# I. 心理健康名錄

*Provider Gender: Male*  
*License Number: A115345*  
*NPI: 1467773028*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
**LAWRENCE T MALAK**  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
*Fax: (619) 425-1184*  
 *After Hours Phone: (619) 662-4100*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*

*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

## **MARTINEZ, STEPHANIE**

*Provider Gender: Female*  
*License Number: A152787*  
*NPI: 1699126367*  
 *Provider English Spoken: Y*  
 *Spanish*  
*Cultural Competency: N*  
**STEPHANIE MARTINEZ**  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
*Fax: (619) 271-0260*  
 *After Hours Phone: (619)*

662-4100  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: SU 10AM-4PM*  
*M-F 8:30AM-5:30PM*  
*SA 8AM-2:30PM*

## **OJHA, PRITI**

*Provider Gender: Female*  
*License Number: A139807*  
*NPI: 1760897284*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
**PRITI OJHA**

678 3RD AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
*Fax: (619) 425-1184*  
 *After Hours Phone: (619) 662-4100*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL):*

*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: SU 10AM-4PM*  
*M-TU 8:30AM-8PM*  
*W-F 8:30AM-5:30PM*  
*SA 8AM-2PM*

## **SHIELDS, SEBASTIAN**

*Provider Gender: Male*  
*License Number: MFC124495*  
*NPI: 1558895342*  
 *Provider English Spoken: Y*  
 *Spanish*  
*Cultural Competency: N*  
**SEBASTIAN L SHIELDS**

678 3RD AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
*Fax: (619) 425-1184*  
 *After Hours Phone: (619) 662-4100*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

## **TROYER, EMILY**

*Provider Gender: Female*  
*License Number: A149101*

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# I. 心理健康名錄


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


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-8PM  
SA 8AM-4PM

## WIJAYARATNE, IMANIE

Provider Gender: Male


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) 271-0260

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## EL CAJON

### ARAIZA, ERNESTINA

Provider Gender: Female


License Number: PSY32549


NPI: 1568608636

 Provider English Spoken: Y  
Cultural Competency: N

ERNESTINA ARAIZA

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 Fax: (619) 785-3356

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

### ARNOLD, REBECCA

Provider Gender: Female


License Number: MFC95778


NPI: 1225580350

 Provider English Spoken: Y  
Cultural Competency: N

REBECCA L ARNOLD

 855 E MADISON AVE  
EL CAJON, CA 92020

 Phone: (619) 440-0251

 Fax: (858) 633-4692

 After Hours Phone: (619)  
440-0251

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CASEY, SHANNON


Provider Gender: Female

License Number: PSY31889

NPI: 1548873755

 Provider English Spoken: Y  
Cultural Competency: N


SHANNON K CASEY


 215 W MADISON AVE  
EL CAJON, CA 92020

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# I. 心理健康名錄

 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: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

## **CRUZ, GUADALUPE**

Provider Gender: Male

License Number: LCS101900

NPI: 1649727942


 Provider English Spoken: Y


 Spanish

Cultural Competency: N

GUADALUPE A CRUZ

 855 E MADISON AVE  
EL CAJON, CA 92020

 Phone: (619) 440-2751

 Fax: (360) 462-2746

 After Hours Phone: (619) 440-2751

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

## **DIA, ALI**

Provider Gender: Male

License Number: A47803

NPI: 1912031030


 Provider English Spoken: Y


 Arabic


Cultural Competency: N

ALI R DIA

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 Fax: (619) 785-3356

 After Hours Phone: (619) 662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

## **FRAGOSO, DOMINIQUE**

Provider Gender: Female

License Number: LCS12601


NPI: 1518521830


 Provider English Spoken: Y

Cultural Competency: N

DOMINIQUE C FRAGOSO

 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: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## **GUARDADO-SOTO, RAQUEL**

Provider Gender: Female

License Number: PSY26883


NPI: 1194999276


 Provider English Spoken: Y

Cultural Competency: N

RAQUEL GUARDADO-SOTO

 855 E MADISON AVE  
EL CAJON, CA 92020

 Phone: (619) 440-2751

 Fax: (858) 633-4692

 After Hours Phone: (619) 440-2751

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

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# I. 心理健康名錄

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N



 Accessibility: CONTACT PROVIDER

## KOH, STEVE

Provider Gender: Male

License Number: A103468


NPI: 1467650473

 Provider English Spoken: Y  
 Korean

Cultural Competency: N

STEVE H KOH

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100  
Fax: (619) 205-6305

 After Hours Phone: (619) 662-4100

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

## MAXWELL, MELISSA


Provider Gender: Female

License Number: LCS90791

NPI: 1275182826

 Provider English Spoken: Y  
Cultural Competency: N  
MELISSA K MAXWELL

 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: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## ORLANDO, FRANCESCA


Provider Gender: Female

License Number: LCS107210

NPI: 1275097081

 Provider English Spoken: Y  
Cultural Competency: N

 215 W MADISON AVE  
EL CAJON, CA 92020

 Phone: (619) 401-6236  
Fax: (619) 590-9036

 After Hours Phone: (619) 401-6236

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## POSTLETHWAITE, ALEJANDRA

Provider Gender: Female


License Number: A88938

NPI: 1750566915

 Provider English Spoken: Y  
Cultural Competency: N

ALEJANDRA POSTLETHWAITE

 855 E MADISON AVE  
EL CAJON, CA 92020

 Phone: (619) 440-2751  
Fax: (858) 633-4692

 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

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# I. 心理健康名錄


 *Accessibility: CONTACT PROVIDER*

## **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*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

## **WHEELER, KIM**

*Provider Gender: Female*

*License Number: PSY34237*


*NPI: 1700577434*

 *Provider English Spoken: Y*


*Cultural Competency: N*

KIM N WHEELER

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 *Phone: (619) 662-4100*

*Fax: (619) 785-3356*

 *After Hours Phone: (619) 662-4100*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 11\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **ENCINITAS**

### **GARCIA, ROSEMARIE**

*Provider Gender: Female*

*License Number: MFC123590*


*NPI: 1710410980*

 *Provider English Spoken: Y*

*Cultural Competency: N*


ROSEMARIE C GARCIA

 1130 2ND ST  
ENCINITAS, CA 92024

 *Phone: (760) 736-6767*


*Fax: (760) 736-8740*

 *After Hours Phone: (760) 736-6767*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

 *Site Languages(s) Spoken:*  
*Spanish*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

### **GOMEZ, JUANITA**

*Provider Gender: Female*

*License Number: PSY27439*

*NPI: 1790915759*

 *Provider English Spoken: Y*

*Cultural Competency: N*

JUANITA GOMEZ

 1505 ENCINITAS BLVD  
ENCINITAS, CA 92024

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

### **LOPEZ, JOANNA**

*Provider Gender: Female*

*License Number: MFC50381*

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# I. 心理健康名錄

NPI: 1275664385

 Provider English Spoken: Y  
Cultural Competency: N


JOANNA M LOPEZ

 1130 2ND ST  
ENCINITAS, CA 92024

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## ESCONDIDO

### ARLINGHAUS, RENE

Provider Gender: Female


License Number: LCS80909

NPI: 1568973964

 Provider English Spoken: Y  
Cultural Competency: N

RENE M ARLINGHAUS

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

Fax: (619) 662-4196

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



 Hours: M-F 8AM-5PM

### BECERRA, GABRIEL

Provider Gender: Male

License Number: LCS114743

NPI: 1205313319


 Provider English Spoken: Y  
 Spanish

Cultural Competency: N

GABRIEL CELESTINO

BECERRA

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8340

Fax: (360) 462-2752

 After Hours Phone: (760)  
520-8340

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 7AM-7:30PM  
TU 7AM-4:30PM  
W 7AM-7:30PM  
TH-F 7AM-4:30PM

### BELINSKY, MARIA

Provider Gender: Female

License Number: LCS69175

NPI: 1760867824


 Provider English Spoken: Y

 Spanish

Cultural Competency: N

MARIA T BELINSKY

 426 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 690-5900

Fax: (858) 633-4693

 After Hours Phone: (760)  
690-5900

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### BELINSKY, MARIA

Provider Gender: Female

License Number: LCS69175

NPI: 1760867824

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# I. 心理健康名錄

Provider English Spoken: Y  
 Spanish  
Cultural Competency: N  
MARIA T BELINSKY  
 460 N ELM ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
Fax: (858) 633-4691  
 After Hours Phone: (760)  
520-8100  
 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

## **BELINSKY, MARIA**

Provider Gender: Female  
License Number: LCS69175  
NPI: 1760867824  
 Provider English Spoken: Y  
 Spanish  
Cultural Competency: N  
MARIA T BELINSKY  
 728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
Fax: (760) 520-8100  
 After Hours Phone: (760)  
737-6900  
 Website: N/A  
Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

## **CARLTON PENN, CORNELIA**

Provider Gender: Female  
License Number: PSY14310  
NPI: 1891720611  
 Provider English Spoken: Y  
 German  
Cultural Competency: N  
CORNELIA J CARLTON-PENN  
 425 N DATE ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8340  
Fax: (360) 462-2752  
 After Hours Phone: (760)  
520-8340  
 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## **CASTILLO, TIFFANY**

Provider Gender: Female  
License Number: A158480  
NPI: 1114459252  
 Provider English Spoken: Y  
 Spanish  
Cultural Competency: N  
TIFFANY A CASTILLO  
 425 N DATE ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8340  
Fax: (360) 462-2752  
 After Hours Phone: (760)  
520-8340  
 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

## **CASTILLO, TIFFANY**

Provider Gender: Female  
License Number: A158480  
NPI: 1114459252  
 Provider English Spoken: Y  
 Spanish

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上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

# I. 心理健康名錄

*Cultural Competency: N*

**TIFFANY A CASTILLO**

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8340

Fax: (360) 462-2752

After Hours Phone: (760)  
520-8340

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## **CHRISTENSEN, PATTI**

*Provider Gender: Female*

*License Number: LCS24129*

*NPI: 1245434745*

Provider English Spoken: Y  
*Cultural Competency: N*

**PATTI J CHRISTENSEN**

1002 E GRAND AVE  
ESCONDIDO, CA 92025

Phone: (760) 741-2660

After Hours Phone: (760)  
741-2660

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5PM

## **DOCKERY, LEE**

*Provider Gender: Male*

*License Number: A178136*

*NPI: 1225526320*

Provider English Spoken: Y  
*Cultural Competency: N*

**LEE M DOCKERY**

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8300

Fax: (858) 633-4698

After Hours Phone: (760)  
520-8300

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## **ESTRADA PATINO, ANGELA**

*Provider Gender: Female*

*License Number: PSY31789*

*NPI: 1629339015*

Provider English Spoken: Y  
Spanish

*Cultural Competency: N*

**ANGELA J ESTRADA PATINO**

460 N ELM ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8100

Fax: (760) 466-1373

After Hours Phone: (760)  
520-8100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 14\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-OPM

## **FU, KATHERINE**

*Provider Gender: Female*

*License Number: A187562*

*NPI: 1356877807*

Provider English Spoken: Y  
*Cultural Competency: N*

**KATHERINE FU**

704 E GRAND AVE

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# I. 心理健康名錄

ESCONDIDO, CA 92025

☎ Phone: (619) 662-4100

Fax: (619) 662-4196

🕒 After Hours Phone: (619) 662-4100

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

🗃 Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

## **GUZZO, RICHARD**

Provider Gender: Male

License Number: LCS8288

NPI: 1497898431

🗃 Provider English Spoken: Y  
Cultural Competency: N

RICHARD L GUZZO

📍 1002 E GRAND AVE  
ESCONDIDO, CA 92025

☎ Phone: (760) 737-6960

🕒 After Hours Phone: (760) 737-6960

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:30AM-5PM

## **HARRIS, LAURA**

Provider Gender: Female

License Number: LCS18214

NPI: 1255640280

🗃 Provider English Spoken: Y  
Cultural Competency: N

LAURA S HARRIS

📍 1002 E GRAND AVE  
ESCONDIDO, CA 92025

☎ Phone: (760) 741-2660

Fax: (760) 741-2647

🕒 After Hours Phone: (760) 741-2660

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

## **KULKARNI, NISHAT**

Provider Gender: Male

License Number: A187134

NPI: 1669034732

🗃 Provider English Spoken: Y  
Cultural Competency: N

NISHAT KULKARNI

📍 425 N DATE ST  
ESCONDIDO, CA 92025

☎ Phone: (760) 520-8300

Fax: (858) 633-4698

🕒 After Hours Phone: (760) 520-8300

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

🗃 Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

## **MAGOS, DANIEL**

Provider Gender: Male

License Number: LCS88270

NPI: 1578983664

🗃 Provider English Spoken: Y  
Cultural Competency: N

DANIEL K MAGOS

📍 425 N DATE ST  
ESCONDIDO, CA 92025

☎ Phone: (760) 520-8300

Fax: (858) 633-4698

🕒 After Hours Phone: (760)

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

# I. 心理健康名錄

520-8300  
Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

## MARTINEZ, NORAYMA

Provider Gender: Female  
License Number: LCS100019  
NPI: 1669808267

Provider English Spoken: Y  
Cultural Competency: N

NORAYMA MARTINEZ

728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Phone: (760) 737-6900  
Fax: (360) 462-2748

After Hours Phone: (760) 737-6900

Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y

Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

## POSTLETHWAITE, ALEJANDRA

Provider Gender: Female

License Number: A88938

NPI: 1750566915

Provider English Spoken: Y  
Cultural Competency: N

ALEJANDRA POSTLETHWAITE

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8300

Fax: (858) 633-4698

After Hours Phone: (760) 520-8300

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

## PRASAD, AMITHA

Provider Gender: Female

License Number: A158657

NPI: 1821436882

Provider English Spoken: Y  
Cultural Competency: N

AMITHA, PRASAD

2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

Phone: (760) 294-9270

Fax: (760) 294-9268

After Hours Phone: (760) 294-9270

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

## PRATHER, ALLYSON

Provider Gender: Female

License Number: MFC45441

NPI: 1083725006

Provider English Spoken: Y  
Cultural Competency: N

ALLYSON M PRATHER

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8300

Fax: (858) 633-4698

After Hours Phone: (760) 520-8300

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

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# I. 心理健康名錄

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

## RIOS, SIERRA

Provider Gender: Female

License Number: LCS91970

NPI: 1942746128


 Provider English Spoken: Y

 Spanish


Cultural Competency: N

SIERRA K RIOS

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8340


Fax: (360) 462-2752

 After Hours Phone: (760)  
520-8340

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


 Site Language(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

## ROBLEDO, DAMIAN

Provider Gender: Male

License Number: LCS66152

NPI: 1376831289


 Provider English Spoken: Y

 Spanish

Cultural Competency: N


DAMIAN ROBLEDO

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8340

Fax: (360) 462-2752

 After Hours Phone: (760)  
520-8340

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M 7AM-7:30PM  
TU 7AM-4:30PM

W 7AM-7:30PM


TH-F 7AM-4:30PM

## RODARTE, GABRIEL

Provider Gender: Male

License Number: A87906

NPI: 1184649212


 Provider English Spoken: Y

 Spanish


Cultural Competency: N

GABRIEL RODARTE

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8340

Fax: (858) 633-4698

 After Hours Phone: (760)  
520-8340

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## STONE, CALVIN

Provider Gender: Male

License Number: 20A18127

NPI: 1275995870

 Provider English Spoken: Y

Cultural Competency: N

CALVIN T STONE

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8300

Fax: (858) 633-4698

 After Hours Phone: (760)  
520-8300

 Website: N/A

Accepting New Patients: Yes

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# I. 心理健康名錄

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## **STREET, KYLE**

Provider Gender: Male


License Number: 20A21304

NPI: 1457912131

 Provider English Spoken: Y  
Cultural Competency: N

KYLE A STREET

 425 N DATE ST  
ESCONDIDO, CA 92025


 Phone: (760) 520-8300  
Fax: (858) 633-4698

 After Hours Phone: (760) 520-8300

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


 Site Languages(s) Spoken: Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **SUOZZO, JOSEPH**

Provider Gender: Male


License Number: PSY18393

NPI: 1821013228

 Provider English Spoken: Y  
Cultural Competency: N

JOSEPH M SUOZZO

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8340  
Fax: (858) 633-4698

 After Hours Phone: (760) 520-8340

 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## **TEETER-WITT, ALYSSA**

Provider Gender: Female


License Number: PSY31075

NPI: 1932308442

 Provider English Spoken: Y  
Cultural Competency: N

ALYSSA TEETER-WITT

 426 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 690-5900  
Fax: (858) 633-4693

 After Hours Phone: (760) 690-5900

 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## **TEETER-WITT, ALYSSA**

Provider Gender: Female


License Number: PSY31075

NPI: 1932308442

 Provider English Spoken: Y  
Cultural Competency: N

ALYSSA TEETER-WITT

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8300  
Fax: (858) 633-4698

 After Hours Phone: (760) 520-8300

 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT

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# I. 心理健康名錄



## PROVIDER


### THOMAS, PAULA

Provider Gender: Female  
License Number: LCS29517  
NPI: 1821389966

Provider English Spoken: Y  
Cultural Competency: N

### PAULA M THOMAS

 425 N DATE ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8340  
Fax: (360) 462-2752

 After Hours Phone: (760) 520-8340

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


Site Languages(s) Spoken:  
Spanish, German, French,  
Cappadocian Greek, Hindi


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM



### TIZNADO, MONICA


Provider Gender: Female  
License Number: MFC81074  
NPI: 1497895197

Provider English Spoken: Y  
 Spanish

Cultural Competency: N

### MONICA M TIZNADO

 425 N DATE ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8340  
Fax: (360) 462-2752

 After Hours Phone: (760) 520-8340

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM



### TIZNADO, MONICA

Provider Gender: Female  
License Number: MFC81074  
NPI: 1497895197

Provider English Spoken: Y  
 Spanish

Cultural Competency: N

### MONICA M TIZNADO

 425 N DATE ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8340  
Fax: (360) 462-2752

 After Hours Phone: (760) 520-8340

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM



### VALLEZ-BARLAM, ANDREA

Provider Gender: Female  
License Number: PSY9962  
NPI: 1710902143

Provider English Spoken: Y  
 German, Spanish

Cultural Competency: N

### ANDREA VALLEZ-BARLAM

 426 N DATE ST  
ESCONDIDO, CA 92025  
 Phone: (760) 690-5900  
Fax: (858) 633-4693

 After Hours Phone: (760) 690-5900

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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# I. 心理健康名錄

## **VALLEZ-BARLAM, ANDREA**

*Provider Gender: Female*

*License Number: PSY9962*

*NPI: 1710902143*

*Provider English Spoken: Y*


*German, Spanish*

*Cultural Competency: N*

**ANDREA VALLEZ-BARLAM**

 488 E VALLEY PKWY STE 404

ESCONDIDO, CA 92025

 *Phone: (760) 466-9800*

*Fax: (858) 633-4693*

 *After Hours Phone: (760) 466-9800*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*Site Language(s) Spoken: German, Spanish*

*TDD: U*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **VAQUERO, JUANA**

*Provider Gender: Female*

*License Number: PSY28364*

*NPI: 1023459708*


*Provider English Spoken: Y*

*Cultural Competency: N*

**JUANA VAQUERO**

 425 N DATE ST

ESCONDIDO, CA 92025

 *Phone: (760) 520-8300*

*Fax: (858) 633-4698*

 *After Hours Phone: (760) 520-8300*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

## **VENNAM, VAMSI**

*Provider Gender: Male*

*License Number: 20A19415*

*NPI: 1679070569*


*Provider English Spoken: Y*

*Cultural Competency: N*

**VAMSI K VENNAM**

 425 N DATE ST

ESCONDIDO, CA 92025

 *Phone: (760) 520-8300*

*Fax: (858) 633-4698*

 *After Hours Phone: (760) 520-8300*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*

*restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **WOODWORTH, JENNIFER**

*Provider Gender: Female*

*License Number: PSY26963*

*NPI: 1639362494*


*Provider English Spoken: Y*

*Cultural Competency: N*


**JENNIFER WOODWORTH**

 425 N DATE ST

ESCONDIDO, CA 92025

 *Phone: (760) 520-8340*

*Fax: (858) 633-4698*

 *After Hours Phone: (760) 520-8340*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

## **FALLBROOK**

## **CARDOZA, CLAUDIA**



*Provider Gender: Female*

*License Number: LCS82778*

*NPI: 1871084715*

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# I. 心理健康名錄

 *Provider English Spoken: Y*  
 *Spanish*

*Cultural Competency: N*

CLAUDIA J CARDOZA

 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*

 *Site Language(s) Spoken: Spanish*

*TDD: U*

*Min/Max Age: 6\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## GILROY, LAURA

*Provider Gender: Female*


*License Number: LCS27123*

*NPI: 1437427978*

 *Provider English Spoken: Y*  
*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: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

## MAGEE, ANNA

*Provider Gender: Female*


*License Number: LCS107407*

*NPI: 1194234609*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

ANNA M MAGEE

 1328 S MISSION RD  
FALLBROOK, CA 92028

 *Phone: (760) 451-4720*

*Fax: (760) 457-4700*

 *After Hours Phone: (760) 451-4720*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

## MCAULEY, ROBERT

*Provider Gender: Male*


*License Number: G23317*

*NPI: 1194881888*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

ROBERT A MCAULEY

 1328 S MISSION RD  
FALLBROOK, CA 92028

 *Phone: (760) 451-4730*

*Fax: (760) 457-4700*

 *After Hours Phone: (760) 451-4730*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 12\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

## MILES, RENEE

*Provider Gender: Female*


*License Number: LCS70204*

*NPI: 1053763623*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

RENEE S MILES

 1328 S MISSION RD  
FALLBROOK, CA 92028

 *Phone: (760) 451-4720*

*Fax: (760) 457-4700*

 *After Hours Phone: (760)*

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# I. 心理健康名錄

451-4720

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

## RODARTE, GABRIEL

Provider Gender: Male

License Number: A87906

NPI: 1184649212

 Provider English Spoken: Y


 Spanish

Cultural Competency: N

GABRIEL RODARTE


 1328 S MISSION RD

FALLBROOK, CA 92028

 Phone: (760) 541-4730

Fax: (760) 457-4700

 After Hours Phone: (760) 541-4730

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT

## PROVIDER


### IMPERIAL BEACH

#### GONZALEZ, CLAUDIA

Provider Gender: Female

License Number: LCS100328

NPI: 1770055543


 Provider English Spoken: Y

Cultural Competency: N

CLAUDIA GONZALEZ

 949 PALM AVE

IMPERIAL BEACH, CA 91932

 Phone: (619) 429-3733

Fax: (619) 628-5550

 After Hours Phone: (619) 429-3733

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

#### ZUREK, BEDEANIA

Provider Gender: Female

License Number: LCS74215

NPI: 1942375811


 Provider English Spoken: Y

Cultural Competency: N


BEDEANIA R ZUREK

 949 PALM AVE

IMPERIAL BEACH, CA 91932

 Phone: (619) 429-3733

Fax: (619) 628-5550

 After Hours Phone: (619) 429-3733

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### LA JOLLA

#### BAILIS, JESSICA

Provider Gender: Female

License Number: PSY27537

NPI: 1760739049


 Provider English Spoken: Y


Cultural Competency: N

JESSICA R BAILIS

 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

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# I. 心理健康名錄

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

## **BOOTH, CHRISTOPHER**

*Provider Gender: Male*

*License Number: PSY26073*


*NPI: 1568893162*


 *Provider English Spoken: Y Cultural Competency: N*

**CHRISTOPHER R BOOTH**

 8950 VILLA LA JOLLA DR STE C101

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*


*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **BOOTH, CHRISTOPHER**

*Provider Gender: Male*


*License Number: PSY26073*


*NPI: 1568893162*


 *Provider English Spoken: Y Cultural Competency: N*

**CHRISTOPHER R BOOTH**

 9300 CAMPUS POINT DR LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **BOUTELLE, KERRI**

*Provider Gender: Male*

*License Number: PSY21823*


*NPI: 1780620906*


 *Provider English Spoken: Y Cultural Competency: N*

**KERRI N BOUTELLE**

 8950 VILLA LA JOLLA DR STE C212

LA JOLLA, CA 92037

 *Phone: (858) 246-1654*

 *After Hours Phone: (858) 246-1654*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **BOUTELLE, KERRI**

*Provider Gender: Male*

*License Number: PSY21823*


*NPI: 1780620906*


 *Provider English Spoken: Y Cultural Competency: N*

**KERRI N BOUTELLE**

 8950 VILLA LA JOLLA DR STE C101

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **BOUTELLE, KERRI**

*Provider Gender: Male*

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# I. 心理健康名錄


License Number: PSY21823

NPI: 1780620906

 Provider English Spoken: Y  
Cultural Competency: N

KERRI N BOUTELLE

 3344 N TORREY PINES CT  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## BRAR, SIMERJEET

Provider Gender: Female

License Number: A144765

NPI: 1417393307


 Provider English Spoken: Y  
Cultural Competency: N

SIMERJEET K BRAR

 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## CHESHER, NICHOLAS

Provider Gender: Male


License Number: PSY29290

NPI: 1124539697

 Provider English Spoken: Y  
Cultural Competency: N

NICHOLAS J CHESHER

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## CLAUDAT, KIMBERLY

Provider Gender: Female


License Number: PSY28581

NPI: 1699200949

 Provider English Spoken: Y  
Cultural Competency: N

KIMBERLY B CLAUDAT

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## CRANDAL, BRENT

Provider Gender: Male

License Number: PSY26294

NPI: 1588739452

 Provider English Spoken: Y  
Cultural Competency: N





BRENT R CRANDAL

 8950 VILLA LA JOLLA DR  
STE C101






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# I. 心理健康名錄






LA JOLLA, CA 92037  
 Phone: (800) 926-8372  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8372  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER



## **DUARTE, KRISTEN**

Provider Gender: Female  
License Number: PSY31227  
NPI: 1093119364  
 Provider English Spoken: Y  
Cultural Competency: N  
KRISTEN L DUARTE  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL):


N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM







## **DUARTE, KRISTEN**

Provider Gender: Female  
License Number: PSY31227  
NPI: 1093119364  
 Provider English Spoken: Y  
Cultural Competency: N  
KRISTEN L DUARTE  
 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Website: N/A



Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

## **EICHEN, DAWN**

Provider Gender: Female  
License Number: PSY27823  
NPI: 1861043366  
 Provider English Spoken: Y  
Cultural Competency: N

DAWN M EICHEN  
 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

## **EICHEN, DAWN**

Provider Gender: Female  
License Number: PSY27823  
NPI: 1861043366  
 Provider English Spoken: Y  
Cultural Competency: N  
DAWN M EICHEN  
 8950 VILLA LA JOLLA DR  
STE C212  
LA JOLLA, CA 92037  
 Phone: (858) 246-1654  
Fax: (858) 246-3181  
 After Hours Phone: (858) 246-1654  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y

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# I. 心理健康名錄

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## EICHEN, DAWN

Provider Gender: Female


License Number: PSY27823

NPI: 1861043366

 Provider English Spoken: Y  
Cultural Competency: N

DAWN M EICHEN

 3344 N TORREY PINES CT  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## ELLEDDGE, LINDSAY

Provider Gender: Female

License Number: LCS96136


NPI: 1619428828

 Provider English Spoken: Y  
Cultural Competency: N

LINDSAY E ELLEDGE


 8950 VILLA LA JOLLA DR  
STE 101

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## FINN, DAPHNA

Provider Gender: Female

License Number: A152291


NPI: 1639522725

 Provider English Spoken: Y  
Cultural Competency: N

DAPHNA M FINN

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## HUEGE, STEVEN

Provider Gender: Male

License Number: C141122


NPI: 1598716367

 Provider English Spoken: Y  
Cultural Competency: N

STEVEN F HUEGE


 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL): N

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# I. 心理健康名錄

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **HUEGE, STEVEN**

*Provider Gender: Male*


*License Number: C141122*

*NPI: 1598716367*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

STEVEN F HUEGE

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*


*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **KHAFAJA, MOHAMAD**

*Provider Gender: Male*

*License Number: A115892*

*NPI: 1780867119*

 *Provider English Spoken: Y*


 *Arabic*

*Cultural Competency: N*

MOHAMAD H KHAFAJA


 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **LASSWELL, EVE**

*Provider Gender: Female*

*License Number: PSY30220*


*NPI: 1013483635*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


EVE N LASSWELL

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **LEDBETTER, ALEX**

*Provider Gender: Male*

*License Number: 20A20454*


*NPI: 1073017315*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

ALEX W LEDBETTER

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

## **LEE, DAVID**


*Provider Gender: Male*

*License Number: A124329*

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# I. 心理健康名錄

NPI: 1871884130

 Provider English Spoken: Y


 Korean


Cultural Competency: N


DAVID J LEE

 9350 CAMPUS POINT DR  
STE LLB

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM

## LI, XIA

Provider Gender: Female

License Number: A163344

NPI: 1336670413

 Provider English Spoken: Y


 Mandarin

Cultural Competency: N

XIA LI

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## LINKE, SARAH

Provider Gender: Female


License Number: PSY27116

NPI: 1487026415

 Provider English Spoken: Y  
Cultural Competency: N


SARAH E LINKE

 8939 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

## MAGINOT-CHESSER, TAMARA

Provider Gender: Female

License Number: PSY28678

NPI: 1043441165


 Provider English Spoken: Y

Cultural Competency: N


TAMARA R MAGINOT

CHESSER

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 534-7792

Fax: (619) 471-9017

 After Hours Phone: (858)  
534-7792

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## MARTINEZ, STEPHANIE

Provider Gender: Female

License Number: A152787

NPI: 1699126367

 Provider English Spoken: Y

 Spanish

Cultural Competency: N

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

# I. 心理健康名錄

## STEPHANIE MARTINEZ

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## MAXWELL, BENJAMIN

Provider Gender: Male

License Number: A108124

NPI: 1740415926

Provider English Spoken: Y

Cultural Competency: N

## BENJAMIN K MAXWELL

8950 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Phone: (858) 534-8019

Fax: (858) 534-6727

After Hours Phone: (858)  
534-8019

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

## MENDEZ, ANDRES

Provider Gender: Male

License Number: PSY28907

NPI: 1841482692

Provider English Spoken: Y

Spanish

Cultural Competency: N

## ANDRES G MENDEZ

8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## MOORE, SHAVON

Provider Gender: Female

License Number: A152789

NPI: 1053682773

Provider English Spoken: Y

Cultural Competency: N

## SHAVON C MOORE

8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## MOORE, SHAVON

Provider Gender: Female

License Number: A152789

NPI: 1053682773

Provider English Spoken: Y

Cultural Competency: N

## SHAVON C MOORE

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 826-8273

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# I. 心理健康名錄

Fax: (888) 539-8781

☎ After Hours Phone: (800) 826-8273

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

## NGUYEN, HOANG

Provider Gender: Male

License Number: G83977

NPI: 1720011620

☑ Provider English Spoken: Y

☑ Vietnamese

Cultural Competency: N

HOANG A NGUYEN

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (619) 497-6673

☎ After Hours Phone: (619) 497-6673

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

## NGUYEN, HOANG

Provider Gender: Male

License Number: G83977

NPI: 1720011620

☑ Provider English Spoken: Y

☑ Vietnamese

Cultural Competency: N

HOANG A NGUYEN

📍 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

## QAYOUMI, WALI

Provider Gender: Male

License Number: A168429

NPI: 1093178220

☑ Provider English Spoken: Y

☑ French

Cultural Competency: N

WALI Z QAYOUMI

📍 9500 GILMAN DR STE  
2069

LA JOLLA, CA 92093

☎ Phone: (858) 822-5881

Fax: (888) 539-8781

☎ After Hours Phone: (858) 822-5881

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

## QAYOUMI, WALI

Provider Gender: Male

License Number: A168429

NPI: 1093178220

☑ Provider English Spoken: Y

☑ French

Cultural Competency: N

WALI Z QAYOUMI

📍 9350 CAMPUS POINT DR  
STE LLB

LA JOLLA, CA 92037


☎ Phone: (619) 284-3746

Fax: (888) 579-8781

☎ After Hours Phone: (619) 284-3746

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# I. 心理健康名錄

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


## REED, KRISTIE

Provider Gender: Female  
License Number: PSY30934  
NPI: 1679869556

 Provider English Spoken: Y  
Cultural Competency: N

KRISTIE L REED

 3344 N TORREY PINES CT  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781


 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


## REED, KRISTIE

Provider Gender: Female  
License Number: PSY30934  
NPI: 1679869556

 Provider English Spoken: Y  
Cultural Competency: N

KRISTIE L REED

 8950 VILLA LA JOLLA DR  
STE C212  
LA JOLLA, CA 92037

 Phone: (800) 926-8372  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8372

 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


## RICHARD, MARLA

Provider Gender: Female  
License Number: G65188  
NPI: 1578720934


 Provider English Spoken: Y  
Cultural Competency: N

MARLA G RICHARD

 9300 MEDIAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273


 After Hours Phone: (800) 926-8273

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM


## RICHARD, MARLA

Provider Gender: Female  
License Number: G65188  
NPI: 1578720934

 Provider English Spoken: Y  
Cultural Competency: N

MARLA G RICHARD  
 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

 Website: N/A


Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U


Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

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# I. 心理健康名錄

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **SCHNEEBERGER, ANDRES**

*Provider Gender: Male*

*License Number: C175502*


*NPI: 1184867376*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

ANDRES R SCHNEEBERGER

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

## **TARLE, STEPHANIE**

*Provider Gender: Female*

*License Number: PSY32155*


*NPI: 1659920403*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

STEPHANIE J TARLE

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

## **TARVER, LESLIE**

*Provider Gender: Female*

*License Number: A169181*


*NPI: 1811300957*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

LESLIE B TARVER

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

## **WISHNEK, HANNAH**

*Provider Gender: Female*


*License Number: LCS105699*

*NPI: 1578012043*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

HANNAH K WISHNEK

 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

## **ZLATAR, ZVINKA**

*Provider Gender: Female*



*License Number: PSY26230*

*NPI: 1497139059*

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# I. 心理健康名錄

 Provider English Spoken: Y  
 Spanish

Cultural Competency: N

ZVINKA Z ZLATAR

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## LAKESIDE

### BRUNETTO, HEIDI

Provider Gender: Female


License Number: PSY26809

NPI: 1023250453

 Provider English Spoken: Y  
Cultural Competency: N

HEIDI M BRUNETTO

 10039 VINE ST  
LAKESIDE, CA 92040

 Phone: (619) 390-9975

Fax: (858) 633-4690

 After Hours Phone: (619)  
390-9975

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-5PM

## NATIONAL CITY

### FLANIGAN, MARILYN

Provider Gender: Female


License Number: MFC97326

NPI: 1588996912

 Provider English Spoken: Y  
Cultural Competency: N

MARILYN Y FLANIGAN

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

Fax: (858) 578-4417

 After Hours Phone: (844)  
200-2426

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM

### KUGEL, SAMUEL

Provider Gender: Male

License Number: A54412

NPI: 1497813968


 Provider English Spoken: Y

 Portuguese, Spanish

Cultural Competency: N

SAMUEL KUGEL

 502 EUCLID AVE STE 305  
NATIONAL CITY, CA 91950

 Phone: (619) 472-2600

Fax: (619) 472-5721

 After Hours Phone: (619)  
472-2600

 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y

 Site Language(s) Spoken:  
Spanish, Portuguese

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

### SACHS, MELISSA

Provider Gender: Female

License Number: LCS76968

NPI: 1649760356


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# I. 心理健康名錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*

MELISSA R SACHS

 2400 E 8TH ST  
NATIONAL CITY, CA 91950

 *Phone: (619) 662-4100*

*Fax: (619) 259-2807*

 *After Hours Phone: (619)*  
*662-4100*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F*  
*8:30AM-5:30PM*  
*SA 8AM-2:30PM*

## **SILVEY, CHRISTOPHER**

*Provider Gender: Male*


*License Number: LCS85942*

*NPI: 1932793502*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

CHRISTOPHER J SILVEY

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 *Phone: (844) 200-2426*

*Fax: (619) 474-4008*

 *After Hours Phone: (844)*  
*200-2426*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-5PM*



## **OCEANSIDE**

### **ACOSTA, AZUCENA**

*Provider Gender: Female*

*License Number: LCS98304*


*NPI: 1255937496*

 *Provider English Spoken: Y*  
 *Spanish*

*Cultural Competency: N*

AZUCENA ACOSTA

 517 N HORNE ST  
OCEANSIDE, CA 92054

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760)*  
*631-5000*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*



 *Hours: M-F 8AM-5PM*

### **ACOSTA, AZUCENA**

*Provider Gender: Female*

*License Number: LCS98304*


*NPI: 1255937496*

 *Provider English Spoken: Y*  
 *Spanish*

*Cultural Competency: N*

AZUCENA ACOSTA

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760)*  
*631-5000*

 *Website: N/A*

*Accepting New Patients: Yes*  
*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-TU 8AM-5PM*  
*W 8AM-7PM*

*TH-F 8AM-5PM*

*SA 9AM-4PM*

### **ACOSTA, AZUCENA**



*Provider Gender: Female*

*License Number: LCS98304*

*NPI: 1255937496*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


# I. 心理健康名錄

 *Provider English Spoken: Y*  
 *Spanish*

*Cultural Competency: N*

**AZUCENA ACOSTA**

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


 *Hours: M-F 8AM-5PM SA 9AM-4PM*

## **CHALMERS, VIRGINIA**

*Provider Gender: Female*

*License Number: LCS28053*

*NPI: 1265613715*


 *Provider English Spoken: Y*

 *Spanish*

*Cultural Competency: N*

**VIRGINIA C CHALMERS**

 619 CROUCH ST  
OCEANSIDE, CA 92054

 *Phone: (760) 736-6767*

*Fax: (760) 566-1501*

 *After Hours Phone: (760) 736-6767*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*

## **CHRISTIANSON, WARREN**

*Provider Gender: Male*

*License Number: 20A9664*

*NPI: 1932359445*


 *Provider English Spoken: Y*

 *Spanish*

*Cultural Competency: N*

**WARREN R CHRISTIANSON II**

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-7PM*

*F 8AM-5PM*

*SA 9AM-4PM*

## **CHRISTIANSON, WARREN**

*Provider Gender: Male*

*License Number: 20A9664*

*NPI: 1932359445*


 *Provider English Spoken: Y*

 *Spanish*

*Cultural Competency: N*

**WARREN R CHRISTIANSON II**

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-7PM*

*F 8AM-5PM*

*SA 9AM-4PM*

## **CHRISTIANSON, WARREN**



*Provider Gender: Male*

*License Number: 20A9664*

*NPI: 1932359445*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


# I. 心理健康名錄

 *Provider English Spoken: Y*  
 *Spanish*

*Cultural Competency: N*

**WARREN R CHRISTIANSON II**

 517 N HORNE ST  
OCEANSIDE, CA 92054

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-7PM  
F 8AM-5PM  
SA 9AM-4PM*

## **CHRISTIANSON, WARREN**

*Provider Gender: Male*

*License Number: 20A9664*

*NPI: 1932359445*


 *Provider English Spoken: Y*

 *Spanish*

*Cultural Competency: N*

**WARREN R CHRISTIANSON II**

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760)*

631-5000

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


 *Hours: M-TH 8AM-7PM  
F 8AM-5PM  
SA 9AM-4PM*

## **CHRISTIANSON, WARREN**

*Provider Gender: Male*

*License Number: 20A9664*

*NPI: 1932359445*


 *Provider English Spoken: Y*

 *Spanish*

*Cultural Competency: N*

**WARREN R CHRISTIANSON II**

 517 N HORNE ST  
OCEANSIDE, CA 92054

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-7PM  
F 8AM-5PM  
SA 9AM-4PM*

## **CHRISTIANSON, WARREN**

*Provider Gender: Male*

*License Number: 20A9664*

*NPI: 1932359445*


 *Provider English Spoken: Y*

 *Spanish*

*Cultural Competency: N*

**WARREN R CHRISTIANSON II**

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-7PM  
F 8AM-5PM  
SA 9AM-4PM*

## **COOK, SHERYL**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/med-cal](http://blueshieldca.com/promise/med-cal)。此提供者目錄中的資訊可能會更改。

# I. 心理健康名錄

Provider Gender: Female  
License Number: PSY15449  
NPI: 1750420816  
☐ Provider English Spoken: Y  
Cultural Competency: N  
SHERYL G COOK

📍 619 CROUCH ST STE 100  
OCEANSIDE, CA 92054

☎ 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\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M 9AM-6:15PM  
W 9AM-6PM

## CRUZ, VANESSA

Provider Gender: Female

License Number: LCS87166

NPI: 1285170662

☐ Provider English Spoken: Y  
Cultural Competency: N

VANESSA Y CRUZ

📍 4700 N RIVER RD

OCEANSIDE, CA 92057

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

## CRUZ, VANESSA

Provider Gender: Female

License Number: LCS87166

NPI: 1285170662

☐ Provider English Spoken: Y  
Cultural Competency: N

VANESSA Y CRUZ

📍 517 N HORNE ST

OCEANSIDE, CA 92054

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT

PROVIDER

## CRUZ, VANESSA

Provider Gender: Female

License Number: LCS87166

NPI: 1285170662

☐ Provider English Spoken: Y  
Cultural Competency: N

VANESSA Y CRUZ

📍 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TH 9AM-7PM  
F 9AM-5PM  
SA 9AM-4PM

## CRUZ, VANESSA

Provider Gender: Female

License Number: LCS87166





NPI: 1285170662



☐ Provider English Spoken: Y  
Cultural Competency: N

VANESSA Y CRUZ

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


# I. 心理健康名錄

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A  
Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U  
Min/Max Age: 4\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH 9AM-7PM  
F 9AM-5PM  
SA 9AM-4PM


## **DOUGHERTY, CHRISTINE**

Provider Gender: Female  
License Number: LCS26686  
NPI: 1003194960  
 Provider English Spoken: Y  
Cultural Competency: N  
CHRISTINE A DOUGHERTY  
 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER







## **DOUGHERTY, CHRISTINE**

Provider Gender: Female  
License Number: LCS26686  
NPI: 1003194960  
 Provider English Spoken: Y  
Cultural Competency: N  
CHRISTINE A DOUGHERTY  
 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A






Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

## **DOUGHERTY, CHRISTINE**

Provider Gender: Female  
License Number: LCS26686  
NPI: 1003194960

 Provider English Spoken: Y  
Cultural Competency: N  
CHRISTINE A DOUGHERTY  
 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

## **JENSEN, BRIAN**

Provider Gender: Male  
License Number: PSY26041  
NPI: 1518138049  
 Provider English Spoken: Y  
Cultural Competency: N  
BRIAN M JENSEN  
 619 CROUCH ST  
OCEANSIDE, CA 92054  
 Phone: (760) 566-1620  
Fax: (760) 433-4040  
 After Hours Phone: (760)  
566-1620  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y

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# I. 心理健康名錄

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## 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) 566-1501

 After Hours Phone: (760)  
736-6767

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## MAUHILI, KENNA

Provider Gender: Female


License Number: PSY23713

NPI: 1386949360

 Provider English Spoken: Y  
Cultural Competency: N

KENNA M MAUHILI

 619 CROUCH ST STE 100  
OCEANSIDE, CA 92054

 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\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER



 Hours: M-F 8AM-5PM

## MENDEZ, ADRIANA

Provider Gender: Female

License Number: LCS86435


NPI: 1356777361

 Provider English Spoken: Y  
 Spanish

Cultural Competency: N

ADRIANA J MENDEZ

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N



 Accessibility: CONTACT PROVIDER

## MENDEZ, ADRIANA

Provider Gender: Female

License Number: LCS86435


NPI: 1356777361

 Provider English Spoken: Y  
 Spanish

Cultural Competency: N

ADRIANA J MENDEZ

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

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# I. 心理健康名錄

## **MENDEZ, ADRIANA**

*Provider Gender: Female*

*License Number: LCS86435*

*NPI: 1356777361*

*Provider English Spoken: Y*

*Spanish*

*Cultural Competency: N*

**ADRIANA J MENDEZ**

818 PIER VIEW WAY

OCEANSIDE, CA 92054

*Phone: (760) 631-5000*

*Fax: (760) 414-3892*

*After Hours Phone: (760) 631-5000*

*Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

*Accessibility: CONTACT PROVIDER*

## **MEYERHOF, GRETA**

*Provider Gender: Female*

*License Number: MFC32299*

*NPI: 1487196333*

*Provider English Spoken: Y*

*Cultural Competency: N*

**GRETA R MEYERHOF**

517 N HORNE ST

OCEANSIDE, CA 92054

*Phone: (760) 631-5000*

*Fax: (760) 414-3892*

*After Hours Phone: (760) 631-5000*

*Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

*Accessibility: CONTACT PROVIDER*

## **MEYERHOF, GRETA**

*Provider Gender: Female*

*License Number: MFC32299*

*NPI: 1487196333*

*Provider English Spoken: Y*

*Cultural Competency: N*

**GRETA R MEYERHOF**

818 PIER VIEW WAY

OCEANSIDE, CA 92054

*Phone: (760) 631-5000*

*Fax: (760) 414-3892*

*After Hours Phone: (760) 631-5000*

*Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

*Accessibility: CONTACT PROVIDER*

## **MEYERHOF, GRETA**

*Provider Gender: Female*

*License Number: MFC32299*

*NPI: 1487196333*

*Provider English Spoken: Y*

*Cultural Competency: N*

**GRETA R MEYERHOF**

4700 N RIVER RD

OCEANSIDE, CA 92057

*Phone: (760) 631-5000*

*Fax: (760) 414-3892*

*After Hours Phone: (760) 631-5000*

*Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

*Accessibility: CONTACT PROVIDER*

## **MONTEZ, REBECCA**

*Provider Gender: Female*

*License Number: LCS26869*

*NPI: 1396047809*

*Provider English Spoken: Y*

*Spanish*

*Cultural Competency: N*

**REBECCA MONTEZ**

2210 MESA DR STE 5

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# I. 心理健康名錄

OCEANSIDE, CA 92054  
☎ Phone: (760) 757-5841  
☎ Fax: (619) 736-8740  
📞 After Hours Phone: (760) 757-5841  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

**NEVILLE, MARGARET**  
Provider Gender: Female  
License Number: LCS82407  
NPI: 1073682407  
☐ Provider English Spoken: Y  
Cultural Competency: N  
MARGARET R NEVILLE  
📍 4700 N RIVER RD  
OCEANSIDE, CA 92057  
☎ Phone: (760) 631-5000  
☎ Fax: (760) 414-3892  
📞 After Hours Phone: (760) 631-5000  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

**NEVILLE, MARGARET**  
Provider Gender: Female  
License Number: LCS82407  
NPI: 1073682407  
☐ Provider English Spoken: Y  
Cultural Competency: N  
MARGARET R NEVILLE  
📍 517 N HORNE ST  
OCEANSIDE, CA 92054  
☎ Phone: (760) 631-5000  
☎ Fax: (760) 414-3892  
📞 After Hours Phone: (760) 631-5000  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

**NEVILLE, MARGARET**  
Provider Gender: Female  
License Number: LCS82407  
NPI: 1073682407  
☐ Provider English Spoken: Y  
Cultural Competency: N  
MARGARET R NEVILLE  
📍 4700 N RIVER RD  
OCEANSIDE, CA 92057  
☎ Phone: (760) 631-5000  
☎ Fax: (760) 414-3892  
📞 After Hours Phone: (760) 631-5000  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

**NEVILLE, MARGARET**  
Provider Gender: Female  
License Number: LCS82407  
NPI: 1073682407  
☐ Provider English Spoken: Y  
Cultural Competency: N  
MARGARET R NEVILLE

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
☎ Phone: (760) 631-5000  
☎ Fax: (760) 414-3892  
📞 After Hours Phone: (760) 631-5000  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

**ORTIZ, BEVERLY**  
Provider Gender: Female  
License Number: MFC121355  
NPI: 1760826572  
☐ Provider English Spoken: Y  
Cultural Competency: N  
BEVERLY L ORTIZ  
📍 2210 MESA DR STE 300  
OCEANSIDE, CA 92054  
☎ Phone: (760) 736-6767  
☎ Fax: (760) 566-1501  
📞 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

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# I. 心理健康名錄

restriction

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

## **PATEL, MITESH**

Provider Gender: Male  
License Number: A181164  
NPI: 1568880292  
📄 Provider English Spoken: Y  
Cultural Competency: N  
MITESH K PATEL  
📍 517 N HORNE ST  
OCEANSIDE, CA 92054  
☎ Phone: (760) 631-5000  
Fax: (760) 414-3892  
🕒 After Hours Phone: (760)  
631-5000  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 18\None  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M 8AM-5PM  
TU 10AM-7PM  
W-F 8AM-5PM  
SA 9AM-4PM

## **PATEL, MITESH**

Provider Gender: Male

License Number: A181164  
NPI: 1568880292  
📄 Provider English Spoken: Y  
Cultural Competency: N  
MITESH K PATEL  
📍 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
☎ Phone: (760) 631-5000  
Fax: (760) 414-3892  
🕒 After Hours Phone: (760)  
631-5000  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 18\None  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M 8AM-5PM  
TU 10AM-7PM  
W-F 8AM-5PM  
SA 9AM-4PM

## **PATEL, MITESH**

Provider Gender: Male  
License Number: A181164  
NPI: 1568880292  
📄 Provider English Spoken: Y  
Cultural Competency: N  
MITESH K PATEL  
📍 4700 N RIVER RD  
OCEANSIDE, CA 92057  
☎ Phone: (760) 631-5000


Fax: (760) 414-3892  
🕒 After Hours Phone: (760)  
631-5000  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 18\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M 8AM-5PM  
TU 10AM-7PM  
W-F 8AM-5PM  
SA 9AM-4PM

## **SANCHEZ, ADRIANA**



Provider Gender: Female  
License Number: LCS97093  
NPI: 1609450451  
📄 Provider English Spoken: Y  
📄 Spanish  
Cultural Competency: N  
ADRIANA SANCHEZ  
📍 4700 N RIVER RD  
OCEANSIDE, CA 92057  
☎ Phone: (760) 631-5000  
Fax: (760) 414-3892  
🕒 After Hours Phone: (760)  
631-5000  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

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# I. 心理健康名錄


Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER


## **SANCHEZ, ADRIANA**

Provider Gender: Female  
License Number: LCS97093  
NPI: 1609450451  
 Provider English Spoken: Y  
 Spanish  
Cultural Competency: N

## **ADRIANA SANCHEZ**



 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER





 Hours: M-F 8AM-4PM


## **SANCHEZ, ADRIANA**

Provider Gender: Female



License Number: LCS97093  
NPI: 1609450451  
 Provider English Spoken: Y  
 Spanish  
Cultural Competency: N

## **ADRIANA SANCHEZ**




 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER



## **SMITH, SONYA**

Provider Gender: Female  
License Number: LCS82598  
NPI: 1902070857  
 Provider English Spoken: Y  
 Spanish  
Cultural Competency: N



## **SONYA L SMITH**

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)





631-5000


 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

## **SMITH, SONYA**

Provider Gender: Female  
License Number: LCS82598  
NPI: 1902070857  
 Provider English Spoken: Y  
 Spanish  
Cultural Competency: N

## **SONYA L SMITH**

 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT

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# I. 心理健康名錄

## PROVIDER

### SMITH, SONYA

Provider Gender: Female

License Number: LCS82598

NPI: 1902070857

Provider English Spoken: Y


Spanish

Cultural Competency: N

SONYA L SMITH

 4700 N RIVER RD

OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### WILSON, CARLENE

Provider Gender: Female

License Number: LCS74685

NPI: 1508327081


Provider English Spoken: Y

Cultural Competency: N

CARLENE WILSON

 4700 N RIVER RD

OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### WILSON, CARLENE

Provider Gender: Female

License Number: LCS74685

NPI: 1508327081


Provider English Spoken: Y

Cultural Competency: N


CARLENE WILSON


 517 N HORNE ST

OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### WILSON, CARLENE

Provider Gender: Female

License Number: LCS74685

NPI: 1508327081


Provider English Spoken: Y

Cultural Competency: N

CARLENE WILSON

 818 PIER VIEW WAY

OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

## POWAY

### KULKARNI, NISHAT

Provider Gender: Male

License Number: A187134

NPI: 1669034732








Provider English Spoken: Y

Cultural Competency: N

NISHAT KULKARNI




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# I. 心理健康名錄

 13010 POWAY RD  
POWAY, CA 92064  
 Phone: (858) 218-3000  
Fax: (360) 462-2742  
 After Hours Phone: (858)  
218-3000  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

## **MODHWADIA, MAMTA**






Provider Gender: Female  
License Number: A113990  
NPI: 1043353667  
 Provider English Spoken: Y  
 German  
Cultural Competency: N  
MAMTA D MODHWADIA  
 13010 POWAY RD  
POWAY, CA 92064  
 Phone: (858) 218-3000  
Fax: (360) 462-2742  
 After Hours Phone: (858)  
218-3000  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 16\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 9AM-5PM







## **POSTLETHWAITE,**

### **ALEJANDRA**



Provider Gender: Female  
License Number: A88938  
NPI: 1750566915  
 Provider English Spoken: Y  
Cultural Competency: N  
ALEJANDRA POSTLETHWAITE

 13010 POWAY RD  
POWAY, CA 92064  
 Phone: (858) 218-3000  
Fax: (858) 633-4688  
 After Hours Phone: (858)  
218-3000  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

## **STREET, KYLE**

Provider Gender: Male  
License Number: 20A21304  
NPI: 1457912131  
 Provider English Spoken: Y  
Cultural Competency: N  
KYLE A STREET  
 13010 POWAY RD  
POWAY, CA 92064  
 Phone: (858) 218-3000  
Fax: (360) 462-2742  
 After Hours Phone: (858)  
218-3000  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

## **VALLEZ-BARLAM, ANDREA**

Provider Gender: Female  
License Number: PSY9962  
NPI: 1710902143  
 Provider English Spoken: Y  
 German, Spanish  
Cultural Competency: N  
ANDREA VALLEZ-BARLAM

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# I. 心理健康名錄

13010 POWAY RD  
POWAY, CA 92064  
Phone: (858) 218-3000  
Fax: (858) 633-4688  
After Hours Phone: (858) 218-3000  
Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 9AM-5PM

## SAN DIEGO

**ABERCROMBIE, SHERI**  
Provider Gender: Female  
License Number: PSY18536  
NPI: 1932292422  
Provider English Spoken: Y  
Cultural Competency: N  
SHERI ABERCROMBIE  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Phone: (858) 279-0925  
Fax: (858) 633-4680  
After Hours Phone: (858) 279-0925  
Website: N/A  
Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM  
SA 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) 810-8787  
Fax: (858) 987-5825  
After Hours Phone: (858) 810-8787  
Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N






Accessibility: CONTACT PROVIDER

**ARONLEE, TRACY**  
Provider Gender: Female  
License Number: LCS83778  
NPI: 1619304748  
Provider English Spoken: Y  
Cultural Competency: N  
TRACY S ARONLEE  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Phone: (858) 279-0925  
Fax: (858) 633-4680  
After Hours Phone: (858) 279-0925  
Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER







**ARONLEE, TRACY**  
Provider Gender: Female  
License Number: LCS83778  
NPI: 1619304748  
Provider English Spoken: Y  
Cultural Competency: N  
TRACY S ARONLEE  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

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# I. 心理健康名錄






 Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER



## **BANKS, SARAH**

Provider Gender: Female  
License Number: PSY30296  
NPI: 1164701132  
 Provider English Spoken: Y  
Cultural Competency: N  
SARAH J BANKS  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL):



N  
 Accessibility: CONTACT PROVIDER






## **BANKS, SARAH**

Provider Gender: Female  
License Number: PSY30296  
NPI: 1164701132  
 Provider English Spoken: Y  
Cultural Competency: N  
SARAH J BANKS  
 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL):





N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

## **BANKS, SARAH**

Provider Gender: Female  
License Number: PSY30296  
NPI: 1164701132  
 Provider English Spoken: Y  
Cultural Competency: N  
SARAH J BANKS  
 4510 EXECUTIVE DR STE

325  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

## **BARRON, KAVITA**

Provider Gender: Female  
License Number: A155596  
NPI: 1821418542  
 Provider English Spoken: Y  
Cultural Competency: N  
KAVITA BARRON  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction


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# I. 心理健康名錄

*American Sign Language (ASL):* SIMERJEET K BRAR

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **BASS, GURGIANA**

*Provider Gender: Male*

*License Number: PSY24750*

*NPI: 1639325277*


 *Provider English Spoken: Y*

*Cultural Competency: N*


GURGIANA BASS


 7011 LINDA VISTA RD

SAN DIEGO, CA 92111

 *Phone: (858) 810-8787*

*Fax: (858) 987-5825*

 *After Hours Phone: (858) 810-8787*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):* AMANDA A BREEDLOVE

N


 *Accessibility: CONTACT PROVIDER*

## **BRAR, SIMERJEET**

*Provider Gender: Female*

*License Number: A144765*


*NPI: 1417393307*

 *Provider English Spoken: Y*

*Cultural Competency: N*

 3020 CHILDRENS WAY

SAN DIEGO, CA 92123

 *Phone: (858) 576-1700*

*Fax: (858) 966-8164*

 *After Hours Phone: (858) 576-1700*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*


*Min/Max Age: 0\19*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):* N

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **BREEDLOVE, AMANDA**

*Provider Gender: Female*

*License Number: MFC139230*

*NPI: 1316487119*


 *Provider English Spoken: Y*

*Cultural Competency: N*


*American Sign Language (ASL):* 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

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **BROWN, DARCI**

*Provider Gender: Female*

*License Number: MFC119851*

*NPI: 1639796071*

 *Provider English Spoken: Y*

*Cultural Competency: N*

DARCI D BROWN

 16950 VIA TAZON

SAN DIEGO, CA 92127

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):* N

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

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# I. 心理健康名錄

## **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 Language(s) Spoken:*  
*Spanish*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-5PM*

## **CEBALLOS, JACQUELINE CAMILLE**

*Provider Gender: Female*

*License Number: LCS110194*


*NPI: 1093350258*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

**JACQUELINE CAMILLE**

**CEBALLOS**

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 279-9676*

*Fax: (858) 633-4680*

 *After Hours Phone: (858)*  
*279-9676*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-5PM*

## **CEBALLOS, JACQUELINE CAMILLE**

*Provider Gender: Female*

*License Number: LCS110194*


*NPI: 1093350258*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

**JACQUELINE CAMILLE**

**CEBALLOS**

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 810-8700*

*Fax: (858) 633-4680*

 *After Hours Phone: (858)*  
*810-8700*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*


 *Hours: M-F 8AM-5PM*

## **CHESHER, NICHOLAS**

*Provider Gender: Male*

*License Number: PSY29290*


*NPI: 1124539697*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

**NICHOLAS J CHESHER**

 200 W ARBOR DR

SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-5PM*

## **CIOBANU, COSMINA**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

# I. 心理健康名錄


Provider Gender: Female


License Number: A137628

NPI: 1285049932

 Provider English Spoken: Y  
Cultural Competency: N

COSMINA S CIOBANU

 3010 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700  
Fax: (858) 966-8164

 After Hours Phone: (858)  
576-1700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## **CIOBANU, COSMINA**

Provider Gender: Female


License Number: A137628

NPI: 1285049932

 Provider English Spoken: Y  
Cultural Competency: N


COSMINA S CIOBANU

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700  
Fax: (858) 966-8164

 After Hours Phone: (858)

576-1700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## **CIOBANU, COSMINA**

Provider Gender: Female


License Number: A137628

NPI: 1285049932

 Provider English Spoken: Y  
Cultural Competency: N

COSMINA S CIOBANU

 8001 FROST ST  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700  
Fax: (858) 966-8164

 After Hours Phone: (858)  
576-1700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\19

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

## **CIOBANU, COSMINA**

Provider Gender: Female


License Number: A137628


NPI: 1285049932

 Provider English Spoken: Y  
Cultural Competency: N

COSMINA S CIOBANU

 4510 EXECUTIVE DR STE  
315

SAN DIEGO, CA 92121  
 Phone: (858) 534-8019

 After Hours Phone: (858)  
534-8019

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## **CLEMENT, LUIS**

Provider Gender: Male

License Number: PSY28534

NPI: 1235364712

 Provider English Spoken: Y  
Cultural Competency: N

LUIS F CLEMENT

 2630 1ST AVE

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# I. 心理健康名錄

SAN DIEGO, CA 92103  
☎ Phone: (619) 234-2158  
Fax: (619) 234-0505  
🕒 After Hours Phone: (619) 234-2158  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

## CRISOL, CAROLINE

Provider Gender: Female  
License Number: MFC88616  
NPI: 1962663617  
☐ Provider English Spoken: Y  
☐ Spanish  
Cultural Competency: N  
CAROLINE M CRISOL LMFT  
INC  
📍 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
☎ Phone: (619) 662-4100  
Fax: (619) 205-1952  
🕒 After Hours Phone: (619) 662-4100  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

## DEACON, CASSIE

Provider Gender: Female  
License Number: LCS94105  
NPI: 1720452998  
☐ Provider English Spoken: Y  
Cultural Competency: N  
CASSIE C DEACON  
📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
☎ Phone: (858) 279-0925  
Fax: (858) 633-4680  
🕒 After Hours Phone: (858) 279-0925  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
☐ Site Languages(s) Spoken: Spanish  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

☎ Phone: (858) 279-0925  
Fax: (858) 633-4680  
🕒 After Hours Phone: (858) 279-0925  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
☐ Site Languages(s) Spoken: Spanish  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M 8:30AM-5:30PM  
TU 5:30PM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

## DEACON, CASSIE


Provider Gender: Female  
License Number: LCS94105  
NPI: 1720452998  
☐ Provider English Spoken: Y  
Cultural Competency: N  
CASSIE C DEACON  
📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
☎ Phone: (858) 810-8700  
Fax: (858) 633-4680  
🕒 After Hours Phone: (858) 810-8700  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
☐ Site Languages(s) Spoken: Spanish  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M 8:30AM-5:30PM  
TU 5:30PM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM


## DEL AGUILA, FABIOLA

Provider Gender: Female  
License Number: PSY24471  
NPI: 1720283211  
☐ Provider English Spoken: Y







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# I. 心理健康名錄

 *Spanish*  
*Cultural Competency: N*  
FABIOLA DEL AGUILA  
 1016 OUTER RD  
SAN DIEGO, CA 92154  
 *Phone: (619) 429-3733*  
*Fax: (619) 628-5550*  
 *After Hours Phone: (619)*  
*429-3733*  
 *Website: N/A*






*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*


## **DIAZ, JAENAI**

*Provider Gender: Female*  
*License Number: LCS80689*  
*NPI: 1508241811*  
 *Provider English Spoken: Y*  
 *Spanish*  
*Cultural Competency: N*  
JAENAI DIAZ  
 350 DICKINSON ST  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
 *Website: N/A*  
*Accepting New Patients: Yes*

*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*








## **DIOKNO, RHODA**

*Provider Gender: Female*  
*License Number: PSY28073*  
*NPI: 1629109483*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
ROHDA CARINO DIOKNO  
 2630 1ST AVE  
SAN DIEGO, CA 92103  
 *Phone: (619) 234-2158*  
*Fax: (619) 234-0505*  
 *After Hours Phone: (619)*  
*234-2158*  
 *Website: N/A*

*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

## **DOLNAK, DOUGLAS**

*Provider Gender: Male*



*License Number: 20A6059*  
*NPI: 1316147085*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
DOUGLAS R DOLNAK  
 10737 CAMINO RUIZ  
SAN DIEGO, CA 92126  
 *Phone: (844) 200-2426*  
*Fax: (619) 474-4008*  
 *After Hours Phone: (844)*  
*200-2426*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-6PM*



## **DOSS, KATIE**

*Provider Gender: Female*  
*License Number: LCS112693*  
*NPI: 1134825979*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
KATIE L DOSS  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
*Fax: (858) 633-4680*  
 *After Hours Phone: (858)*  
*279-0925*


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# I. 心理健康名錄

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

## **DOSS, KATIE**


Provider Gender: Female  
License Number: LCS112693  
NPI: 1134825979  
 Provider English Spoken: Y  
Cultural Competency: N

KATIE L DOSS



 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL): ANASTASIE M DUNN-PIRIO  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM


## **DSOUZA, NICOLE**

Provider Gender: Male  
License Number: LCS101958  
NPI: 1225462799

 Provider English Spoken: Y  
Cultural Competency: N  
NICOLE A DSOUZA

 330 LEWIS ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


## **DUNN-PIRIO, ANASTASIE**

Provider Gender: Female  
License Number: A157861  
NPI: 1700177136

 Provider English Spoken: Y  
Cultural Competency: N



 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103  
 Phone: (619) 543-3500  
Fax: (888) 539-8781

 After Hours Phone: (619)  
543-3500

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U



Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

## **ESTAVILLO, SAUL**


Provider Gender: Male  
License Number: MFC102610  
NPI: 1528330073

 Provider English Spoken: Y  
 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

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上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。

# I. 心理健康名錄

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

## ESTAVILLO, SAUL

Provider Gender: Male

License Number: MFC102610

NPI: 1528330073

 Provider English Spoken: Y


 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


TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

## FIRESTONE, MICHELLE

Provider Gender: Female

License Number: PSY33081


NPI: 1114687803

 Provider English Spoken: Y


Cultural Competency: N

MICHELLE E FIRESTONE

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858) 279-0925

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

## FIRESTONE, MICHELLE

Provider Gender: Female

License Number: PSY33081


NPI: 1114687803

 Provider English Spoken: Y

Cultural Competency: N

MICHELLE E FIRESTONE

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858) 810-8700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

## FITZGERALD, MICHAEL

Provider Gender: Male

License Number: A73710

NPI: 1336393578

 Provider English Spoken: Y

Cultural Competency: N

MICHAEL W FITZGERALD

 16918 DOVE CANYON RD  
STE 100

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction


American Sign Language (ASL):

N

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# I. 心理健康名錄

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **FLANIGAN, MARILYN**

*Provider Gender: Female*

*License Number: MFC97326*


*NPI: 1588996912*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

MARILYN Y FLANIGAN

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 *Phone: (844) 200-2426*

*Fax: (858) 578-4417*

 *After Hours Phone: (844)*  
*200-2426*

 *Website: N/A*

*Accepting New Patients: Yes*


*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-6PM*

## **FORZANI, CHRISTINA**

*Provider Gender: Female*


*License Number: PSY25710*

*NPI: 1902939630*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

CHRISTINA A FORZANI

 4290 POLK AVE  
SAN DIEGO, CA 92105

 *Phone: (619) 961-1497*

*Fax: (858) 633-4682*

 *After Hours Phone: (619)*  
*961-1497*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

## **FRANK, GUIDO**


*Provider Gender: Male*


*License Number: A86429*

*NPI: 1578608733*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

GUIDO K FRANK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 *Phone: (858) 966-8145*

*Fax: (858) 966-8154*

 *After Hours Phone: (858)*  
*966-8145*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\19*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-5PM*

## **FRY, LIANE**


*Provider Gender: Female*


*License Number: MFC42570*

*NPI: 1003110917*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

LIANE M FRY

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 *Phone: (619) 662-4100*

*Fax: (619) 595-0258*

 *After Hours Phone: (619)*  
*662-4100*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 12\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-5PM*

## **GARCIA, RICHARD**

*Provider Gender: Male*

*License Number: LCS28742*

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# I. 心理健康名錄

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) 234-0505

 After Hours Phone: (619)  
234-2158

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-4:30PM

## GARCIA, JENNI

Provider Gender: Female

License Number: LPCC10346

NPI: 1437775863


 Provider English Spoken: Y

 Spanish

Cultural Competency: N

JENNI GARCIA

 3025 BEYER BLVD  
SAN DIEGO, CA 92154

 Phone: (619) 662-4100


Fax: (619) 662-4119

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## 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) 810-8787

Fax: (858) 987-5825

 After Hours Phone: (858)  
810-8787

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## GIAMONA, KRISTEN

Provider Gender: Female


License Number: PSY28419

NPI: 1376824383

 Provider English Spoken: Y  
Cultural Competency: N

KRISTEN M GIAMONA

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## GOMEZ, JUANITA

Provider Gender: Female

License Number: PSY27439

NPI: 1790915759

 Provider English Spoken: Y  
Cultural Competency: N

JUANITA GOMEZ


 6030 VILLAGE WAY  
SAN DIEGO, CA 92130

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# I. 心理健康名錄

 Phone: (800) 926-8372  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8372

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER



## **GULOTTA, SAMANTHA**


Provider Gender: Female  
License Number: MFC134199  
NPI: 1790407732


 Provider English Spoken: Y  
Cultural Competency: N

SAMANTHA L GULOTTA


 9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131

 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  200 W ARBOR DR

N

 Accessibility: CONTACT  
PROVIDER



## **HERNANDEZ, SILVIA**

Provider Gender: Female  
License Number: MFC51787  
NPI: 1982821179


 Provider English Spoken: Y  
Cultural Competency: N

SILVIA E HERNANDEZ

 3025 BEYER BLVD  
SAN DIEGO, CA 92154

 Phone: (760) 520-8340  
 Fax: (619) 662-4119

 After Hours Phone: (760)  
520-8340

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## **JOSHI, YASH**



Provider Gender: Male  
License Number: A147156  
NPI: 1598151433


 Provider English Spoken: Y  
Cultural Competency: N

YASH B JOSHI

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM



## **KAYE, WALTER**


Provider Gender: Male  
License Number: A24819  
NPI: 1922076223

 Provider English Spoken: Y  
Cultural Competency: N

WALTER H KAYE

 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121





















 Phone: (858) 534-8019  
 After Hours Phone: (858)  
534-8019

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

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上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medical)。此提供  
者目錄中的資訊可能會更改。

# I. 心理健康名錄

- N**  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*
- KHAFAJA, MOHAMAD**  
*Provider Gender: Male*  
*License Number: A115892*  
*NPI: 1780867119*  
 *Provider English Spoken: Y*  
 *Arabic*  
*Cultural Competency: N*  
MOHAMAD H KHAFAJA  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*
- KHAMISA, SORAIYA**  
*Provider Gender: Female*  
*License Number: LCS81951*  
*NPI: 1811254386*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
SORAIYA N KHAMISA  
 4520 EXECUTIVE DR STE A  
SAN DIEGO, CA 92121  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*
- KLUEMPER, NICOLE**  
*Provider Gender: Female*  
*License Number: PSY27064*  
*NPI: 1902125818*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
NICOLE S KLUEMPER  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
*Fax: (858) 633-4680*  
 *After Hours Phone: (858) 279-0925*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*
- 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) 279-0377*  
 *After Hours Phone: (858) 810-8700*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*
- LABIB, MICHAEL**  
*Provider Gender: Male*  
*License Number: PSY34180*  
*NPI: 1609055797*  
 *Provider English Spoken: Y*
- Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

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# I. 心理健康名錄



Arabic

Cultural Competency: N

MICHAEL LABIB

1666 PRECISION PARK LN  
SAN DIEGO, CA 92173

Phone: (619) 662-4100

Fax: (619) 785-3384

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## LIDLAW, JOHN

Provider Gender: Male

License Number: MFC44560

NPI: 1689790073

Provider English Spoken: Y  
Cultural Competency: N

JOHN K LIDLAW

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)  
200-2426

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

## LEBENSOHN CHIALVO, FLORENCIA

Provider Gender: Female

License Number: PSY30776

NPI: 1134788730

Provider English Spoken: Y  
Cultural Competency: N

FLORENCIA LEBENSOHN  
CHIALVO

7910 FROST ST STE 350  
SAN DIEGO, CA 92123

Phone: (858) 496-4800

After Hours Phone: (858)  
496-4800

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## LEBENSOHN CHIALVO, FLORENCIA

Provider Gender: Female

License Number: PSY30776

NPI: 1134788730

Provider English Spoken: Y  
Cultural Competency: N

FLORENCIA LEBENSOHN  
CHIALVO

9333 GENESEE AVE STE  
200

SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## LEDBETTER, ALEX

Provider Gender: Male

License Number: 20A20454

NPI: 1073017315

Provider English Spoken: Y  
Cultural Competency: N

ALEX W LEDBETTER

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# I. 心理健康名錄

 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

## LEE, DAVID

Provider Gender: Male

License Number: A124329

NPI: 1871884130


 Provider English Spoken: Y


 Korean

Cultural Competency: N

DAVID J LEE

 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL): NPI: 1487026415

N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM

## LI, XIA

Provider Gender: Female

License Number: A163344

NPI: 1336670413

 Provider English Spoken: Y


 Mandarin

Cultural Competency: N

XIA LI

 16918 DOVE CANYON RD  
STE 100

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## LINKE, SARAH

Provider Gender: Female

License Number: PSY27116

 Provider English Spoken: Y  
Cultural Competency: N

SARAH E LINKE

 4910 DIRECTORS PL STE  
250

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## LINKE, SARAH

Provider Gender: Female

License Number: PSY27116


NPI: 1487026415

 Provider English Spoken: Y  
Cultural Competency: N

SARAH E LINKE

 9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131




 Phone: (800) 926-8273

Fax: (888) 539-8781





 After Hours Phone: (800)

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者目錄中的資訊可能會更改。

# I. 心理健康名錄

926-8273  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

## LIU, TIMOTHY

Provider Gender: Male  
License Number: A105535  
NPI: 1720262801  
 Provider English Spoken: Y  
 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: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER



## LIU, TIMOTHY






Provider Gender: Male  
License Number: A105535  
NPI: 1720262801  
 Provider English Spoken: Y  
 Mandarin, Yue Chinese  
Cultural Competency: N  
TIMOTHY C LIU  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
Fax: (858) 279-0377  
 After Hours Phone: (858) 810-8700  
 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N



 Accessibility: CONTACT PROVIDER

## LONGARDNER, KATHERINE

Provider Gender: Female  
License Number: A137963  
NPI: 1801215926  
 Provider English Spoken: Y  
Cultural Competency: N  
KATHERINE M LONGARDNER  
 4520 EXECUTIVE DR

SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

## MAGINOT-CHESHER, TAMARA

Provider Gender: Female  
License Number: PSY28678  
NPI: 1043441165  
 Provider English Spoken: Y  
Cultural Competency: N  
TAMARA R MAGINOT  
CHESHER  
 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
 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


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# I. 心理健康名錄

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **MALAK, LAWRENCE**

*Provider Gender: Male*


*License Number: A115345*

*NPI: 1467773028*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

LAWRENCE T MALAK

 4290 POLK AVE  
SAN DIEGO, CA 92105

 *Phone: (619) 563-0250*

*Fax: (858) 633-4681*

 *After Hours Phone: (619) 563-0250*

 *Website: N/A*

*Accepting New Patients: Yes*


*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 14\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*



 *Hours: M-F 8AM-5PM  
SA 8AM-2PM*

## **MARTINEZ, STEPHANIE**

*Provider Gender: Female*

*License Number: A152787*


*NPI: 1699126367*

 *Provider English Spoken: Y*  
 *Spanish*

*Cultural Competency: N*

STEPHANIE MARTINEZ

 4290 POLK AVE  
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*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*



 *Hours: M-F 8AM-5PM  
SA 8AM-2PM*

## **MARTINEZ, STEPHANIE**

*Provider Gender: Female*

*License Number: A152787*


*NPI: 1699126367*

 *Provider English Spoken: Y*  
 *Spanish*

*Cultural Competency: N*

STEPHANIE MARTINEZ

 350 DICKINSON ST  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

## **MARTINEZ, STEPHANIE**

*Provider Gender: Female*

*License Number: A152787*

*NPI: 1699126367*

 *Provider English Spoken: Y*  
 *Spanish*

*Cultural Competency: N*

STEPHANIE MARTINEZ

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

























*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

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# I. 心理健康名錄

- N**  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*
- MCCULLUM, TIFFANY**  
*Provider Gender: Female*  
*License Number: PSY29329*  
*NPI: 1528306206*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
**TIFFANY MCCULLUM**  
 286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114  
 *Phone: (619) 662-4100*  
*Fax: (619) 205-1949*  
 *After Hours Phone: (619) 662-4100*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*
- MILLS, BRAD**  
*Provider Gender: Male*  
*License Number: LCS87409*  
*NPI: 1598542813*  
 *Provider English Spoken: Y*  
 *Spanish*
- Cultural Competency: N*  
**BRAD A MILLS**  
 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 *Phone: (619) 233-8500*  
*Fax: (619) 687-1067*  
 *After Hours Phone: (619) 233-8500*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
 *Site Language(s) Spoken: Spanish*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*
- MIRON, JEAN-PHILIPPE**  
*Provider Gender: Male*  
*License Number: A186033*  
*NPI: 1952178196*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
**JEAN-PHILIPPE MIRON**  
 16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
 *Website: N/A*  
*Accepting New Patients: Yes*
- Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*
- MOORE, SHAVON**
- Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

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# I. 心理健康名錄

Provider Gender: Female

License Number: A152789

NPI: 1053682773

Provider English Spoken: Y  
Cultural Competency: N

SHAVON C MOORE

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## MUHAMMAD, LAMA

Provider Gender: Female

License Number: A156500

NPI: 1558701623

Provider English Spoken: Y

Arabic

Cultural Competency: N

LAMA MUHAMMAD

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## MUHAMMAD, LAMA

Provider Gender: Female

License Number: A156500

NPI: 1558701623

Provider English Spoken: Y

Arabic

Cultural Competency: N

LAMA MUHAMMAD

350 DICKINSON ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## NAKAMURA, TIFFANY

Provider Gender: Female

License Number: LPCC4383

NPI: 1356846349

Provider English Spoken: Y  
Cultural Competency: N

TIFFANY NAKAMURA

4510 EXECUTIVE DR STE  
315

SAN DIEGO, CA 92121

Phone: (858) 534-8019

After Hours Phone: (858)  
534-8019

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## NGUYEN, HOANG

Provider Gender: Male

License Number: G83977

NPI: 1720011620

Provider English Spoken: Y

Vietnamese

Cultural Competency: N

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# I. 心理健康名錄

## HOANG A NGUYEN

410 DICKINSON ST STE 100  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## NGUYEN, HOANG

Provider Gender: Male

License Number: G83977

NPI: 1720011620

Provider English Spoken: Y

Vietnamese

Cultural Competency: N

## HOANG A NGUYEN

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## NING, GRACE

Provider Gender: Female

License Number: PSY27293

NPI: 1598911315

Provider English Spoken: Y

Chinese, Mandarin

Cultural Competency: N

## GRACE J NING

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

## NING, GRACE

Provider Gender: Female

License Number: PSY27293

NPI: 1598911315

Provider English Spoken: Y

Chinese, Mandarin

Cultural Competency: N

## GRACE J NING

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

## NORMAN, MARC

Provider Gender: Male

License Number: PSY16278

NPI: 1922169101

Provider English Spoken: Y  
Cultural Competency: N

## MARC A NORMAN

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-2827

After Hours Phone: (619)  
543-2827

Website: N/A

Accepting New Patients: Yes

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# I. 心理健康名錄

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **NORMAN, MARC**

Provider Gender: Male


License Number: PSY16278

NPI: 1922169101

 Provider English Spoken: Y  
Cultural Competency: N

MARC A NORMAN

 350 DICKINSON ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **OJHA, PRITI**

Provider Gender: Female


License Number: A139807

NPI: 1760897284

 Provider English Spoken: Y  
Cultural Competency: N

PRITI OJHA

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **OJHA, PRITI**

Provider Gender: Female


License Number: A139807

NPI: 1760897284

 Provider English Spoken: Y  
Cultural Competency: N

PRITI OJHA

 350 DICKINSON ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **ORFF, HENRY**

Provider Gender: Male


License Number: PSY27099


NPI: 1144685215

 Provider English Spoken: Y  
Cultural Competency: N

HENRY J ORFF

 4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121  
 Phone: (844) 757-5337

 After Hours Phone: (844) 757-5337

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL): N

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# I. 心理健康名錄

 *Accessibility: CONTACT PROVIDER*


 *Hours: M-F 8AM-5PM*

## **ORTIZ, MARIA**

*Provider Gender: Female*

*License Number: PSY30953*

*NPI: 1497980775*

 *Provider English Spoken: Y*


 *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: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

## **PATTERSON-HYATT, KIMBERLY**

*Provider Gender: Female*

*License Number: PSY31903*

*NPI: 1780997742*


 *Provider English Spoken: Y*

*Cultural Competency: N*


KIMBERLY G


PATTERSON-HYATT

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

 *Phone: (619) 662-4100*

*Fax: (619) 205-6305*

 *After Hours Phone: (619) 662-4100*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


 *Hours: M-F 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*

 *Accessibility: CONTACT PROVIDER*

## **PRINCE, RENEE**

*Provider Gender: Female*

*License Number: PSY32206*

*NPI: 1467737908*

 *Provider English Spoken: Y*


*Cultural Competency: N*

RENEE K PRINCE


 10737 CAMINO RUIZ STE

235

SAN DIEGO, CA 92126

 *Phone: (844) 200-2426*

*Fax: (619) 474-4008*

 *After Hours Phone: (844) 200-2426*

 *Website: N/A*

*Accepting New Patients: Yes*


*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*









 *Accessibility: CONTACT PROVIDER*




 *Hours: M-F 8AM-6PM*




## **QAYOUMI, WALI**

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# I. 心理健康名錄







*Provider Gender: Male*  
*License Number: A168429*  
*NPI: 1093178220*  
 *Provider English Spoken: Y*  
 *French*  
*Cultural Competency: N*  
**WALI Z QAYOUMI**  
 4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121  
 *Phone: (619) 294-3746*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (619)*  
*294-3746*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender*  
*restriction*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*

**RADOJEVIC, NATASHA**  
*Provider Gender: Female*  
*License Number: PSY28495*  
*NPI: 1821365008*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
**NATASHA RADOJEVIC**  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 *Phone: (858) 810-8700*

*Fax: (858) 279-0377*  
 *After Hours Phone: (858)*  
*810-8700*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender*  
*restriction*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*

**RIBEIRO CALDAS**  
**DOMINGUES, ISABEL**  
*Provider Gender: Female*  
*License Number: A132160*  
*NPI: 1023367216*  
 *Provider English Spoken: Y*  
 *French, Portuguese,*  
*Spanish*  
*Cultural Competency: N*  
**ISABEL A RIBEIRO CALDAS**  
**DOMINGUES**  
 350 DICKINSON ST  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*

**RICHARD, MARLA**  
*Provider Gender: Female*  
*License Number: G65188*  
*NPI: 1578720934*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
**MARLA G RICHARD**  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)*  
*926-8273*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender*  
*restriction*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*

**RICHARD, MARLA**  
*Provider Gender: Female*  
*License Number: G65188*  
*NPI: 1578720934*


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# I. 心理健康名錄

 Provider English Spoken: Y  
Cultural Competency: N

MARLA G RICHARD

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## SACHS, MELISSA

Provider Gender: Female


License Number: LCS76968

NPI: 1649760356

 Provider English Spoken: Y  
Cultural Competency: N

MELISSA R SACHS

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8AM-2:30PM

## SAWYER, CAROLYN

Provider Gender: Female

License Number: A149116


NPI: 1043653249

 Provider English Spoken: Y  
Cultural Competency: N

CAROLYN M SAWYER

 3030 CHILDRENS WAY FL  
4

SAN DIEGO, CA 92123

 Phone: (858) 966-4032

Fax: (858) 966-6227

 After Hours Phone: (858)  
966-4032

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## SAWYER, CAROLYN

Provider Gender: Female


License Number: A149116

NPI: 1043653249

 Provider English Spoken: Y  
Cultural Competency: N

CAROLYN M SAWYER

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 246-0794

Fax: (858) 496-9257

 After Hours Phone: (858)  
246-0794

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## SAWYER, CAROLYN


Provider Gender: Female

License Number: A149116

NPI: 1043653249

 Provider English Spoken: Y  
Cultural Competency: N

CAROLYN M SAWYER

 3665 KEARNY VILLA RD  
STE 400

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# I. 心理健康名錄

SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5990  
☎ Fax: (858) 966-7508  
🕒 After Hours Phone: (858) 966-5990  
🌐 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\19

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM

## **SCHELLINGER, KRISTON**

Provider Gender: Female  
License Number: PSY26313  
NPI: 1710234273

☑ Provider English Spoken: Y  
Cultural Competency: N

KRISTON B SCHELLINGER

📍 330 LEWIS ST  
SAN DIEGO, CA 92103  
☎ Phone: (858) 246-1979  
🕒 After Hours Phone: (858) 246-1979  
🌐 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): Cultural Competency: N  
N

♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM

## **SCHELLINGER, KRISTON**

Provider Gender: Female  
License Number: PSY26313  
NPI: 1710234273

☑ Provider English Spoken: Y  
Cultural Competency: N

KRISTON B SCHELLINGER

📍 9333 GENESEE AVE STE 200  
SAN DIEGO, CA 92121  
☎ Phone: (800) 926-8273  
🕒 After Hours Phone: (800) 926-8273  
🌐 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM

## **SCHELLINGER, KRISTON**

Provider Gender: Female  
License Number: PSY26313  
NPI: 1710234273

☑ Provider English Spoken: Y

📍 9909 MIRA MESA BLVD STE 200  
SAN DIEGO, CA 92131  
☎ Phone: (858) 246-1979  
🕒 After Hours Phone: (858) 246-1979

🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM

## **SCHLOSSER, TARA**

Provider Gender: Female  
License Number: MFC107868  
NPI: 1407220437

☑ Provider English Spoken: Y  
Cultural Competency: N

TARA S SCHLOSSER

📍 330 LEWIS ST  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
🕒 After Hours Phone: (800) 926-8273  
🌐 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

# I. 心理健康名錄

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

## **SERIO, TAYLOR**

*Provider Gender: Female*


*License Number: LCS107050*

*NPI: 1093217382*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

TAYLOR L SERIO

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 810-8700*  
*Fax: (858) 633-4680*

 *After Hours Phone: (858) 810-8700*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **SERIO, TAYLOR**

*Provider Gender: Female*


*License Number: LCS107050*

*NPI: 1093217382*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

TAYLOR L SERIO

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 279-0925*  
*Fax: (858) 633-4680*

 *After Hours Phone: (858) 279-0925*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **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: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **SILVEY, CHRISTOPHER**

*Provider Gender: Male*


*License Number: LCS85942*

*NPI: 1932793502*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

CHRISTOPHER J SILVEY

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126  
 *Phone: (858) 578-4220*

*Fax: (858) 578-4417*

 *After Hours Phone: (858) 578-4220*

 *Website: N/A*

*Accepting New Patients: Yes*


*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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# I. 心理健康名錄


 Hours: M-F 8AM-5PM

## **SOLORIO JR, ROBERTO**

Provider Gender: Male

License Number: LCS102729


NPI: 1972088185


 Provider English Spoken: Y

Cultural Competency: N

ROBERTO SOLORIO JR

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER

## **SUAREZ, ROBERTO**

Provider Gender: Male

License Number: MFC25098


NPI: 1386785160

 Provider English Spoken: Y

Cultural Competency: N

ROBERTO SUAREZ

 3025 BEYER BLVD  
SAN DIEGO, CA 92154

 Phone: (619) 662-4100

Fax: (619) 662-4119

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER

## **SWEIGERT, JAMIE**

Provider Gender: Female

License Number: LCS112304


NPI: 1396353595

 Provider English Spoken: Y

Cultural Competency: N


JAMIE L SWEIGERT

 2630 1ST AVE  
SAN DIEGO, CA 92103

 Phone: (619) 234-2158


Fax: (619) 234-0505

 After Hours Phone: (619)  
234-2158

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Language(s) Spoken:  
Spanish

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL): KAREN A THIESSEN

N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM

## **TARLE, STEPHANIE**

Provider Gender: Female

License Number: PSY32155


NPI: 1659920403

 Provider English Spoken: Y

Cultural Competency: N

STEPHANIE J TARLE

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

## **THIESSEN, KAREN**

Provider Gender: Female

License Number: MFC52523

NPI: 1184798241







 Provider English Spoken: Y

Cultural Competency: N






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# I. 心理健康名錄






 350 DICKINSON ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM


## 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) 234-0505  
 After Hours Phone: (619)  
234-2158  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER






## TO, TUAN

Provider Gender: Male  
License Number: PSY30204  
NPI: 1255696183  
 Provider English Spoken: Y  
Cultural Competency: N  
TUAN TO  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
Fax: (858) 633-4680  
 After Hours Phone: (858)  
279-0925  
 Website: N/A






Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

## TO, TUAN

Provider Gender: Male  
License Number: PSY30204  
NPI: 1255696183  
 Provider English Spoken: Y

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: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

## TO, TUAN

Provider Gender: Male  
License Number: PSY30204  
NPI: 1255696183  
 Provider English Spoken: Y  
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

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# I. 心理健康名錄

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## **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


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-2PM

## **TROYER, EMILY**

Provider Gender: Female

License Number: A149101


NPI: 1326484437

 Provider English Spoken: Y  
Cultural Competency: N

EMILY A TROYER


 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

Fax: (858) 633-4682

 After Hours Phone: (619) 280-2058

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-2PM

## **VANFOSSEN, BRIAN**

Provider Gender: Male


License Number: PSY23462

NPI: 1396072500

 Provider English Spoken: Y  
Cultural Competency: N

BRIAN VANFOSSEN

 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

 Phone: (619) 325-1161


Fax: (619) 325-1717

 After Hours Phone: (619) 325-1161

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


 Site Language(s) Spoken: Spanish


TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **VIERLING, SABRINA**

Provider Gender: Female

License Number: PSY26117


NPI: 1215288238

 Provider English Spoken: Y  
Cultural Competency: N

SABRINA C VIERLING

 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

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender

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# I. 心理健康名錄

restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## WEISSMAN, CORY


Provider Gender: Male


License Number: A174625

NPI: 1528720661

 Provider English Spoken: Y  
Cultural Competency: N

CORY R WEISSMAN

 16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## WU, MICHELLE

Provider Gender: Female


License Number: A125139

NPI: 1043650088

 Provider English Spoken: Y  
Cultural Competency: N


MICHELLE L WU

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8145

Fax: (858) 966-8164

 After Hours Phone: (858)  
966-8145

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM

## YAGUDAYEVA, RAISA

Provider Gender: Female

License Number: 20A14848


NPI: 1942555990

 Provider English Spoken: Y  
 Russian

Cultural Competency: N

RAISA YAGUDAYEVA

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## YIDI, DIANA

Provider Gender: Female

License Number: LCS110300

NPI: 1194438663


 Provider English Spoken: Y

 Spanish

Cultural Competency: N

DIANA L YIDI

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925


Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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# I. 心理健康名錄

 Hours: M-F  
8:30AM-5:30PM

## **ZAYAS, MARIO**


Provider Gender: Male

License Number: MFC111273


NPI: 1275943557

 Provider English Spoken: Y  
Cultural Competency: N

MARIO E ZAYAS

 3025 BEYER BLVD STE  
E-101

SAN DIEGO, CA 92154

 Phone: (619) 662-4100

Fax: (619) 428-5535

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU 9AM-7PM  
W-F 9AM-6PM

## **ZIMMERMAN, JENNIFER**

Provider Gender: Female


License Number: LCS28729

NPI: 1811449077

 Provider English Spoken: Y  
Cultural Competency: N

JENNIFER A ZIMMERMAN

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-9676


Fax: (858) 633-4680

 After Hours Phone: (858)  
279-9676

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## **ZIMMERMAN, JENNIFER**

Provider Gender: Female


License Number: LCS28729

NPI: 1811449077

 Provider English Spoken: Y  
Cultural Competency: N

JENNIFER A ZIMMERMAN

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM



## **SAN MARCOS**

### **ALTAMIRANO, LEON**

Provider Gender: Male

License Number: PSY23734


NPI: 1619271517

 Provider English Spoken: Y  
 Spanish

Cultural Competency: N

LEON ALTAMIRANO

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT

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# I. 心理健康名錄

## PROVIDER

### ARIELLA, LYNDA

Provider Gender: Female

License Number: PSY19450

NPI: 1073518965

Provider English Spoken: Y

Cultural Competency: N

LYNDA R ARIELLA

150 VALPRED A RD

SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 5\50

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### CORTIZO, ROSA

Provider Gender: Female

License Number: PSY22278

NPI: 1952316648

Provider English Spoken: Y

Spanish

Cultural Competency: N

### ROSA CORTIZO

150 VALPRED A RD

SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### FLYNN, DANIELLE

Provider Gender: Female

License Number: PSY26184

NPI: 1477785137

Provider English Spoken: Y

Cultural Competency: N

DANIELLE I FLYNN

150 VALPRED A RD

SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### GEORGIEV, MARY JO

Provider Gender: Female

License Number: PSY17954

NPI: 1518996875

Provider English Spoken: Y

Cultural Competency: N

MARY-JO GEORGIEV

150 VALPRED A RD

SAN MARCOS, CA 92069

Phone: (760) 737-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
737-6767

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### IMAM, SYED

Provider Gender: Male









License Number: PSY27695






NPI: 1447428271




Provider English Spoken: Y


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# I. 心理健康名錄







 *Hindi*  
Cultural Competency: N  
SYED IMAM  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 566-1501  
 After Hours Phone: (760)  
736-6767  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 15\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

**REEG, JESSICA**  
Provider Gender: Female  
License Number: MFC124306  
NPI: 1144382987  
 Provider English Spoken: Y  
 Spanish  
Cultural Competency: N  
JESSICA REEG  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 566-1501  
 After Hours Phone: (760)  
736-6767

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-8PM  
SA 8AM-5PM

**SIMPSON, ERIC**  
Provider Gender: Male  
License Number: PSY28885  
NPI: 1710110416  
 Provider English Spoken: Y  
Cultural Competency: N  
ERIC SIMPSON  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 736-8740  
 After Hours Phone: (760)  
736-6767  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

PROVIDER

**SO LORIO JR, ROBERTO**  
Provider Gender: Male  
License Number: LCS102729  
NPI: 1972088185  
 Provider English Spoken: Y  
Cultural Competency: N  
ROBERTO SO LORIO JR  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 736-8740  
 After Hours Phone: (760)  
736-6767  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

**TONG, GARRICK**  
Provider Gender: Male  
License Number: A102192  
NPI: 1831361278  
 Provider English Spoken: Y  
Cultural Competency: N  
GARRICK G TONG  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767

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# I. 心理健康名錄

Fax: (760) 736-8740

☎ After Hours Phone: (760) 736-6767

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

🗣 Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 4\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-8PM  
SA 8AM-5PM

## TORRES, HECTOR

Provider Gender: Male

License Number: PSY13309

NPI: 1720265614

🗣 Provider English Spoken: Y

🗣 Spanish

Cultural Competency: N

HECTOR M TORRES

📍 150 VALPRED A RD  
SAN MARCOS, CA 92069

☎ Phone: (760) 736-6767

Fax: (760) 736-8740

☎ After Hours Phone: (760) 736-6767

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

## SAN YSIDRO

### BALTRUS, JUSTINE

Provider Gender: Female

License Number: MFC132018

NPI: 1285040709

🗣 Provider English Spoken: Y

Cultural Competency: N

JUSTINE A BALTRUS

📍 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

☎ Phone: (619) 662-4100

Fax: (619) 600-4870

☎ After Hours Phone: (619) 662-4100

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

### CRAWFORD-DAY, ANN

Provider Gender: Female

License Number: A166646

NPI: 1386149706

🗣 Provider English Spoken: Y

🗣 Spanish

Cultural Competency: N

ANN E CRAWFORD-DAY

📍 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

🗣 Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-8PM  
SA 8AM-2PM

### DEPAOLO, AMANDA

Provider Gender: Female

License Number: LCS99056

NPI: 1215420138

🗣 Provider English Spoken: Y


Cultural Competency: N

AMANDA L DEPAOLO

📍 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

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# I. 心理健康名錄


 Phone: (619) 662-4100  
Fax: (619) 205-6305

 After Hours Phone: (619) 662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM

## **DIA, ALI**

Provider Gender: Male

License Number: A47803

NPI: 1912031030


 Provider English Spoken: Y

 Arabic

Cultural Competency: N

ALI R DIA

 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: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## **FONTANA, LOUIS**

Provider Gender: Male


License Number: G49072

NPI: 1780734343

 Provider English Spoken: Y  
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: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-8PM  
SA 8AM-2PM

## **GONZALEZ-GARCIA, CAROLINA**

Provider Gender: Female

License Number: MFC41111


NPI: 1215321955

 Provider English Spoken: Y  
 Spanish

Cultural Competency: N

CAROLINA GONZALES  
GARCIA

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100  
Fax: (619) 565-2373

 After Hours Phone: (619) 662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



 Hours: M-F 8AM-5PM

## **IBANEZ, BERENICE**

Provider Gender: Female


License Number: PSY22080

NPI: 1740394386

 Provider English Spoken: Y  
 Spanish

Cultural Competency: N




BERENICE B IBANEZ


 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

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# I. 心理健康名錄

 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U







Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER



## JENNINGS, AMY

Provider Gender: Female  
License Number: LCS100075  
NPI: 1609549161  
 Provider English Spoken: Y  
Cultural Competency: N  
AMY E JENNINGS  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender









restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-8PM  
SA 8AM-2PM

## JIMENEZ, NANCY




Provider Gender: Female  
License Number: MFC141209  
NPI: 1568023596  
 Provider English Spoken: Y  
Cultural Competency: N  
NANCY JIMENEZ  
 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 785-3384  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

## JOHNSON, JENNIFER

Provider Gender: Female  
License Number: PSY33295  
NPI: 1023783248  
 Provider English Spoken: Y  
Cultural Competency: N  
JENNIFER JOHNSON  
 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  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\64  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

## LOPEZ, MARIBEL

Provider Gender: Female  
License Number: LCS86171  
NPI: 1669180600  
 Provider English Spoken: Y  
Cultural Competency: N  
MARIBEL, LOPEZ  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100

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# I. 心理健康名錄

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: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-8PM  
SA 8AM-2PM

## MONTES, DENISE

Provider Gender: Female

License Number: LCS115972

NPI: 1003694167

☑ Provider English Spoken: Y  
Cultural Competency: N

DENISE F MONTES

📍 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

☎ Phone: (619) 662-4100

Fax: (619) 205-6305

☎ After Hours Phone: (619) 662-4100

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

☑ Site Language(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

## SANTEE

### MEAGHER, RAISHELLE

Provider Gender: Female

License Number: LCS109804

NPI: 1851821904

☑ Provider English Spoken: Y  
Cultural Competency: N

RAISHELLE L MEAGHER

📍 120 TOWN CENTER PKWY  
SANTEE, CA 92071

☎ Phone: (619) 662-4100

Fax: (619) 662-4196

☎ After Hours Phone: (619) 662-4100

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

## VALLEY CENTER

### PLASCENCIA, CINDY

Provider Gender: Female

License Number: MFC113536

NPI: 1952723736

☑ Provider English Spoken: Y  
Cultural Competency: N

CINDY PLASCENCIA

📍 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

☎ Phone: (760) 742-9919

Fax: (360) 462-2750

☎ After Hours Phone: (760) 742-9919

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

## VISTA

### ACOSTA, AZUCENA

Provider Gender: Female

License Number: LCS98304

NPI: 1255937496

☑ Provider English Spoken: Y  
☑ Spanish

Cultural Competency: N

AZUCENA ACOSTA

📍 1000 VALE TERRACE DR

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# I. 心理健康名錄

VISTA, CA 92084  
☎ Phone: (760) 631-5000  
Fax: (760) 414-3892  
🕒 After Hours Phone: (760) 631-5000  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-TH 8AM-2PM  
F 8AM-5PM  
SA 9AM-6PM

## ACOSTA, AZUCENA

Provider Gender: Female  
License Number: LCS98304  
NPI: 1255937496  
☐ Provider English Spoken: Y  
☐ Spanish  
Cultural Competency: N  
AZUCENA ACOSTA  
📍 134 GRAPEVINE RD  
VISTA, CA 92083  
☎ Phone: (760) 631-5000  
Fax: (760) 414-3892  
🕒 After Hours Phone: (760) 631-5000  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M 8AM-5PM  
TU 10:30AM-7:30PM  
W-F 8AM-5PM

## CHRISTIANSON, WARREN

Provider Gender: Male  
License Number: 20A9664  
NPI: 1932359445  
☐ Provider English Spoken: Y  
☐ Spanish  
Cultural Competency: N  
WARREN R CHRISTIANSON II

📍 134 GRAPEVINE RD  
VISTA, CA 92083  
☎ Phone: (760) 631-5000  
Fax: (760) 414-3892  
🕒 After Hours Phone: (760) 631-5000  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-TH 8AM-7PM

F 8AM-5PM  
SA 9AM-4PM

## CHRISTIANSON, WARREN

Provider Gender: Male  
License Number: 20A9664  
NPI: 1932359445  
☐ Provider English Spoken: Y  
☐ Spanish  
Cultural Competency: N  
WARREN R CHRISTIANSON II  
📍 1000 VALE TERRACE DR  
VISTA, CA 92084  
☎ Phone: (760) 631-5000  
Fax: (760) 414-3892  
🕒 After Hours Phone: (760) 631-5000  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-TH 8AM-7PM  
F 8AM-5PM  
SA 9AM-4PM



## CHRISTIANSON, WARREN

Provider Gender: Male  
License Number: 20A9664  
NPI: 1932359445  
☐ Provider English Spoken: Y






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# I. 心理健康名錄

 *Spanish*  
Cultural Competency: N  
WARREN R CHRISTIANSON II  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction






American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH 8AM-7PM  
F 8AM-5PM  
SA 9AM-4PM



## CHRISTIANSON, WARREN

Provider Gender: Male  
License Number: 20A9664  
NPI: 1932359445  
 Provider English Spoken: Y  
 *Spanish*  
Cultural Competency: N  
WARREN R CHRISTIANSON II  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000








 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH 8AM-7PM  
F 8AM-5PM  
SA 9AM-4PM

## CRUZ, VANESSA

Provider Gender: Female  
License Number: LCS87166  
NPI: 1285170662  
 Provider English Spoken: Y  
Cultural Competency: N  
VANESSA Y CRUZ  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 4\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH 9AM-7PM  
F 9AM-5PM  
SA 9AM-4PM

## CRUZ, VANESSA

Provider Gender: Female  
License Number: LCS87166  
NPI: 1285170662  
 Provider English Spoken: Y  
Cultural Competency: N  
VANESSA Y CRUZ  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH 9AM-7PM  
F 9AM-5PM  
SA 9AM-4PM

## CRUZ, VANESSA


Provider Gender: Female  
License Number: LCS87166  
NPI: 1285170662


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

# I. 心理健康名錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*


VANESSA Y CRUZ

 1000 VALE TERRACE DR  
VISTA, CA 92084

 *Phone: (760) 631-5000*


*Fax: (760) 414-3892*

 *After Hours Phone: (760)*  
*631-5000*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


 *Site Languages(s) Spoken:*  
*Vietnamese, Chinese,*  
*Estonian, Farsi, French,*  
*Hindi, Korean, Marathi,*  
*Spanish, Tagalog, Telugu*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-TU 8AM-8PM*  
*W 9AM-7PM*  
*TH 8AM-8PM*  
*F 8AM-5PM*  
*SA 9AM-4PM*

## **CRUZ, VANESSA**

*Provider Gender: Female*


*License Number: LCS87166*

*NPI: 1285170662*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


VANESSA Y CRUZ

 1000 VALE TERRACE DR  
VISTA, CA 92084


 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760)*  
*631-5000*

 *Website: N/A*

*Accepting New Patients: Yes*  
*Site English Spoken: Y*

 *Site Languages(s) Spoken:*  
*Vietnamese, Chinese,*  
*Estonian, Farsi, French,*  
*Hindi, Korean, Marathi,*  
*Spanish, Tagalog, Telugu*


*TDD: U*

*Min/Max Age: 4\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-TU 8AM-8PM*  
*W 9AM-7PM*  
*TH 8AM-8PM*  
*F 8AM-5PM*  
*SA 9AM-4PM*

## **DOUGHERTY, CHRISTINE**

*Provider Gender: Female*


*License Number: LCS26686*

*NPI: 1003194960*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

CHRISTINE A DOUGHERTY

 1000 VALE TERRACE DR  
VISTA, CA 92084


 *Phone: (760) 631-5000*

*Fax: (760) 414-3891*

 *After Hours Phone: (760)*  
*631-5000*

 *Website: N/A*

*Accepting New Patients: Yes*  
*Site English Spoken: Y*

 *Site Languages(s) Spoken:*  
*Chinese, Estonian, Farsi,*  
*French, Hindi, Korean,*  
*Marathi, Spanish, Telugu,*  
*Vietnamese, Tagalog*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-TH 9AM-8PM*  
*F 9AM-5PM*  
*SA 9AM-4PM*

## **DOUGHERTY, CHRISTINE**

*Provider Gender: Female*


*License Number: LCS26686*

*NPI: 1003194960*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

CHRISTINE A DOUGHERTY

 134 GRAPEVINE RD  
VISTA, CA 92083

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760)*  
*631-5000*

 *Website: N/A*

*Accepting New Patients: Yes*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

# I. 心理健康名錄


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

## **MENDEZ, ADRIANA**

Provider Gender: Female

License Number: LCS86435


NPI: 1356777361


 Provider English Spoken: Y

 Spanish

Cultural Competency: N

ADRIANA J MENDEZ

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

## **MENDEZ, ADRIANA**

Provider Gender: Female

License Number: LCS86435


NPI: 1356777361


 Provider English Spoken: Y


 Spanish

Cultural Competency: N

ADRIANA J MENDEZ

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-8PM  
SA 9AM-4PM

## **MEYERHOF, GRETA**

Provider Gender: Female

License Number: MFC32299


NPI: 1487196333

 Provider English Spoken: Y

Cultural Competency: N

GRETA R MEYERHOF

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## **MEYERHOF, GRETA**

Provider Gender: Female


License Number: MFC32299


NPI: 1487196333

 Provider English Spoken: Y


Cultural Competency: N

GRETA R MEYERHOF

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

# I. 心理健康名錄

## PROVIDER

### NEVILLE, MARGARET

Provider Gender: Female

License Number: LCS82407

NPI: 1073682407

☐ Provider English Spoken: Y  
Cultural Competency: N

MARGARET R NEVILLE

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### NEVILLE, MARGARET

Provider Gender: Female

License Number: LCS82407

NPI: 1073682407

☐ Provider English Spoken: Y  
Cultural Competency: N

MARGARET R NEVILLE

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Arabic, Chinese, Lithuanian,  
Farsi, Spanish, Tagalog,  
Urdu, Vietnamese

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM  
SA 8AM-4PM

### PATEL, MITESH

Provider Gender: Male

License Number: A181164

NPI: 1568880292

☐ Provider English Spoken: Y  
Cultural Competency: N

MITESH K PATEL

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M 8AM-5PM  
TU 10AM-7PM  
W-F 8AM-5PM  
SA 9AM-4PM

### PATEL, MITESH

Provider Gender: Male

License Number: A181164

NPI: 1568880292

☐ Provider English Spoken: Y  
Cultural Competency: N

MITESH K PATEL

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M 8AM-5PM

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# I. 心理健康名錄

TU 10AM-7PM  
W-F 8AM-5PM  
SA 9AM-4PM


## **SANCHEZ, ADRIANA**

Provider Gender: Female  
License Number: LCS97093  
NPI: 1609450451

Provider English Spoken: Y  
 Spanish  
Cultural Competency: N

## **ADRIANA SANCHEZ**

 134 GRAPEVINE RD  
VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A




Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

## **SANCHEZ, ADRIANA**

Provider Gender: Female  
License Number: LCS97093  
NPI: 1609450451

Provider English Spoken: Y  
 Spanish  
Cultural Competency: N

## **ADRIANA SANCHEZ**

 1000 VALE TERRACE DR  
VISTA, CA 92084  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## **SMITH, SONYA**

Provider Gender: Female  
License Number: LCS82598  
NPI: 1902070857

Provider English Spoken: Y  
 Spanish  
Cultural Competency: N

## **SONYA L SMITH**

 1000 VALE TERRACE DR  
VISTA, CA 92084  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000  
 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## **SMITH, SONYA**

Provider Gender: Female  
License Number: LCS82598  
NPI: 1902070857

Provider English Spoken: Y  
 Spanish  
Cultural Competency: N

## **SONYA L SMITH**

 134 GRAPEVINE RD  
VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## **WILSON, CARLENE**









Provider Gender: Female  
License Number: LCS74685  
NPI: 1508327081

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。








# I. 心理健康名錄

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 *Provider English Spoken: Y*    *TDD: U*  
*Cultural Competency: N*    *Min/Max Age: 0\None*  
CARLENE WILSON    *Gender Restriction: No Gender*  
 134 GRAPEVINE RD    *restriction*  
VISTA, CA 92083    *American Sign Language (ASL):*  
 *Phone: (760) 631-5000*    *N*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760)*  
*631-5000*     *Accessibility: CONTACT*  
 *Website: N/A*    *PROVIDER*  
*Accepting New Patients: Yes*     *Hours: M-TH 8AM-8PM*  
*Site English Spoken: Y*    *F 8AM-5PM*  
*TDD: U*    *SA 9AM-4PM*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender*  
*restriction*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*

## **WILSON, CARLENE**

*Provider Gender: Female*  
*License Number: LCS74685*  
*NPI: 1508327081*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
CARLENE WILSON  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760)*  
*631-5000*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*

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## J. 視力提供者目錄 - 眼科和視力服務

### ALPINE

#### AOTO, KIM, OD

Provider Gender: Female

License Number: 14524

NPI: 1780935650

Provider English Spoken: Y

Spanish, Vietnamese

Cultural Competency: Y

WEST COAST EYE CARE

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM

TU 10AM-6PM

W 9AM-5PM

TH 8AM-5PM

F 9AM-4PM

#### BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530

NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM

TU 10AM-6PM

W 9AM-5PM

TH 8AM-5PM

F 9AM-4PM

#### BINDER, NICHOLAS, MD

Provider Gender: Male

License Number: A124698

NPI: 1306076716

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

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):

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM

TU 10AM-6PM

W 9AM-5PM

TH 8AM-5PM

F 9AM-4PM

#### DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955

NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

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):






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## J. 視力提供者目錄 - 眼科和視力服務



- N**  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M 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*  
 WEST COAST EYE CARE  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901  
 *Phone: (619) 445-2687*  
*Fax: (619) 445-0801*  
 *After Hours Phone: (619) 445-2687*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M 9AM-5PM  
 TU 10AM-6PM*
- W 9AM-5PM  
 TH 8AM-5PM  
 F 9AM-4PM*
- KALBAKJI, NATALY, OD**  
*Provider Gender: Female*  
*License Number: 34943*  
*NPI: 1700556438*  
*Provider English Spoken: Y*  
 *Arabic*  
*Cultural Competency: Y*  
 WEST COAST EYE CARE  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901  
 *Phone: (619) 445-2687*  
*Fax: (619) 445-0801*  
 *After Hours Phone: (619) 445-2687*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M 9AM-5PM  
 TU 10AM-6PM  
 W 9AM-5PM  
 TH 8AM-5PM  
 F 9AM-4PM*
- KATZMAN, BARRY, MD**  
*Provider Gender: Male*  
*License Number: A34834*
- NPI: 1760473797*  
*Provider English Spoken: Y*  
 *Spanish*  
*Cultural Competency: Y*  
 WEST COAST EYE CARE  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901  
 *Phone: (619) 445-2687*  
*Fax: (619) 445-0801*  
 *After Hours Phone: (619) 445-2687*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M 9AM-5PM  
 TU 10AM-6PM  
 W 9AM-5PM  
 TH 8AM-5PM  
 F 9AM-4PM*
- KHALIL, VADY, OD**  
*Provider Gender: Male*  
*License Number: 35137*  
*NPI: 1275263584*  
*Provider English Spoken: Y*  
 *Arabic*  
*Cultural Competency: Y*  
 WEST COAST EYE CARE  
 1620 ALPINE BLVD STE 117






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## J. 視力提供者目錄 - 眼科和視力服務

ALPINE, CA 91901  
 Phone: (619) 445-2687  
 Fax: (619) 445-0801  
 After Hours Phone: (619) 445-2687  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 9AM-5PM  
 TU 10AM-6PM  
 W 9AM-5PM  
 TH 8AM-5PM  
 F 9AM-4PM








**MARR, RYAN, OD**  
 Provider Gender: Male  
 License Number: 35302  
 NPI: 1235857525  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 WEST COAST EYE CARE  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901  
 Phone: (619) 445-2687  
 Fax: (619) 445-0801  
 After Hours Phone: (619) 445-2687  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None

Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 9AM-5PM  
 TU 10AM-6PM  
 W 9AM-5PM  
 TH 8AM-5PM  
 F 9AM-4PM

**MCGRAW, JOSEPH, MD**  
 Provider Gender: Male  
 License Number: A155228  
 NPI: 1588624852  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 WEST COAST EYE CARE  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901  
 Phone: (619) 445-2687  
 Fax: (619) 445-0801  
 After Hours Phone: (619) 445-2687  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within

1/2 mile from Site): 1U  
 Hours: M 9AM-5PM  
 TU 10AM-6PM  
 W 9AM-5PM  
 TH 8AM-5PM  
 F 9AM-4PM

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male  
 License Number: A125435  
 NPI: 1235366782  
 Provider English Spoken: Y  
 Indonesian, Spanish  
 Cultural Competency: Y  
 WEST COAST EYE CARE  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901  
 Phone: (619) 445-2687  
 Fax: (619) 445-0801  
 After Hours Phone: (619) 445-2687  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 9AM-5PM  
 TU 10AM-6PM  
 W 9AM-5PM  
 TH 8AM-5PM  
 F 9AM-4PM

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## J. 視力提供者目錄 - 眼科和視力服務

### **PATEL, GITANE, MD**

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### **PATEL, SARJAN, MD**

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y

Gujarati, Hindi, Spanish

Cultural Competency: Y

WEST COAST EYE CARE

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### **PRABHU, SUJATA, MD**

Provider Gender: Female

License Number: A115965

NPI: 1982872552

Provider English Spoken: Y

Spanish

Cultural Competency: Y

WEST COAST EYE CARE

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### **TON-NU, MY LINH, OD**

Provider Gender: Female

License Number: 34990

NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687


Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

American Sign Language (ASL):  Hours: M 9AM-5PM

F 8AM-6PM  
SA 9AM-2PM

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798

NPI: 1477968667


Provider English Spoken: Y

Spanish

Cultural Competency: Y

WEST COAST EYE CARE

 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

 Phone: (619) 445-2687

Fax: (619) 445-0801

 After Hours Phone: (619) 445-2687

Accepting New Patients: Yes


Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

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

Spanish

Cultural Competency: Y

EYECARE OF BONITA

 4502 BONITA RD  
BONITA, CA 91902

 Phone: (619) 479-7334

Fax: (619) 475-3456

 After Hours Phone: (619) 479-7334

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M 8AM-6:30PM  
W 8AM-6PM  
TH 12:30AM-6PM

### CARLSBAD

#### HO, TRAM, OD

Provider Gender: Female

License Number: 13485

NPI: 1245464460

Provider English Spoken: Y


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: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: TU 9AM-5PM  
W 10AM-6PM  
TH 9AM-5PM  
F 8AM-4PM  
SA 9AM-3PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

### CHULA VISTA

#### CASTILLEJOS, DAVID, MD

Provider Gender: Male

License Number: A44482

NPI: 1558446401

Provider English Spoken: Y

☐ French, Portuguese,  
Spanish, Tagalog

Cultural Competency: Y

CASTILLEJOS EYE INSTITUTE  
MED GROUP

📍 342 F ST

CHULA VISTA, CA 91910

☎ Phone: (619) 422-1471

Fax: (619) 271-7044

🕒 After Hours Phone: (619)  
422-1471

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
French, Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M 8AM-5PM

TU 7AM-5PM

W-F 8AM-5PM

#### CASTILLEJOS, MARIA, MD

Provider Gender: Female

License Number: A37652

NPI: 1043395098

Provider English Spoken: Y

☐ Spanish

Cultural Competency: Y

CASTILLEJOS EYE INSTITUTE  
MED GROUP

📍 342 F ST

CHULA VISTA, CA 91910

☎ Phone: (619) 422-1471

Fax: (619) 271-7044

🕒 After Hours Phone: (619)  
422-1471

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
French, Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M 8AM-5PM

TU 7AM-5PM

W-F 8AM-5PM

#### CHAN, KWOK FUNG, OD

Provider Gender: Male

License Number: 35087

NPI: 1407508385

Provider English Spoken: Y

Cultural Competency: Y

VILLA OPTOMETRY INC

📍 531 TELEGRAPH CANYON

RD

CHULA VISTA, CA 91910

☎ Phone: (619) 482-2020

Fax: (619) 482-2671

🕒 After Hours Phone: (619)  
482-2020

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F 9AM-6PM

#### CHISHOLM, KAREN, OD

License Number: 35450

NPI: 1568155190

Provider English Spoken: Y

☐ 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

Site Languages(s) Spoken: N

Arabic, Hindi, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: SU 10AM-4PM

M-F 9AM-7PM

SA 9AM-5PM

### HUANG, PETER, OD

Provider Gender: Male

License Number: 11659

NPI: 1639100522

Provider English Spoken: Y

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: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M 9AM-5PM

TU 9AM-6PM

W 9AM-5PM

TH 9AM-6PM

F 8AM-4PM

SA 9AM-2PM

### KALRA, ANKUR, OD

Provider Gender: Male

License Number: 11898

NPI: 1124195789

Provider English Spoken: Y

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: Arabic, Hindi, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: SU 10AM-4PM

M-F 9AM-7PM

SA 9AM-5PM

### KEDDINGTON, JOAN, OD

Provider Gender: Female

License Number: 6263

NPI: 1992872691

Provider English Spoken: Y

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: Arabic, Hindi, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: SU 10AM-4PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。



## J. 視力提供者目錄 - 眼科和視力服務

M-F 9AM-7PM  
SA 9AM-5PM

### **KING, MARY, OD**

Provider Gender: Female

License Number: 13711

NPI: 1578792107

Provider English Spoken: Y

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: Arabic, Hindi, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: SU 10AM-4PM

M-F 9AM-7PM

SA 9AM-5PM

### **MASCARENO, EFRAIN, OD**

Provider Gender: Male

License Number: 10906

NPI: 1457507279

Provider English Spoken: Y


Cultural Competency: Y

EASTLAKE VISION CENTER DR

MASCARENO

 2260 OTAY LAKES RD STE 111

CHULA VISTA, CA 91915

 Phone: (619) 421-5550

Fax: (619) 421-6022

 After Hours Phone: (619) 421-5550

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 9AM-6PM  
SA 9AM-3PM

### **MASCARENO, EFRAIN, OD**

Provider Gender: Male

License Number: 10906


NPI: 1457507279

Provider English Spoken: Y


Cultural Competency: Y

CLEAR VISION OPTOMETRY

DR MASCARENO

 440 4TH AVE

CHULA VISTA, CA 91910

 Phone: (619) 427-2020

Fax: (866) 254-5707

 After Hours Phone: (619) 427-2020

Accepting New Patients: Yes

Site English Spoken: Y


Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TH 9AM-6PM

F 9AM-5PM

### **NGUYEN, TRACY, OD**

Provider Gender: Female

License Number: 10859

NPI: 1265596621

Provider English Spoken: Y

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Vietnamese  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-TH 10AM-3PM

### NGUYEN, THERESA, OD

Provider Gender: Female  
 License Number: 35530TLG  
 NPI: 1609555713

Provider English Spoken: Y  
 Cultural Competency: Y

### OTAY RANCH EYEWORKS OPTOMETRY

1741 EASTLAKE PKWY STE 101  
 CHULA VISTA, CA 91915  
 Phone: (619) 421-6600  
 Fax: (619) 421-6006

After Hours Phone: (619) 421-6600

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken: Arabic, Hindi, Spanish  
 Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: SU 10AM-4PM  
 M-F 9AM-7PM  
 SA 9AM-5PM

### PLUCINIK, STANLEY, OD

Provider Gender: Male  
 License Number: 35255  
 NPI: 1124751417  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 CASTILLEJOS EYE INSTITUTE MED GROUP

342 F ST  
 CHULA VISTA, CA 91910  
 Phone: (619) 422-1471  
 Fax: (619) 271-7044

After Hours Phone: (619) 422-1471

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken: French, Spanish, Tagalog  
 Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M 8AM-5PM

TU 7AM-5PM  
 W-F 8AM-5PM

### SCOVILL, ALEXANDRA, OD

Provider Gender: Female  
 License Number: 33711  
 NPI: 1184146094  
 Provider English Spoken: Y

Spanish  
 Cultural Competency: Y  
 CASTILLEJOS EYE INSTITUTE MED GROUP

342 F ST  
 CHULA VISTA, CA 91910  
 Phone: (619) 422-1471  
 Fax: (619) 271-7044

After Hours Phone: (619) 422-1471

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken: French, Spanish, Tagalog  
 Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within

1/2 mile from Site): 1T

Hours: M 8AM-5PM  
 TU 7AM-5PM  
 W-F 8AM-5PM

### SOLIS, KEVIN, OD

Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

License Number: 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: Arabic, Hindi, Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: SU 10AM-4PM  
 M-F 9AM-7PM  
 SA 9AM-5PM

**TOUBIA, ELIAS, OD**  
 Provider Gender: Male  
 License Number: 33758  
 NPI: 1740701481  
 Provider English Spoken: Y  
 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: Arabic, Hindi, Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: SU 10AM-4PM  
 M-F 9AM-7PM  
 SA 9AM-5PM

**VILLA, ANGELICA, OD**  
 Provider Gender: Female  
 License Number: 10561  
 NPI: 1962544965  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y  
 VILLA OPTOMETRY INC  
 531 TELEGRAPH CANYON RD  
 CHULA VISTA, CA 91910  
 Phone: (619) 482-2020

Fax: (619) 482-2671  
 After Hours Phone: (619) 482-2020  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 9AM-6PM

### CORONADO

**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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務


restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9AM-4:30PM  
TU 9AM-3PM  
W-TH 9AM-4:30PM

### **MANNEN, JOSEPH, OD**

Provider Gender: Male

License Number: 33650


NPI: 1851827034

Provider English Spoken: Y

Cultural Competency: Y

ALVARADO EYE ASSOCIATES  
MED CLINIC INC


 801 ORANGE AVE STE 204  
CORONADO, CA 92118

 Phone: (619) 437-4406

Fax: (619) 522-7983

 After Hours Phone: (619)  
437-4406

Accepting New Patients: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9AM-4:30PM

TU 9AM-3PM

W-TH 9AM-4:30PM

### **OU, JOCELYN, OD**

Provider Gender: Female

License Number: 34063


NPI: 1225518996

Provider English Spoken: Y


Cultural Competency: Y

ALVARADO EYE ASSOCIATES  
MED CLINIC INC


 801 ORANGE AVE STE 204  
CORONADO, CA 92118

 Phone: (619) 437-4406

Fax: (619) 522-7983

 After Hours Phone: (619)  
437-4406

Accepting New Patients: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9AM-4:30PM  
TU 9AM-3PM

W-TH 9AM-4:30PM

### **YOUNG, ALLA, OD**

Provider Gender: Female

License Number: 34191

NPI: 1285085142


Provider English Spoken: Y

 Russian

Cultural Competency: Y

ALVARADO EYE ASSOCIATES  
MED CLINIC INC


 801 ORANGE AVE STE 204  
CORONADO, CA 92118

 Phone: (619) 437-4406

Fax: (619) 522-7983

 After Hours Phone: (619)  
437-4406

Accepting New Patients: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9AM-4:30PM  
TU 9AM-3PM

W-TH 9AM-4:30PM

## **EL CAJON**


### **AOTO, KIM, OD**

Provider Gender: Female

License Number: 14524

NPI: 1780935650

Provider English Spoken: Y

 Spanish, Vietnamese  
Cultural Competency: Y

RETINA INSTITUTE OF  
CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

☎ Phone: (619) 440-5400  
Fax: (619) 440-0239

📞 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

🗣 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8:30AM-6PM

### ASIS, STEPHANIE, OD

Provider Gender: Female

License Number: 34013

NPI: 1902383540

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200 EL CAJON, CA 92020

☎ Phone: (619) 440-5400  
Fax: (619) 440-0239

📞 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

🗣 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): License Number: A124698

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8:30AM-6PM

### BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530

NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200 EL CAJON, CA 92020

☎ Phone: (619) 440-5400  
Fax: (619) 440-0239

📞 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

🗣 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8:30AM-6PM

### BINDER, NICHOLAS, MD

Provider Gender: Male

License Number: A124698

NPI: 1306076716

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200 EL CAJON, CA 92020

☎ Phone: (619) 440-5400  
Fax: (619) 440-0239

📞 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

🗣 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8:30AM-6PM

### BUTLER, KIM, OD

Provider Gender: Male

License Number: 6405

NPI: 1467444844

Provider English Spoken: Y

Cultural Competency: Y

KIM J BUTLER OD

📍 1273 BROADWAY EL CAJON, CA 92021

☎ Phone: (619) 579-2345  
Fax: (619) 579-0876

📞 After Hours Phone: (619) 579-2345

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

Accepting New Patients: Yes

Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 9AM-5PM  
SA 9AM-12AM

### CHAN, KWOK FUNG, OD

Provider Gender: Male

License Number: 35087


NPI: 1407508385

Provider English Spoken: Y

Cultural Competency: Y

WERNER OPTOMETRY

 2650 JAMACHA RD STE 155  
EL CAJON, CA 92019

 Phone: (619) 670-6296

Fax: (619) 670-8852

 After Hours Phone: (619)  
670-6296

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Italian, Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT

PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M 9AM-5PM  
TU 10AM-5PM  
W-TH 9AM-5PM  
F 8AM-2PM

### DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955


NPI: 1265927578

Provider English Spoken: Y


Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619)  
440-5400

Accepting New Patients: Yes

Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### DYER, SHARON, OD

Provider Gender: Female

License Number: 33450


NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619)  
440-5400

Accepting New Patients: Yes

Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### HAMOUIE, JUDY, OD

Provider Gender: Female

License Number: 34984


NPI: 1518638287

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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes


Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### HAN, SULKI, OD

Provider Gender: Female

License Number: 34171

NPI: 1750802195


Provider English Spoken: Y

Korean

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239


 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes


Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### HSU, CHRISTOPHER, MD

Provider Gender: Male

License Number: A65973


NPI: 1336167618

Provider English Spoken: Y


Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes


Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### KATZMAN, BARRY, MD

Provider Gender: Male

License Number: A34834

NPI: 1760473797


Provider English Spoken: Y

Spanish

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes


Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### KHALIL, VADY, OD

Provider Gender: Male

License Number: 35137

NPI: 1275263584


Provider English Spoken: Y

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

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## J. 視力提供者目錄 - 眼科和視力服務

 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes


 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### **KHIEU, TINA, OD**

Provider Gender: Female

License Number: 34777


NPI: 1962031617

Provider English Spoken: Y

Cultural Competency: Y


RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 Phone: (619) 440-5400  
Fax: (619) 440-0239

 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT

PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### **MARR, RYAN, OD**

Provider Gender: Male

License Number: 35302


NPI: 1235857525

Provider English Spoken: Y

Cultural Competency: Y


RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 Phone: (619) 440-5400  
Fax: (619) 440-0239

 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes


 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### **MCMURREN, BRITTANY, OD**

Provider Gender: Female

License Number: 14824


NPI: 1104243815

Provider English Spoken: Y

Cultural Competency: Y



WERNER OPTOMETRY

 2650 JAMACHA RD STE 155 EL CAJON, CA 92019

 Phone: (619) 670-6296  
Fax: (619) 670-8852

 After Hours Phone: (619) 670-6296

Accepting New Patients: Yes

 Site English Spoken: Y  
 Site Language(s) Spoken: Italian, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M 9AM-5PM  
TU 10AM-5PM  
W-TH 9AM-5PM  
F 8AM-2PM

### **PANDYA, BHUMIKA, OD**

Provider Gender: Female

License Number: 35025

NPI: 1063182822

Provider English Spoken: Y

 Hindi

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200 EL CAJON, CA 92020

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## J. 視力提供者目錄 - 眼科和視力服務

☎ Phone: (619) 440-5400  
Fax: (619) 440-0239

📞 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

🗣 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8:30AM-6PM

### **PATEL, GITANE, MD**

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200 EL CAJON, CA 92020

☎ Phone: (619) 440-5400  
Fax: (619) 440-0239

📞 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

🗣 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8:30AM-6PM

### **PATEL, SARJAN, MD**

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y

🗣 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: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8:30AM-6PM

### **SCOTT, JEFFREY, OD**

Provider Gender: Male

License Number: 34978

NPI: 1568813434

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200 EL CAJON, CA 92020

☎ Phone: (619) 440-5400  
Fax: (619) 440-0239

📞 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

🗣 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8:30AM-6PM

### **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

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## J. 視力提供者目錄 - 眼科和視力服務

 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

 Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### TONNU, ANH, OD

Provider Gender: Female

License Number: 11318

NPI: 1679521280


Provider English Spoken: Y

 Vietnamese


Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

 Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### VINH, JOHN, OD

Provider Gender: Male

License Number: 14177


NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

 Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### WERNER, R AARON, OD

Provider Gender: Male

License Number: 13478

NPI: 1821259458


Provider English Spoken: Y

 Spanish

Cultural Competency: Y

WERNER OPTOMETRY

 2650 JAMACHA RD STE 155 EL CAJON, CA 92019


 Phone: (619) 670-6296

Fax: (619) 670-8852

 After Hours Phone: (619) 670-6296

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Language(s) Spoken: Italian, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M 9AM-5PM  
TU 10AM-5PM  
W-TH 9AM-5PM  
F 8AM-2PM


### WERNER, REX, OD

Provider Gender: Male

License Number: 9378

NPI: 1891760716

Provider English Spoken: Y

 Italian, Spanish







Cultural Competency: Y

WERNER OPTOMETRY




 2650 JAMACHA RD STE 155

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## J. 視力提供者目錄 - 眼科和視力服務

EL CAJON, CA 92019  
 Phone: (619) 670-6296  
 Fax: (619) 670-8852  
 After Hours Phone: (619) 670-6296  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Italian, Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M 9AM-5PM  
 TU 10AM-5PM  
 W-TH 9AM-5PM  
 F 8AM-2PM


### ZHAO, TAILUN, MD

Provider Gender: Male  
 License Number: C186414  
 NPI: 1952659203  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP  
 300 S PIERCE ST STE 200  
 EL CAJON, CA 92020  
 Phone: (619) 440-5400  
 Fax: (619) 440-0239  
 After Hours Phone: (619) 440-5400  
 Accepting New Patients: Yes

 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8:30AM-6PM

### ZVANUT, DONALD, OD

Provider Gender: Male  
 License Number: 8642  
 NPI: 1336211804  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP  
 300 S PIERCE ST STE 200  
 EL CAJON, CA 92020  
 Phone: (619) 440-5400  
 Fax: (619) 440-0239  
 After Hours Phone: (619) 440-5400  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T


 Hours: M-F 8:30AM-6PM

## ENCINITAS

### ADAMS, MONA, OD


Provider Gender: Female  
 License Number: 14457  
 NPI: 1942564521  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 RADY CHILDRENS HOSPITAL  
 ENCINITAS

 477 N EL CAMINO REAL  
 STE D302  
 ENCINITAS, CA 92024

 Phone: (858) 309-7702  
 Fax: (858) 966-7403

 After Hours Phone: (858) 309-7702


Accepting New Patients: Yes

 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM



### AOTO, KIM, OD

Provider Gender: Female  
 License Number: 14524  
 NPI: 1780935650  
 Provider English Spoken: Y


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## J. 視力提供者目錄 - 眼科和視力服務





 *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: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8AM-5PM*

### **BANSAL, PREETI, MD**






*Provider Gender: Female*  
*License Number: A90890*  
*NPI: 1871664631*  
*Provider English Spoken: Y*  
 *Spanish*  
*Cultural Competency: Y*  
**RADY CHILDRENS HOSPITAL**  
**ENCINITAS**

 477 N EL CAMINO REAL  
 STE D302  
 ENCINITAS, CA 92024  
 *Phone: (858) 309-7702*

*Fax: (858) 966-7403*  
 *After Hours Phone: (858) 309-7702*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-F 8AM-5PM*



### **BAUMANN, DANIELA, OD**

*Provider Gender: Female*  
*License Number: 34530*  
*NPI: 1982232146*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
**ACUITY EYE GROUP**

 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024  
 *Phone: (760) 943-7141*  
*Fax: (760) 943-0371*  
 *After Hours Phone: (760) 943-7141*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*



*American Sign Language (ASL):*



*N*



 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8AM-5PM*

### **BHATIA, SHAGUN, MD**

*Provider Gender: Female*  
*License Number: A154902*  
*NPI: 1104237353*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
**RADY CHILDRENS HOSPITAL**  
**ENCINITAS**

 477 N EL CAMINO REAL  
 STE D302  
 ENCINITAS, CA 92024  
 *Phone: (858) 309-7702*  
*Fax: (858) 966-7403*

 *After Hours Phone: (858) 309-7702*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-F 8AM-5PM*

### **CHANG, TOM, MD**

*Provider Gender: Male*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

License Number: A69909  
NPI: 1609848969  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
📍 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
☎ Phone: (760) 943-7141  
Fax: (760) 943-0371  
🕒 After Hours Phone: (760)  
943-7141  
Accepting New Patients: Yes  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken:  
Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1T  
🕒 Hours: M-F 8AM-5PM

### **CHIU, STEPHAN, MD**

Provider Gender: Male  
License Number: A172634  
NPI: 1053846956  
Provider English Spoken: Y  
📄 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: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1T  
🕒 Hours: M-F 8AM-5PM

### **DEAN, MOENA, OD**

Provider Gender: Female  
License Number: 33955  
NPI: 1265927578  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
📍 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
☎ Phone: (760) 943-7141  
Fax: (760) 943-0371  
🕒 After Hours Phone: (760)  
943-7141  
Accepting New Patients: Yes  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken:  
Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender

restriction  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1T  
🕒 Hours: M-F 8AM-5PM

### **DYER, SHARON, OD**

Provider Gender: Female  
License Number: 33450  
NPI: 1063866887  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
📍 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
☎ Phone: (760) 943-7141  
Fax: (760) 943-0371  
🕒 After Hours Phone: (760)  
943-7141  
Accepting New Patients: Yes  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken:  
Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1T  
🕒 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medical)。此提供  
者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

### **HAMOUIE, JUDY, OD**

Provider Gender: Female

License Number: 34984

NPI: 1518638287

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Phone: (760) 943-7141

Fax: (760) 943-0371

After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### **HUDSON, HENRY, MD**

Provider Gender: Male

License Number: G76091

NPI: 1851349195

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Phone: (760) 943-7141

Fax: (760) 943-0371

After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### **KALBAKJI, NATALY, OD**

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y

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: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### **KHALIL, VADY, OD**

Provider Gender: Male

License Number: 35137

NPI: 1275263584

Provider English Spoken: Y

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: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

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## J. 視力提供者目錄 - 眼科和視力服務

 Hours: M-F 8AM-5PM

### LEE, JASON, OD

Provider Gender: Male

License Number: 14881

NPI: 1679985584


Provider English Spoken: Y

 Spanish

Cultural Competency: Y

RADY CHILDRENS HOSPITAL  
ENCINITAS

 477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024

 Phone: (858) 309-7702

Fax: (858) 966-7403

 After Hours Phone: (858)  
309-7702


Accepting New Patients: Yes

 Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### MARR, RYAN, OD

Provider Gender: Male

License Number: 35302


NPI: 1235857525

Provider English Spoken: Y


Cultural Competency: Y

ACUITY EYE GROUP

 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024


 Phone: (760) 943-7141

Fax: (760) 943-0371

 After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### 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: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### MOLL, ANGELA, MD

Provider Gender: Female

License Number: A105472


NPI: 1861648602

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS HOSPITAL  
ENCINITAS


 477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024

 Phone: (858) 309-7702

Fax: (858) 966-7403

 After Hours Phone: (858)  
309-7702

Accepting New Patients: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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## J. 視力提供者目錄 - 眼科和視力服務

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-5PM

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

🗇 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: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

### **O HALLORAN, HENRY, MD**

Provider Gender: Male

License Number: A73282

NPI: 1235287947

Provider English Spoken: Y

🗇 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: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-5PM

### **SAMUEL, MICHAEL, MD**

Provider Gender: Male

License Number: A83237

NPI: 1730175670

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

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Fax: (760) 943-0371

📞 After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes

🗇 Site English Spoken: Y

🗇 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

### **TON-NU, MY LINH, OD**

Provider Gender: Female

License Number: 34990

NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

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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

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## J. 視力提供者目錄 - 眼科和視力服務

**American Sign Language (ASL): VIVIRITO, MARY, OD**

N

 **Accessibility: CONTACT PROVIDER**

Public transportation (within 1/2 mile from Site): 1T

 **Hours: M-F 8AM-5PM**

**VINH, JOHN, OD**

Provider Gender: Male

License Number: 14177


NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

 Phone: (760) 943-7141

Fax: (760) 943-0371

 After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**

Public transportation (within 1/2 mile from Site): 1T

 **Hours: M-F 8AM-5PM**

Provider Gender: Female

License Number: 33798

NPI: 1477968667


Provider English Spoken: Y

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: CONTACT PROVIDER**

Public transportation (within 1/2 mile from Site): 1T

 **Hours: M-F 8AM-5PM**

**ZHAO, TAILUN, MD**

Provider Gender: Male

License Number: C186414

NPI: 1952659203


Provider English Spoken: Y

Cultural Competency: Y


ACUITY EYE GROUP

 320 SANTA FE DR STE 104

ENCINITAS, CA 92024

 Phone: (760) 943-7141

Fax: (760) 943-0371

 After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**

Public transportation (within 1/2 mile from Site): 1T

 **Hours: M-F 8AM-5PM**

**ZVANUT, DONALD, OD**

Provider Gender: Male

License Number: 8642


NPI: 1336211804

Provider English Spoken: Y


Cultural Competency: Y

ACUITY EYE GROUP

 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

 Phone: (760) 943-7141

Fax: (760) 943-0371

 After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

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## J. 視力提供者目錄 - 眼科和視力服務


Gender Restriction: No Gender restriction  
1/2 mile from Site): 1T

American Sign Language (ASL): 8:30AM-4:30PM

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### ESCONDIDO

#### ADAMS, MONA, OD

Provider Gender: Female

License Number: 14457

NPI: 1942564521

Provider English Spoken: Y


Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

 2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760) 755-7600

Accepting New Patients: Yes


 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within

#### 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 Language(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

#### BANSAL, PREETI, MD

Provider Gender: Female

License Number: A90890

NPI: 1871664631

Provider English Spoken: Y

 Spanish


Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

 2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760) 755-7600

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-4:30PM

#### BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530

NPI: 1982232146


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026

 Phone: (760) 743-5872

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

Fax: (760) 743-5879

☎ After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Language(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

### BERGMARK, JAMIE, OD

Provider Gender: Female

License Number: 33657

NPI: 1669920757

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

📍 2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029

☎ Phone: (760) 755-7600

Fax: (760) 755-7699

☎ After Hours Phone: (760) 755-7600

Accepting New Patients: Yes

☐ Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender

restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8:30AM-4:30PM

### BHATIA, SHAGUN, MD

Provider Gender: Female

License Number: A154902

NPI: 1104237353

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

📍 2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029

☎ Phone: (760) 755-7600

Fax: (760) 755-7699

☎ After Hours Phone: (760) 755-7600

Accepting New Patients: Yes

☐ Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F

8:30AM-4:30PM

### BINDER, NICHOLAS, MD

Provider Gender: Male

License Number: A124698

NPI: 1306076716

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026

☎ Phone: (760) 743-5872

Fax: (760) 743-5879

☎ After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Language(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

### CHANG, TOM, MD

Provider Gender: Male

License Number: A69909

NPI: 1609848969

Provider English Spoken: Y

Cultural Competency: Y

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## J. 視力提供者目錄 - 眼科和視力服務

### ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Phone: (760) 743-5872  
Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### DUONG, KIM, OD

Provider Gender: Female

License Number: 34222

NPI: 1114448651

Provider English Spoken: Y

Vietnamese

Cultural Competency: Y

### RADY CHILDRENS

#### SPECIALISTS

2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

Phone: (760) 755-7600  
Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:30AM-4:30PM

### GOLDSTONE, ADAM, OD

Provider Gender: Male

License Number: 11051

NPI: 1316972995

Provider English Spoken: Y

Cultural Competency: Y

### ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Phone: (760) 743-5872  
Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### HAMOUIE, JUDY, OD

Provider Gender: Female

License Number: 34984

NPI: 1518638287

Provider English Spoken: Y

Cultural Competency: Y

### ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Phone: (760) 743-5872  
Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

### **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: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### **HUDSON, HENRY, MD**

Provider Gender: Male

License Number: G76091

NPI: 1851349195

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY

STE 200

ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### **KALBAKJI, NATALY, OD**

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y

Arabic

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### **KARAPETIAN, ELENA, OD**

Provider Gender: Female

License Number: 34514

NPI: 1184250417

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT

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## J. 視力提供者目錄 - 眼科和視力服務

**PROVIDER**  
Public transportation (within  
1/2 mile from Site): 1T  
🕒 Hours: M-F 8AM-5PM

### **KHALIL, VADY, OD**

Provider Gender: Male  
License Number: 35137  
NPI: 1275263584  
Provider English Spoken: Y  
🗨 Arabic  
Cultural Competency: Y  
ACUITY EYE GROUP  
📍 700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
📞 Phone: (760) 743-5872  
Fax: (760) 743-5879  
🕒 After Hours Phone: (760)  
743-5872  
Accepting New Patients: Yes  
🗨 Site English Spoken: Y  
🗨 Site Languages(s) Spoken:  
Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1T  
🕒 Hours: M-F 8AM-5PM

### **KHIEU, TINA, OD**

Provider Gender: Female

License Number: 34777  
NPI: 1962031617  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP

📍 700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
📞 Phone: (760) 743-5872  
Fax: (760) 743-5879

🕒 After Hours Phone: (760)  
743-5872  
Accepting New Patients: Yes  
🗨 Site English Spoken: Y  
🗨 Site Languages(s) Spoken:  
Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1T  
🕒 Hours: M-F 8AM-5PM

### **KIM, PHILIP, OD**

Provider Gender: Male  
License Number: 33893  
NPI: 1376929034  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP

📍 700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

📞 Phone: (760) 743-5872  
Fax: (760) 743-5879  
🕒 After Hours Phone: (760)  
743-5872  
Accepting New Patients: Yes  
🗨 Site English Spoken: Y  
🗨 Site Languages(s) Spoken:  
Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1T  
🕒 Hours: M-F 8AM-5PM

### **KLAREN, AMANDA, OD**

Provider Gender: Female  
License Number: 12617  
NPI: 1396876611  
Provider English Spoken: Y  
Cultural Competency: Y

RADY CHILDRENS  
SPECIALISTS  
📍 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
📞 Phone: (760) 755-7600  
Fax: (760) 755-7699  
🕒 After Hours Phone: (760)  
755-7600  
Accepting New Patients: Yes  
🗨 Site English Spoken: Y  
Min/Max Age: 0\None

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。


## J. 視力提供者目錄 - 眼科和視力服務

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-F 8:30AM-4:30PM*

### **LE, TAM, OD**

*Provider Gender: Female*

*License Number: 12951*

*NPI: 1235268707*


*Provider English Spoken: Y*

 *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 Language(s) Spoken: Spanish, Vietnamese*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-TH 9AM-5:30PM F 9AM-1PM*

### **LEE, JASON, OD**

*Provider Gender: Male*

*License Number: 14881*

*NPI: 1679985584*

*Provider English Spoken: Y*

 *Spanish*


*Cultural Competency: Y*

RADY CHILDRENS

SPECIALISTS

 2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029

 *Phone: (760) 755-7600*

*Fax: (760) 755-7699*

 *After Hours Phone: (760) 755-7600*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-F 8:30AM-4:30PM*

### **MARR, RYAN, OD**

*Provider Gender: Male*

*License Number: 35302*

*NPI: 1235857525*


*Provider English Spoken: Y*

*Cultural Competency: Y*

ACUITY EYE GROUP

 700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026


 *Phone: (760) 743-5872*

*Fax: (760) 743-5879*

 *After Hours Phone: (760) 743-5872*

*Accepting New Patients: Yes*


 *Site English Spoken: Y*

 *Site Language(s) Spoken: Spanish*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-F 8AM-5PM*

### **MCGRAW, JOSEPH, MD**

*Provider Gender: Male*

*License Number: A155228*

*NPI: 1588624852*

*Provider English Spoken: Y*

*Cultural Competency: Y*

ACUITY EYE GROUP

 700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026

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## J. 視力提供者目錄 - 眼科和視力服務

☎ Phone: (760) 743-5872  
 Fax: (760) 743-5879  
 📞 After Hours Phone: (760) 743-5872  
 Accepting New Patients: Yes  
 📄 Site English Spoken: Y  
 📄 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 🕒 Hours: M-F 8AM-5PM

### **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  
 📞 After Hours Phone: (760) 755-7600

Accepting New Patients: Yes  
 📄 Site English Spoken: Y  
 Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8:30AM-4:30PM

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male  
 License Number: A125435  
 NPI: 1235366782

Provider English Spoken: Y

📄 Indonesian, Spanish  
 Cultural Competency: Y

ACUITY EYE GROUP

📍 700 W EL NORTE PKWY  
 STE 200  
 ESCONDIDO, CA 92026

☎ Phone: (760) 743-5872  
 Fax: (760) 743-5879

📞 After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

📄 Site English Spoken: Y

📄 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT

PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 🕒 Hours: M-F 8AM-5PM

### **MOVAGHAR, MANSOOR, MD**

Provider Gender: Male  
 License Number: A100897  
 NPI: 1497792220

Provider English Spoken: Y  
 Cultural Competency: Y

RADY CHILDRENS  
 SPECIALISTS

📍 2125 CITRACADO PKWY  
 STE 200  
 ESCONDIDO, CA 92029

☎ Phone: (760) 755-7600  
 Fax: (760) 755-7699

📞 After Hours Phone: (760) 755-7600

Accepting New Patients: Yes

📄 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8:30AM-4:30PM

### **O HALLORAN, HENRY, MD**

Provider Gender: Male  
 License Number: A73282

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## J. 視力提供者目錄 - 眼科和視力服務

NPI: 1235287947

Provider English Spoken: Y

☐ German, Spanish

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

📍 2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

☎ Phone: (760) 755-7600

Fax: (760) 755-7699

🕒 After Hours Phone: (760)  
755-7600

Accepting New Patients: Yes

☐ Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:30AM-4:30PM

### PANSARA, MEGHA, MD

Provider Gender: Female

License Number: A143429

NPI: 1184983728

Provider English Spoken: Y

☐ Gujarati

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

📍 2125 CITRACADO PKWY

STE 200

ESCONDIDO, CA 92029

☎ Phone: (760) 755-7600

Fax: (760) 755-7699

🕒 After Hours Phone: (760)  
755-7600

Accepting New Patients: Yes

☐ Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:30AM-4:30PM

### PATEL, SARJAN, MD

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y

☐ Gujarati, Hindi, Spanish

Cultural Competency: Y

ACUITY EYE GROUP

📍 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

☎ Phone: (760) 743-5872

Fax: (760) 743-5879

🕒 After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:

Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

### PATEL, GITANE, MD

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

☎ Phone: (760) 743-5872

Fax: (760) 743-5879

🕒 After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

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## J. 視力提供者目錄 - 眼科和視力服務

Public transportation (within 1/2 mile from Site): IT

🕒 Hours: M-F 8AM-5PM

### **PRABHU, SUJATA, MD**

Provider Gender: Female

License Number: A115965

NPI: 1982872552

Provider English Spoken: Y

☐ Spanish

Cultural Competency: Y

ACUITY EYE GROUP

📍 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

☎ Phone: (760) 743-5872

Fax: (760) 743-5879

📞 After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): IT

🕒 Hours: M-F 8AM-5PM

### **SAMUEL, MICHAEL, MD**

Provider Gender: Male

License Number: A83237

NPI: 1730175670

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

☎ Phone: (760) 743-5872

Fax: (760) 743-5879

📞 After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): IT

🕒 Hours: M-F 8AM-5PM

### **THACH, TERILYN, OD**

Provider Gender: Female

License Number: 11456

NPI: 1710030861

Provider English Spoken: Y

☐ Vietnamese

Cultural Competency: Y

INSIGHT VISION OPTOMETRY

📍 2419 E VALLEY PKWY  
ESCONDIDO, CA 92027

☎ Phone: (760) 738-9931

Fax: (760) 738-9933

📞 After Hours Phone: (760)  
738-9931

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): IT

🕒 Hours: M-TU 9:30AM-5PM  
TH 10AM-5:30PM

F 9:30AM-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

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## J. 視力提供者目錄 - 眼科和視力服務

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### TRAN, ALEXANDER, OD

Provider Gender: Male

License Number: 14136

NPI: 1902414790

Provider English Spoken: Y


Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

 2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760)  
755-7600

Accepting New Patients: Yes

Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F  
8:30AM-4:30PM

### VERRET, ERIC, OD

Provider Gender: Male

License Number: 11401

NPI: 1194891853


Provider English Spoken: Y

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:  
Arabic, French, Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TU 9AM-6PM  
W-TH 9AM-8PM

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798

NPI: 1477968667

Provider English Spoken: Y


Spanish

Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes


Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### 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

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## J. 視力提供者目錄 - 眼科和視力服務

Fax: (760) 743-5879

☎ After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Language(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

### 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 Language(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

### ZVANUT, DONALD, OD

Provider Gender: Male

License Number: 8642

NPI: 1336211804

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026

☎ Phone: (760) 743-5872

Fax: (760) 743-5879

☎ After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Language(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

## 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 Language(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-5PM

### COLEMAN, BROOKE, OD

Provider Gender: Female

License Number: 13551

NPI: 1700040748

Provider English Spoken: Y

Cultural Competency: Y

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

### INLAND EYE SPECIALISTS

521 E ELDER ST STE 102  
FALLBROOK, CA 92028

Phone: (760) 728-5728

Fax: (760) 728-5934

After Hours Phone: (760)  
728-5728

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### CONNOR, JEFFREY, OD

Provider Gender: Male

License Number: 33683

NPI: 1063968980

Provider English Spoken: Y

Spanish

Cultural Competency: Y

### INLAND EYE SPECIALISTS

521 E ELDER ST STE 102  
FALLBROOK, CA 92028

Phone: (760) 728-5728

Fax: (760) 728-5934

After Hours Phone: (760)  
728-5728

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### COOPER, MICHAEL, OD

Provider Gender: Male

License Number: 10476

NPI: 1164586244

Provider English Spoken: Y

Cultural Competency: Y

### INLAND EYE SPECIALISTS

521 E ELDER ST STE 102  
FALLBROOK, CA 92028

Phone: (760) 728-5728

Fax: (760) 728-5934

After Hours Phone: (760)  
728-5728

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT

### PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### DUONG, CHERYL, OD

Provider Gender: Female

License Number: 34070

NPI: 1366935678

Provider English Spoken: Y

Cultural Competency: Y

### INLAND EYE SPECIALISTS

521 E ELDER ST STE 102  
FALLBROOK, CA 92028

Phone: (760) 728-5728

Fax: (760) 728-5934

After Hours Phone: (760)  
728-5728

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### GEORGE, KENDALL, OD

Provider Gender: Male

License Number: 34270

NPI: 1619529948

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## J. 視力提供者目錄 - 眼科和視力服務


Provider English Spoken: Y

Spanish

Cultural Competency: Y

BRUCE D GEORGE OD

 1102 S MAIN AVE  
FALLBROOK, CA 92028

 Phone: (760) 723-8417

Fax: (760) 758-2063

 After Hours Phone: (760)  
723-8417

Accepting New Patients: Yes


Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M 1PM-5PM  
TU 9AM-6PM  
W-TH 9AM-5PM  
F 9AM-1PM  
SA 9AM-1PM

### GEORGE, BRUCE, OD

Provider Gender: Male

License Number: 7696

NPI: 1356414551


Provider English Spoken: Y

Korean, Spanish

Cultural Competency: Y

BRUCE D GEORGE OD

 1102 S MAIN AVE  
FALLBROOK, CA 92028

 Phone: (760) 723-8417

Fax: (760) 758-2063

 After Hours Phone: (760)  
723-8417

Accepting New Patients: Yes


Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M 1PM-5PM  
TU 9AM-6PM  
W-TH 9AM-5PM  
F 9AM-1PM  
SA 9AM-1PM

### KHINDA, SUNEHA, OD

Provider Gender: Female

License Number: 35494


NPI: 1750066726

Provider English Spoken: Y

Cultural Competency: Y

INLAND EYE SPECIALISTS

 521 E ELDER ST STE 102  
FALLBROOK, CA 92028

 Phone: (760) 728-5728

Fax: (760) 728-5934

 After Hours Phone: (760)  
728-5728

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### TEW, JOHN, MD

Provider Gender: Male

License Number: A83206

NPI: 1174593354


Provider English Spoken: Y

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):

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## J. 視力提供者目錄 - 眼科和視力服務






N

 **Accessibility: CONTACT PROVIDER**  
Public transportation (within 1/2 mile from Site): 1U  
 **Hours: M-F 8AM-5PM**


### IMPERIAL BEACH


#### HANONO, ABRAHAM, OD

Provider Gender: Male  
License Number: 14900  
NPI: 1356754741  
Provider English Spoken: Y  
 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: CONTACT PROVIDER**  
Public transportation (within 1/2 mile from Site): 1U

 **Hours: M-F 9AM-6PM**

#### HANONO, HELFON, OD



Provider Gender: Male  
License Number: 6681  
NPI: 1619942034  
Provider English Spoken: Y

 Spanish  
Cultural Competency: Y  
IMPERIAL BEACH

#### OPTOMETRY INC APC



 894 PALM AVE STE B  
IMPERIAL BEACH, CA  
91932  
 Phone: (619) 424-9333  
Fax: (619) 424-3356  
 After Hours Phone: (619)  
424-9333

Accepting New Patients: Yes

 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**  
Public transportation (within 1/2 mile from Site): 1U  
 **Hours: M-F 9AM-6PM**

### LA JOLLA

#### BAUMANN, DANIELA, OD


Provider Gender: Female  
License Number: 34530

NPI: 1982232146

Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP

 9850 GENESEE AVE STE  
310



LA JOLLA, CA 92037

 Phone: (858) 457-3010

Fax: (858) 457-0028



 After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes

 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish, Tagalog  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**  
Public transportation (within 1/2 mile from Site): 1U  
 **Hours: M-F 8AM-4:30PM**

#### CHIU, STEPHAN, MD

Provider Gender: Male  
License Number: A172634  
NPI: 1053846956  
Provider English Spoken: Y

 Spanish  
Cultural Competency: Y

#### ACUITY EYE GROUP

 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

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## J. 視力提供者目錄 - 眼科和視力服務

☎ Phone: (858) 457-3010  
 Fax: (858) 457-0028  
 📞 After Hours Phone: (858) 457-3010  
 Accepting New Patients: Yes  
 📄 Site English Spoken: Y  
 📄 Site Languages(s) Spoken: Spanish, Tagalog  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 🕒 Hours: M-F 8AM-4:30PM

### **CODEN, DANIEL, MD**

Provider Gender: Male  
 License Number: G57587  
 NPI: 1942317508  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP

📍 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037

☎ Phone: (858) 457-3010  
 Fax: (858) 457-0028

📞 After Hours Phone: (858) 457-3010  
 Accepting New Patients: Yes  
 📄 Site English Spoken: Y  
 📄 Site Languages(s) Spoken: Spanish, Tagalog  
 Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### **DEAN, MOENA, OD**

Provider Gender: Female  
 License Number: 33955  
 NPI: 1265927578

Provider English Spoken: Y  
 Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037

☎ Phone: (858) 457-3010  
 Fax: (858) 457-0028

📞 After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

📄 Site English Spoken: Y

📄 Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### **DYER, SHARON, OD**

Provider Gender: Female  
 License Number: 33450

NPI: 1063866887

Provider English Spoken: Y  
 Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

☎ Phone: (858) 457-3010  
 Fax: (858) 457-0028

📞 After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

📄 Site English Spoken: Y

📄 Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### **HO, AMIEE, OD**

Provider Gender: Female  
 License Number: 14527

NPI: 1396009478

Provider English Spoken: Y  
 Cultural Competency: Y

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## J. 視力提供者目錄 - 眼科和視力服務

### UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM  
SA 8AM-2PM

### HO, AMIEE, OD

Provider Gender: Female

License Number: 14527

NPI: 1396009478

Provider English Spoken: Y

Cultural Competency: Y

PERLMAN

### OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-4:30PM

### HOO, PAMELA, OD

Provider Gender: Female

License Number: 11033

NPI: 1275566010

Provider English Spoken: Y

Spanish

Cultural Competency: Y

PERLMAN

### OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-4:30PM

### HOO, PAMELA, OD

Provider Gender: Female

License Number: 11033

NPI: 1275566010

Provider English Spoken: Y

Spanish

Cultural Competency: Y

### UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM  
SA 8AM-2PM

### HUDSON, HENRY, MD

Provider Gender: Male

License Number: G76091

NPI: 1851349195

Provider English Spoken: Y

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## J. 視力提供者目錄 - 眼科和視力服務

*Cultural Competency: Y*

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

☎ Phone: (858) 457-3010

Fax: (858) 457-0028

🕒 After Hours Phone: (858) 457-3010

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*Site Languages(s) Spoken: Spanish, Tagalog*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

N

♿ *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

🕒 *Hours: M-F 8AM-4:30PM*

### HUSTANA, LARA, OD

*Provider Gender: Female*

*License Number: 11472*

*NPI: 1235161597*

*Provider English Spoken: Y*

*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: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

🕒 *Hours: M-F 8AM-4:30PM SA 8AM-2PM*

### HUSTANA, LARA, OD

*Provider Gender: Female*

*License Number: 11472*

*NPI: 1235161597*

*Provider English Spoken: Y*

*French*

*Cultural Competency: Y*

PERLMAN

OPHTHALMOLOGY-UCSD

📍 9350 CAMPUS POINT DR STE 1B

LA JOLLA, CA 92037

☎ Phone: (858) 534-6290

Fax: (858) 732-0921

🕒 After Hours Phone: (858) 534-6290

*Accepting New Patients: Yes*

*Site English Spoken: Y*  
*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

N

♿ *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

🕒 *Hours: M-F 8AM-4:30PM*

### KALBAKJI, NATALY, OD

*Provider Gender: Female*

*License Number: 34943*

*NPI: 1700556438*

*Provider English Spoken: Y*

*Arabic*

*Cultural Competency: Y*

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

☎ Phone: (858) 457-3010

Fax: (858) 457-0028

🕒 After Hours Phone: (858) 457-3010

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*Site Languages(s) Spoken: Spanish, Tagalog*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*  
N

♿ *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

🕒 *Hours: M-F 8AM-4:30PM*

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## J. 視力提供者目錄 - 眼科和視力服務

### **KHALIL, VADY, OD**

*Provider Gender: Male*

*License Number: 35137*

*NPI: 1275263584*

*Provider English Spoken: Y*


*Arabic*

*Cultural Competency: Y*

ACUITY EYE GROUP

 9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

 *Phone: (858) 457-3010*

*Fax: (858) 457-0028*

*After Hours Phone: (858) 457-3010*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*Site Languages(s) Spoken: Spanish, Tagalog*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F 8AM-4:30PM*

### **KHIEU, TINA, OD**

*Provider Gender: Female*

*License Number: 34777*

*NPI: 1962031617*


*Provider English Spoken: Y*

*Cultural Competency: Y*

ACUITY EYE GROUP

 9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

 *Phone: (858) 457-3010*

*Fax: (858) 457-0028*

*After Hours Phone: (858) 457-3010*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*Site Languages(s) Spoken: Spanish, Tagalog*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F 8AM-4:30PM*

### **KIM, PHILIP, OD**

*Provider Gender: Male*

*License Number: 33893*


*NPI: 1376929034*

*Provider English Spoken: Y*

*Cultural Competency: Y*

UCSD SHILEY EYE CENTER

 9415 CAMPUS POINT DR LA JOLLA, CA 92093

 *Phone: (858) 534-6290*

*Fax: (858) 732-0921*

*After Hours Phone: (858) 534-6290*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F 8AM-4:30PM SA 8AM-2PM*

### **KIM, PHILIP, OD**

*Provider Gender: Male*

*License Number: 33893*

*NPI: 1376929034*

*Provider English Spoken: Y*


*Cultural Competency: Y*

PERLMAN

OPHTHALMOLOGY-UCSD

 9350 CAMPUS POINT DR STE 1B

LA JOLLA, CA 92037

 *Phone: (858) 534-6290*

*Fax: (858) 732-0921*

*After Hours Phone: (858) 534-6290*


*Accepting New Patients: Yes*

*Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*


*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/med-cal](https://blueshieldca.com/promise/med-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

 Hours: M-F 8AM-4:30PM

**KULISCHAK, JOHN, OD**

Provider Gender: Male

License Number: 9279

NPI: 1740205236

Provider English Spoken: Y


Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

 9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

 Phone: (858) 534-6290

Fax: (858) 732-0921

 After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-4:30PM

**KULISCHAK, JOHN, OD**

Provider Gender: Male

License Number: 9279


NPI: 1740205236

Provider English Spoken: Y

Cultural Competency: Y

UCSD SHILEY EYE CENTER

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (858) 534-6290

Fax: (858) 732-0921

 After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM  
SA 8AM-2PM

**LAM, ANNE, OD**

Provider Gender: Female

License Number: 12810


NPI: 1174550768

Provider English Spoken: Y

Cultural Competency: Y

UCSD SHILEY EYE CENTER

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (858) 534-6290

Fax: (858) 732-0921

 After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender


restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM  
SA 8AM-2PM

**LAM, ANNE, OD**

Provider Gender: Female

License Number: 12810

NPI: 1174550768

Provider English Spoken: Y


Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

 9350 CAMPUS POINT DR  
STE 1B


LA JOLLA, CA 92037

 Phone: (858) 534-6290

Fax: (858) 732-0921

 After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-4:30PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

### **LUSBY, FRANKLIN, MD**

Provider Gender: Male

License Number: G41830

NPI: 1265526180

Provider English Spoken: Y

Cultural Competency: Y

### LUSBY VISION INSTITUTE

9850 GENESEE AVE STE 220

LA JOLLA, CA 92037

Phone: (858) 459-6200

Fax: (858) 459-2025

After Hours Phone: (858) 459-6200

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 9AM-5PM

### **MARR, RYAN, OD**

Provider Gender: Male

License Number: 35302

NPI: 1235857525

Provider English Spoken: Y

Cultural Competency: Y

### ACUITY EYE GROUP

9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

### **MCCLEAN, ESMERALDA, OD**

Provider Gender: Female

License Number: 15001

NPI: 1962817981

Provider English Spoken: Y

Spanish

Cultural Competency: Y

### PERLMAN

### OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR STE 1B

LA JOLLA, CA 92037

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858) 534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-4:30PM

### **MIZOGUCHI, LIANNE, OD**

Provider Gender: Female

License Number: 10104

NPI: 1619900313

Provider English Spoken: Y

Cultural Competency: Y

### UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858) 534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

SA 8AM-2PM

### **MIZOGUCHI, LIANNE, OD**

Provider Gender: Female

License Number: 10104

NPI: 1619900313

Provider English Spoken: Y

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-4:30PM

### **MOOR, TRACY, OD**

Provider Gender: Female

License Number: 35085

NPI: 1184283277

Provider English Spoken: Y

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-4:30PM

### **MOOR, TRACY, OD**

Provider Gender: Female

License Number: 35085

NPI: 1184283277

Provider English Spoken: Y

Cultural Competency: Y

UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM  
SA 8AM-2PM

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

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 Language(s) Spoken:  
Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

**PROVIDER**  
Public transportation (within  
1/2 mile from Site): 1U  
🕒 Hours: M-F 8AM-4:30PM

### **PERRY, ARTHUR, MD**

Provider Gender: Male  
License Number: C37934  
NPI: 1194832725  
Provider English Spoken: Y  
 Spanish  
Cultural Competency: Y  
ACUITY EYE GROUP

📍 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037  
☎ Phone: (858) 457-3010  
Fax: (858) 457-0028

🕒 After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### **PRATT, STEVEN, MD**

Provider Gender: Male

License Number: G32379

NPI: 1407963044

Provider English Spoken: Y

Spanish

Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

☎ Phone: (858) 457-3010

Fax: (858) 457-0028

🕒 After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### **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: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### **TONNU, ANH, OD**

Provider Gender: Female

License Number: 11318

NPI: 1679521280

Provider English Spoken: Y

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:

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## J. 視力提供者目錄 - 眼科和視力服務

*Spanish, Tagalog*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F 8AM-4:30PM*

### **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: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F 8AM-4:30PM*

### **VIVIRITO, MARY, OD**

*Provider Gender: Female*

*License Number: 33798*

*NPI: 1477968667*

*Provider English Spoken: Y*


 *Spanish*

*Cultural Competency: Y*

ACUITY EYE GROUP

 9850 GENESEE AVE STE 310

LA JOLLA, CA 92037


 *Phone: (858) 457-3010*

*Fax: (858) 457-0028*

 *After Hours Phone: (858) 457-3010*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken: Spanish, Tagalog*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F 8AM-4:30PM*

### **VO, ANDREW MINH, OD**

*Provider Gender: Male*

*License Number: 33869*

*NPI: 1790291565*


*Provider English Spoken: Y*

 *Vietnamese*

*Cultural Competency: Y*

UCSD SHILEY EYE CENTER

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 *Phone: (858) 534-6290*

*Fax: (858) 732-0921*

 *After Hours Phone: (858) 534-6290*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F 8AM-4:30PM  
SA 8AM-2PM*

### **VO, ANDREW MINH, OD**

*Provider Gender: Male*

*License Number: 33869*

*NPI: 1790291565*

*Provider English Spoken: Y*

 *Vietnamese*

*Cultural Competency: Y*

PERLMAN

OPHTHALMOLOGY-UCSD

 9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## J. 視力提供者目錄 - 眼科和視力服務

☎ Phone: (858) 534-6290  
 Fax: (858) 732-0921  
 ☎ After Hours Phone: (858) 534-6290  
 Accepting New Patients: Yes  
 🗉 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 🕒 Hours: M-F 8AM-4:30PM

### YU, CAROL, OD

Provider Gender: Female  
 License Number: 34047  
 NPI: 1639697451  
 Provider English Spoken: Y  
 🗉 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: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-4:30PM

### YU, CAROL, OD

Provider Gender: Female  
 License Number: 34047  
 NPI: 1639697451

Provider English Spoken: Y

🗉 Spanish, Chinese  
 Cultural Competency: Y

UCSD SHILEY EYE CENTER

📍 9415 CAMPUS POINT DR LA JOLLA, CA 92093

☎ Phone: (858) 534-6290  
 Fax: (858) 732-0921

☎ After Hours Phone: (858) 534-6290

Accepting New Patients: Yes

🗉 Site English Spoken: Y  
 Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM  
 SA 8AM-2PM

### ZHAO, TAILUN, MD

Provider Gender: Male  
 License Number: C186414  
 NPI: 1952659203

Provider English Spoken: Y  
 Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

☎ Phone: (858) 457-3010  
 Fax: (858) 457-0028

☎ After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

🗉 Site English Spoken: Y  
 🗉 Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### ZVANUT, DONALD, OD

Provider Gender: Male  
 License Number: 8642  
 NPI: 1336211804

Provider English Spoken: Y  
 Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE

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## J. 視力提供者目錄 - 眼科和視力服務

310  
LA JOLLA, CA 92037  
☎ Phone: (858) 457-3010  
Fax: (858) 457-0028  
🕒 After Hours Phone: (858) 457-3010  
Accepting New Patients: Yes  
☐ Site English Spoken: Y  
☐ Site Languages(s) Spoken: Spanish, Tagalog  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M-F 8AM-4:30PM

### LA MESA

**ABOUL-HOSN, RYAN, OD**  
Provider Gender: Male  
License Number: 13688  
NPI: 1467651919  
Provider English Spoken: Y  
☐ Arabic  
Cultural Competency: Y  
DAVID M NEWMAN OD  
📍 5642 LAKE MURRAY BLVD  
LA MESA, CA 91942  
☎ Phone: (619) 589-6263  
Fax: (619) 589-6264  
🕒 After Hours Phone: (619) 589-6263  
Accepting New Patients: Yes

☐ Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
🕒 Hours: M 10AM-4PM  
W 10AM-4PM  
F 10AM-4PM

**AOTO, KIM, OD**  
Provider Gender: Female  
License Number: 14524  
NPI: 1780935650  
Provider English Spoken: Y  
☐ Spanish, Vietnamese  
Cultural Competency: Y  
ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942  
☎ Phone: (619) 722-8460  
Fax: (619) 722-8465  
🕒 After Hours Phone: (619) 722-8460  
Accepting New Patients: Yes  
☐ Site English Spoken: Y  
☐ Site Languages(s) Spoken: Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
🕒 Hours: M-F 8AM-5PM

**ASIS, STEPHANIE, OD**  
Provider Gender: Female  
License Number: 34013  
NPI: 1902383540  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942  
☎ Phone: (619) 722-8460  
Fax: (619) 722-8465  
🕒 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes  
☐ Site English Spoken: Y  
☐ Site Languages(s) Spoken: Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
🕒 Hours: M-F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

### **AVALLONE, THOMAS, MD**

Provider Gender: Male

License Number: A147199

NPI: 1679865950

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

5565 GROSSMONT CENTER DR # 551

LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### **BAGHOUMIAN, MARINEH, OD**

Provider Gender: Female

License Number: 14842

NPI: 1972929438

Provider English Spoken: Y

Armenian

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### **BAUMANN, DANIELA, OD**

Provider Gender: Female

License Number: 34530

NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### **BAUMANN, DANIELA, OD**

Provider Gender: Female

License Number: 34530

NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

5565 GROSSMONT CENTER DR # 551

LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish



















Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

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## J. 視力提供者目錄 - 眼科和視力服務

- N**  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-F 8AM-5PM*
- BINDER, NICHOLAS, MD**  
*Provider Gender: Male*  
*License Number: A124698*  
*NPI: 1306076716*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 *Phone: (619) 722-8460*  
*Fax: (619) 722-8465*  
 *After Hours Phone: (619) 722-8460*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8AM-5PM*
- CAUCHI, CAROLINE GUERRERO, OD**  
*Provider Gender: Female*  
*License Number: 6882*  
*NPI: 1831268903*  
*Provider English Spoken: Y*  
 *Spanish*  
*Cultural Competency: Y*  
**VISION SOLUTIONS OPTOMETRY**  
 8235 UNIVERSITY AVE  
 LA MESA, CA 91942  
 *Phone: (619) 461-4913*  
*Fax: (888) 509-6483*  
 *After Hours Phone: (619) 461-4913*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-TU 9AM-5:30PM*  
*W 8AM-5PM*  
*TH 9AM-6PM*  
*F 8AM-1PM*
- CHANG, TOM, MD**  
*Provider Gender: Male*  
*License Number: A69909*
- NPI: 1609848969*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
**EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP**  
 5565 GROSSMONT CENTER DR # 551  
 LA MESA, CA 91942  
 *Phone: (619) 465-2020*  
*Fax: (619) 698-1189*  
 *After Hours Phone: (619) 465-2020*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-F 8AM-5PM*
- CHEW, WESLEY, OD**  
*Provider Gender: Male*  
*License Number: 14901*  
*NPI: 1952714446*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942

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## J. 視力提供者目錄 - 眼科和視力服務

-  Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619) 722-8460  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8AM-5PM
- CHIUI, STEPHAN, MD**  
 Provider Gender: Male  
 License Number: A172634  
 NPI: 1053846956  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y  
 EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
 5565 GROSSMONT CENTER DR # 551 LA MESA, CA 91942  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189  
 After Hours Phone: (619) 465-2020  
 Accepting New Patients: Yes  
 Site English Spoken: Y
-  Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8AM-5PM
- CONRAD, RANDALL, OD**  
 Provider Gender: Male  
 License Number: 6423  
 NPI: 1962617464  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y  
 ALVARADO EYE ASSOCIATES MED CLINIC INC  
 7877 PARKWAY DR STE 100 LA MESA, CA 91942  
 Phone: (619) 460-3711  
 Fax: (619) 460-2184  
 After Hours Phone: (619) 460-3711  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER
- Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8:30AM-4:30PM  
**DEAN, MOENA, OD**  
 Provider Gender: Female  
 License Number: 33955  
 NPI: 1265927578  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
 5565 GROSSMONT CENTER DR # 551 LA MESA, CA 91942  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189  
 After Hours Phone: (619) 465-2020  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8AM-5PM  
**DEAN, MOENA, OD**  
 Provider Gender: Female

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## J. 視力提供者目錄 - 眼科和視力服務

License Number: 33955

NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### DYER, SHARON, OD

Provider Gender: Female

License Number: 33450

NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### DYER, SHARON, OD

Provider Gender: Female

License Number: 33450

NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

5565 GROSSMONT CENTER DR # 551

LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:

Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### GILES, GREGORY, OD

Provider Gender: Male

License Number: 11362

NPI: 1114931250

Provider English Spoken: Y

Cultural Competency: Y

LA MESA VISION CARE

8007 LA MESA BLVD LA MESA, CA 91942

Phone: (619) 466-5665

Fax: (619) 466-5688

After Hours Phone: (619) 466-5665

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M 8AM-4PM

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## J. 視力提供者目錄 - 眼科和視力服務

TU 9AM-6PM  
W 8AM-4PM  
TH 9AM-6PM  
F 9AM-5PM  
SA 8AM-1PM

### **GOLLOGLY, HEIDRUN, MD**

Provider Gender: Female

License Number: A134761

NPI: 1477879823

Provider English Spoken: Y

German, French, Spanish  
Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE  
J

LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619)  
722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### **GOLLOGLY, HEIDRUN, MD**

Provider Gender: Female

License Number: A134761

NPI: 1477879823

Provider English Spoken: Y

German, French, Spanish  
Cultural Competency: Y

EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

5565 GROSSMONT  
CENTER DR # 551

LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone: (619)  
465-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### **HAIGHT, BRUCE, MD**

Provider Gender: Male

License Number: G41117

NPI: 1427029628

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN

DIEGO/ACUITY EYE GROUP

5565 GROSSMONT  
CENTER DR # 551

LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone: (619)  
465-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### **HAIGHT, BRUCE, MD**

Provider Gender: Male

License Number: G41117

NPI: 1427029628

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE  
J

LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

























After Hours Phone: (619)  
722-8460

Accepting New Patients: Yes

Site English Spoken: Y

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## J. 視力提供者目錄 - 眼科和視力服務

<p> <i>Site Languages(s) Spoken:</i> Spanish <i>Min/Max Age:</i> 0\None <i>Gender Restriction:</i> No Gender restriction</p>	<p><i>PROVIDER</i> <i>Public transportation (within 1/2 mile from Site):</i> 1T  <i>Hours:</i> M-F 8AM-5PM</p>	<p><i>License Number:</i> 7490 <i>NPI:</i> 1528072683 <i>Provider English Spoken:</i> Y <i>Cultural Competency:</i> Y</p>
<p><i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Public transportation (within 1/2 mile from Site):</i> 1T  <i>Hours:</i> M-F 8AM-5PM</p>	<p><b>HAN, SULKI, OD</b> <i>Provider Gender:</i> Female <i>License Number:</i> 34171 <i>NPI:</i> 1750802195 <i>Provider English Spoken:</i> Y  <i>Korean</i> <i>Cultural Competency:</i> Y</p>	<p> 8007 LA MESA BLVD LA MESA, CA 91942  <i>Phone:</i> (619) 466-5665 <i>Fax:</i> (619) 466-5688  <i>After Hours Phone:</i> (619) 466-5665 <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Y <i>Min/Max Age:</i> 0\None <i>Gender Restriction:</i> No Gender restriction</p>
<p><b>HAMOUIE, JUDY, OD</b> <i>Provider Gender:</i> Female <i>License Number:</i> 34984 <i>NPI:</i> 1518638287 <i>Provider English Spoken:</i> Y <i>Cultural Competency:</i> Y</p>	<p>ACUITY EYE GROUP  7339 EL CAJON BLVD STE J LA MESA, CA 91942  <i>Phone:</i> (619) 722-8460 <i>Fax:</i> (619) 722-8465  <i>After Hours Phone:</i> (619) 722-8460 <i>Accepting New Patients:</i> Yes</p>	<p><i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Public transportation (within 1/2 mile from Site):</i> 1U  <i>Hours:</i> M 8AM-4PM TU 9AM-6PM W 8AM-4PM TH 9AM-6PM F 9AM-5PM SA 8AM-1PM</p>
<p> 7339 EL CAJON BLVD STE J LA MESA, CA 91942  <i>Phone:</i> (619) 722-8460 <i>Fax:</i> (619) 722-8465  <i>After Hours Phone:</i> (619) 722-8460</p>	<p> <i>Site English Spoken:</i> Y  <i>Site Languages(s) Spoken:</i> Spanish <i>Min/Max Age:</i> 0\None <i>Gender Restriction:</i> No Gender restriction</p>	<p><b>HSU, CHRISTOPHER, MD</b> <i>Provider Gender:</i> Male <i>License Number:</i> A65973 <i>NPI:</i> 1336167618 <i>Provider English Spoken:</i> Y <i>Cultural Competency:</i> Y</p>
<p><i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Y  <i>Site Languages(s) Spoken:</i> Spanish <i>Min/Max Age:</i> 0\None <i>Gender Restriction:</i> No Gender restriction</p>	<p><i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Public transportation (within 1/2 mile from Site):</i> 1T  <i>Hours:</i> M-F 8AM-5PM</p>	<p>ACUITY EYE GROUP  7339 EL CAJON BLVD STE</p>
<p><i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT</p>	<p><b>HIXSON, THOMAS, OD</b> <i>Provider Gender:</i> Male</p>	

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## J. 視力提供者目錄 - 眼科和視力服務

J  
LA MESA, CA 91942  
☎ Phone: (619) 722-8460  
Fax: (619) 722-8465  
🕒 After Hours Phone: (619) 722-8460  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
🕒 Hours: M-F 8AM-5PM

### HUDSON, HENRY, MD

Provider Gender: Male  
License Number: G76091  
NPI: 1851349195  
Provider English Spoken: Y  
Cultural Competency: Y

#### ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942  
☎ Phone: (619) 722-8460  
Fax: (619) 722-8465  
🕒 After Hours Phone: (619) 722-8460  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:

Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
🕒 Hours: M-F 8AM-5PM

### HUDSON, HENRY, MD

Provider Gender: Male  
License Number: G76091  
NPI: 1851349195  
Provider English Spoken: Y  
Cultural Competency: Y

#### EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

📍 5565 GROSSMONT CENTER DR # 551  
LA MESA, CA 91942  
☎ Phone: (619) 465-2020  
Fax: (619) 698-1189  
🕒 After Hours Phone: (619) 465-2020  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT

PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M-F 8AM-5PM

### HUNG, JANICE, OD

Provider Gender: Female  
License Number: 34296  
NPI: 1750917936  
Provider English Spoken: Y  
Cultural Competency: Y

#### ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942  
☎ Phone: (619) 722-8460  
Fax: (619) 722-8465  
🕒 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
🕒 Hours: M-F 8AM-5PM

### KALBAKJI, NATALY, OD

Provider Gender: Female  
License Number: 34943

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

NPI: 1700556438

Provider English Spoken: Y

Arabic

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y

Arabic

Cultural Competency: Y

EYE ASSOCIATES OF SAN

DIEGO/ACUITY EYE GROUP

5565 GROSSMONT

CENTER DR # 551

LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### KATZMAN, LEE, MD

Provider Gender: Male

License Number: A135673

NPI: 1912297284

Provider English Spoken: Y

Cultural Competency: Y

ALVARADO EYE ASSOCIATES

MED CLINIC INC

7877 PARKWAY DR STE 100

LA MESA, CA 91942

Phone: (619) 460-3711

Fax: (619) 460-2184

After Hours Phone: (619) 460-3711

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8:30AM-4:30PM

### KATZMAN, BARRY, MD

Provider Gender: Male

License Number: A34834

NPI: 1760473797

Provider English Spoken: Y

Spanish

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

**PROVIDER**  
Public transportation (within  
1/2 mile from Site): 1T  
🕒 Hours: M-F 8AM-5PM

### **KHALIL, VADY, OD**

Provider Gender: Male  
License Number: 35137  
NPI: 1275263584  
Provider English Spoken: Y  
🗨 Arabic  
Cultural Competency: Y  
ACUITY EYE GROUP  
📍 7339 EL CAJON BLVD STE  
J  
LA MESA, CA 91942  
📞 Phone: (619) 722-8460  
Fax: (619) 722-8465  
🕒 After Hours Phone: (619)  
722-8460  
Accepting New Patients: Yes  
🗨 Site English Spoken: Y  
🗨 Site Languages(s) Spoken:  
Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1T  
🕒 Hours: M-F 8AM-5PM

### **KHALIL, VADY, OD**

Provider Gender: Male

License Number: 35137  
NPI: 1275263584  
Provider English Spoken: Y  
🗨 Arabic  
Cultural Competency: Y  
EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP  
📍 5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942  
📞 Phone: (619) 465-2020  
Fax: (619) 698-1189  
🕒 After Hours Phone: (619)  
465-2020  
Accepting New Patients: Yes  
🗨 Site English Spoken: Y  
🗨 Site Languages(s) Spoken:  
Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1U  
🕒 Hours: M-F 8AM-5PM

### **LEE, SALLY, DO**

Provider Gender: Female  
License Number: 20A8088  
NPI: 1457468514  
Provider English Spoken: Y  
🗨 Spanish, Chinese  
Cultural Competency: Y  
THE OASIS


📍 5500 GROSSMONT  
CENTER DR # 269  
LA MESA, CA 91942  
📞 Phone: (619) 583-4295  
Fax: (619) 313-1133  
🕒 After Hours Phone: (619)  
583-4295  
Accepting New Patients: Yes  
🗨 Site English Spoken: Y  
🗨 Site Languages(s) Spoken:  
Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1T  
🕒 Hours: TU-W 9AM-5PM

### **LEE, JENNIFER, OD**

Provider Gender: Female  
License Number: 33443  
NPI: 1891147351  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
📍 7339 EL CAJON BLVD STE  
J  
LA MESA, CA 91942  
📞 Phone: (619) 722-8460  
Fax: (619) 722-8465  
🕒 After Hours Phone: (619)  
722-8460  
Accepting New Patients: Yes  
🗨 Site English Spoken: Y


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
者目錄中的資訊可能會更改。



## J. 視力提供者目錄 - 眼科和視力服務

-  *Site Languages(s) Spoken:* Spanish  
*Min/Max Age:* 0\None  
*Gender Restriction:* No Gender restriction  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Public transportation (within 1/2 mile from Site):* 1T  
 *Hours:* M-F 8AM-5PM
- LEVY, PHILLIP, OD**  
*Provider Gender:* Male  
*License Number:* 4884  
*NPI:* 1528189115  
*Provider English Spoken:* Y  
*Cultural Competency:* Y  
 PHILLIP A LEVY OD  
 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  
*Min/Max Age:* 0\None  
*Gender Restriction:* No Gender restriction  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Public transportation (within*
- 1/2 mile from Site):* 1U  
 *Hours:* M 10AM-5PM  
 TU-TH 9AM-6PM  
 F 10AM-5PM  
**MARR, RYAN, OD**  
*Provider Gender:* Male  
*License Number:* 35302  
*NPI:* 1235857525  
*Provider English Spoken:* Y  
*Cultural Competency:* Y  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 *Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
 *After Hours Phone:* (619) 722-8460  
*Accepting New Patients:* Yes  
 *Site English Spoken:* Y  
 *Site Languages(s) Spoken:* Spanish  
*Min/Max Age:* 0\None  
*Gender Restriction:* No Gender restriction  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Public transportation (within*
- 1/2 mile from Site):* 1T  
 *Hours:* M-F 8AM-5PM  
**MARR, RYAN, OD**  
*Provider Gender:* Male  
*License Number:* 35302  
*NPI:* 1235857525  
*Provider English Spoken:* Y  
*Cultural Competency:* Y  
 EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
 5565 GROSSMONT CENTER DR # 551  
 LA MESA, CA 91942  
 *Phone:* (619) 465-2020  
*Fax:* (619) 698-1189  
 *After Hours Phone:* (619) 465-2020  
*Accepting New Patients:* Yes  
 *Site English Spoken:* Y  
 *Site Languages(s) Spoken:* Spanish  
*Min/Max Age:* 0\None  
*Gender Restriction:* No Gender restriction  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Public transportation (within*
- 1/2 mile from Site):* 1U  
 *Hours:* M-F 8AM-5PM  
**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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務


LA MESA, CA 91942  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189  
 After Hours Phone: (619) 465-2020  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction


American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8AM-5PM

### **MCGRAW, JOSEPH, MD**

Provider Gender: Male  
 License Number: A155228  
 NPI: 1588624852  
 Provider English Spoken: Y  
 Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942

 Phone: (619) 722-8460  
 Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes


Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **MERALI, MURTAZA, OD**

Provider Gender: Female

License Number: 14558

NPI: 1972944189

Provider English Spoken: Y


Spanish

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y


Indonesian, Spanish

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

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## J. 視力提供者目錄 - 眼科和視力服務

### **MORRISON REYES, JOSHUA, MD**

*Provider Gender: Male*

*License Number: A125435*

*NPI: 1235366782*

*Provider English Spoken: Y*

*Indonesian, Spanish*

*Cultural Competency: Y*

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

5565 GROSSMONT CENTER DR # 551  
LA MESA, CA 91942

*Phone: (619) 465-2020*

*Fax: (619) 698-1189*

*After Hours Phone: (619) 465-2020*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*Site Languages(s) Spoken: Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

*Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

*Hours: M-F 8AM-5PM*

### **NEWMAN, DAVID, OD**

*Provider Gender: Male*

*License Number: 7296*

*NPI: 1508856378*

*Provider English Spoken: Y*

*Cultural Competency: Y*

DAVID M NEWMAN OD

5642 LAKE MURRAY BLVD  
LA MESA, CA 91942

*Phone: (619) 589-6263*

*Fax: (619) 589-6264*

*After Hours Phone: (619) 589-6263*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

*Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

*Hours: M 10AM-4PM  
W 10AM-4PM  
F 10AM-4PM*

### **NGUYEN, THY, OD**

*Provider Gender: Female*

*License Number: 12746*

*NPI: 1750490413*

*Provider English Spoken: Y*

*Spanish, Vietnamese*

*Cultural Competency: Y*

ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE  
J

LA MESA, CA 91942

*Phone: (619) 722-8460*

*Fax: (619) 722-8465*

*After Hours Phone: (619)*

*722-8460*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*Site Languages(s) Spoken: Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

*Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

*Hours: M-F 8AM-5PM*

### **OU, JOCELYN, OD**

*Provider Gender: Female*

*License Number: 34063*

*NPI: 1225518996*

*Provider English Spoken: Y*

*Cultural Competency: Y*

ALVARADO EYE ASSOCIATES  
MED CLINIC INC

7877 PARKWAY DR STE 100  
LA MESA, CA 91942

*Phone: (619) 460-3711*

*Fax: (619) 460-2184*

*After Hours Phone: (619) 460-3711*

*Accepting New Patients: Yes*

*Site English Spoken: Y*



*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*






*American Sign Language (ASL): N*



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務






 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-F 8:30AM-4:30PM*



**PANDYA, BHUMIKA, OD**  
*Provider Gender: Female*  
*License Number: 35025*  
*NPI: 1063182822*  
*Provider English Spoken: Y*

 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 *Phone: (619) 722-8460*  
*Fax: (619) 722-8465*  
 *After Hours Phone: (619) 722-8460*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*






*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8AM-5PM*



**PATEL, GITANE, MD**  
*Provider Gender: Male*  
*License Number: A108603*  
*NPI: 1710171434*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*




ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 *Phone: (619) 722-8460*  
*Fax: (619) 722-8465*  
 *After Hours Phone: (619) 722-8460*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8AM-5PM*

**PATEL, SARJAN, MD**  
*Provider Gender: Male*  
*License Number: A114976*  
*NPI: 1316199326*  
*Provider English Spoken: Y*  
 *Gujarati, Hindi, Spanish*  
*Cultural Competency: Y*  
 ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 *Phone: (619) 722-8460*  
*Fax: (619) 722-8465*  
 *After Hours Phone: (619) 722-8460*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8AM-5PM*

**PETERS, JAMIE, OD**  
*Provider Gender: Female*  
*License Number: 10724*  
*NPI: 1073691077*  
*Provider English Spoken: Y*  
 *Spanish*  
*Cultural Competency: Y*  
 VISION SOLUTIONS  
 OPTOMETRY  
 8235 UNIVERSITY AVE  
 LA MESA, CA 91942  
 *Phone: (619) 461-4913*  
*Fax: (888) 509-6483*  
 *After Hours Phone: (619) 461-4913*  
*Accepting New Patients: Yes*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-TU 9AM-5:30PM  
 W 8AM-5PM  
 TH 9AM-6PM  
 F 8AM-1PM

### PRABHU, SUJATA, MD

Provider Gender: Female  
 License Number: A115965  
 NPI: 1982872552  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y  
 EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
 5565 GROSSMONT CENTER DR # 551  
 LA MESA, CA 91942  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189  
 After Hours Phone: (619) 465-2020  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None

Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8AM-5PM

### PRABHU, SUJATA, MD

Provider Gender: Female  
 License Number: A115965  
 NPI: 1982872552  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within

1/2 mile from Site): 1T  
 Hours: M-F 8AM-5PM

### QUACH, PHUC, OD

Provider Gender: Male  
 License Number: 12891  
 NPI: 1770617805  
 Provider English Spoken: Y  
 Spanish, Vietnamese  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8AM-5PM

### SAMUEL, MICHAEL, MD

Provider Gender: Male  
 License Number: A83237  
 NPI: 1730175670


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## J. 視力提供者目錄 - 眼科和視力服務

*Provider English Spoken: Y*  
*Cultural Competency: Y*  
 EYE ASSOCIATES OF SAN  
 DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT  
 CENTER DR # 551  
 LA MESA, CA 91942

 *Phone: (619) 465-2020*  
*Fax: (619) 698-1189*

 *After Hours Phone: (619)  
 465-2020*

*Accepting New Patients: Yes*

*Site English Spoken: Y*  
 *Site Languages(s) Spoken:  
 Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
 restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
 PROVIDER*

*Public transportation (within  
 1/2 mile from Site): 1U*

 *Hours: M-F 8AM-5PM*

### **SCOTT, JEFFREY, OD**

*Provider Gender: Male*

*License Number: 34978*

*NPI: 1568813434*


*Provider English Spoken: Y*

*Cultural Competency: Y*

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE  
 J

LA MESA, CA 91942

 *Phone: (619) 722-8460*

*Fax: (619) 722-8465*

 *After Hours Phone: (619)  
 722-8460*

*Accepting New Patients: Yes*

*Site English Spoken: Y*  
 *Site Languages(s) Spoken:  
 Spanish*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender  
 restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
 PROVIDER*

*Public transportation (within  
 1/2 mile from Site): 1T*

 *Hours: M-F 8AM-5PM*

### **TILLMAN, SYLVIA, OD**

*Provider Gender: Female*

*License Number: 9726*

*NPI: 1174730824*

*Provider English Spoken: Y*


*Spanish*

*Cultural Competency: Y*

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE  
 J

LA MESA, CA 91942

 *Phone: (619) 722-8460*

*Fax: (619) 722-8465*

 *After Hours Phone: (619)  
 722-8460*

*Accepting New Patients: Yes*

*Site English Spoken: Y*  
 *Site Languages(s) Spoken:  
 Spanish*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
 restriction*

*American Sign Language (ASL):  
 N*

 *Accessibility: CONTACT  
 PROVIDER*

*Public transportation (within  
 1/2 mile from Site): 1T*

 *Hours: M-F 8AM-5PM*

### **TON-NU, MY LINH, OD**

*Provider Gender: Female*

*License Number: 34990*

*NPI: 1245733476*


*Provider English Spoken: Y*

*Cultural Competency: Y*

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE  
 J

LA MESA, CA 91942

 *Phone: (619) 722-8460*

*Fax: (619) 722-8465*

 *After Hours Phone: (619)  
 722-8460*


*Accepting New Patients: Yes*

*Site English Spoken: Y*  
 *Site Languages(s) Spoken:  
 Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
 restriction*


*American Sign Language (ASL):  
 N*

 *Accessibility: CONTACT  
 PROVIDER*

*Public transportation (within  
 1/2 mile from Site): 1T*

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## J. 視力提供者目錄 - 眼科和視力服務

 Hours: M-F 8AM-5PM

### **TON-NU, MY LINH, OD**

Provider Gender: Female

License Number: 34990


NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942


 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619)  
465-2020

Accepting New Patients: Yes


 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### **TONNU, ANH, OD**

Provider Gender: Female

License Number: 11318

NPI: 1679521280

Provider English Spoken: Y


 Vietnamese

Cultural Competency: Y


ACUITY EYE GROUP

 7339 EL CAJON BLVD STE  
J

LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619)  
722-8460

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **TRAN, HENRY, OD**

Provider Gender: Male

License Number: 15159

NPI: 1467846709


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE  
J

LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619)  
722-8460

Accepting New Patients: Yes


 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **TSUI, NANCY, OD**

Provider Gender: Female

License Number: 33944

NPI: 1841785037


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE  
J

LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619)  
722-8460

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務


restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM


### TU, BEVERLY, OD

Provider Gender: Female

License Number: 34108

NPI: 1053892794


Provider English Spoken: Y

 Spanish, Vietnamese Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J

LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### VINH, JOHN, OD

Provider Gender: Male

License Number: 14177

NPI: 1003102724


Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551

LA MESA, CA 91942


 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798

NPI: 1477968667

Provider English Spoken: Y


 Spanish

Cultural Competency: Y


EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551

LA MESA, CA 91942


 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798

NPI: 1477968667

Provider English Spoken: Y

 Spanish

Cultural Competency: Y


ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### WONG, SHARON, OD

Provider Gender: Female

License Number: 15137

NPI: 1497159552

Provider English Spoken: Y


Spanish

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### YOUNG, ALLA, OD

Provider Gender: Female

License Number: 34191

NPI: 1285085142


Provider English Spoken: Y

Russian


Cultural Competency: Y

ALVARADO EYE ASSOCIATES MED CLINIC INC

 7877 PARKWAY DR STE 100 LA MESA, CA 91942

 Phone: (619) 460-3711

Fax: (619) 460-2184

 After Hours Phone: (619) 460-3711

Accepting New Patients: Yes

Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8:30AM-4:30PM

### ZVANUT, DONALD, OD

Provider Gender: Male

License Number: 8642

NPI: 1336211804


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes


Site English Spoken: Y

Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### ZVANUT, DONALD, OD

Provider Gender: Male

License Number: 8642

NPI: 1336211804

Provider English Spoken: Y

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## J. 視力提供者目錄 - 眼科和視力服務

*Cultural Competency: Y*  
EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942

Phone: (619) 465-2020  
Fax: (619) 698-1189

After Hours Phone: (619)  
465-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### LAKESIDE

#### FLEMING, JOHN, OD

Provider Gender: Male

License Number: 8461

NPI: 1033192133

Provider English Spoken: Y

Cultural Competency: Y

JOHN C FLEMING OD

9710 WINTER GARDENS  
BLVD STE A  
LAKESIDE, CA 92040

Phone: (619) 443-1075

Fax: (619) 443-9382

After Hours Phone: (619)  
443-1075

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TH 9AM-5PM  
F 9AM-4PM

#### HOANG, KENNY, OD

Provider Gender: Male

License Number: 35207

NPI: 1740868603

Provider English Spoken: Y

Cultural Competency: Y

JOHN C FLEMING OD

9710 WINTER GARDENS  
BLVD STE A  
LAKESIDE, CA 92040

Phone: (619) 443-1075

Fax: (619) 443-9382

After Hours Phone: (619)  
443-1075

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TH 9AM-5PM  
F 9AM-4PM

#### JOHNSON, CHRISTOPHER, OD

Provider Gender: Male

License Number: 15100

NPI: 1568861425

Provider English Spoken: Y

Cultural Competency: Y

JOHN C FLEMING OD

9710 WINTER GARDENS  
BLVD STE A  
LAKESIDE, CA 92040

Phone: (619) 443-1075

Fax: (619) 443-9382

After Hours Phone: (619)  
443-1075

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TH 9AM-5PM  
F 9AM-4PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

### NATIONAL CITY

#### AOTO, KIM, OD

Provider Gender: Female


License Number: 14524


NPI: 1780935650

Provider English Spoken: Y

Spanish, Vietnamese  
Cultural Competency: Y

WEST COAST EYE CARE

 2240 E PLAZA BLVD STE  
FG  
NATIONAL CITY, CA 91950

 Phone: (619) 470-2700

Fax: (619) 267-8221

 After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes


Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

#### BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530

NPI: 1982232146


Provider English Spoken: Y

Cultural Competency: Y


WEST COAST EYE CARE

 2240 E PLAZA BLVD STE  
FG

NATIONAL CITY, CA 91950

 Phone: (619) 470-2700

Fax: (619) 267-8221

 After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes


Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

#### BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530


NPI: 1982232146

Provider English Spoken: Y


Cultural Competency: Y

ACUITY EYE GROUP

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

 Phone: (619) 472-1010

Fax: (619) 479-5233

 After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Language(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

#### BINDER, NICHOLAS, MD

Provider Gender: Male


License Number: A124698


NPI: 1306076716

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

 2240 E PLAZA BLVD STE  
FG  
NATIONAL CITY, CA 91950

 Phone: (619) 470-2700

Fax: (619) 267-8221


 After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

Public transportation (within

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

### DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955


NPI: 1265927578

Provider English Spoken: Y


Cultural Competency: Y

ACUITY EYE GROUP

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

 Phone: (619) 472-1010

Fax: (619) 479-5233

 After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955


NPI: 1265927578

Provider English Spoken: Y


Cultural Competency: Y

WEST COAST EYE CARE

 2240 E PLAZA BLVD STE  
FG  
NATIONAL CITY, CA 91950

 Phone: (619) 470-2700

Fax: (619) 267-8221

 After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

### DYER, SHARON, OD

Provider Gender: Female


License Number: 33450


NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

 2240 E PLAZA BLVD STE  
FG  
NATIONAL CITY, CA 91950

 Phone: (619) 470-2700

Fax: (619) 267-8221

 After Hours Phone: (619)

470-2700

Accepting New Patients: Yes


Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

### DYER, SHARON, OD

Provider Gender: Female

License Number: 33450


NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

 Phone: (619) 472-1010

Fax: (619) 479-5233

 After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

**PROVIDER**  
Public transportation (within 1/2 mile from Site): 1T  
🕒 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### **GOLLOGLY, HEIDRUN, MD**

Provider Gender: Female  
License Number: A134761  
NPI: 1477879823  
Provider English Spoken: Y  
🗣️ German, French, Spanish  
Cultural Competency: Y  
ACUITY EYE GROUP  
📍 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
📞 Phone: (619) 472-1010  
Fax: (619) 479-5233  
🕒 After Hours Phone: (619) 472-1010  
Accepting New Patients: Yes  
🗣️ Site English Spoken: Y  
🗣️ Site Languages(s) Spoken: Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿️ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
🕒 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM

F 8AM-5PM

### **HAIGHT, BRUCE, MD**

Provider Gender: Male  
License Number: G41117  
NPI: 1427029628  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
📍 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
📞 Phone: (619) 472-1010  
Fax: (619) 479-5233  
🕒 After Hours Phone: (619) 472-1010  
Accepting New Patients: Yes  
🗣️ Site English Spoken: Y  
🗣️ Site Languages(s) Spoken: Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿️ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
🕒 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### **HUDSON, HENRY, MD**

Provider Gender: Male  
License Number: G76091  
NPI: 1851349195

Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
📍 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
📞 Phone: (619) 472-1010  
Fax: (619) 479-5233  
🕒 After Hours Phone: (619) 472-1010  
Accepting New Patients: Yes  
🗣️ Site English Spoken: Y  
🗣️ Site Languages(s) Spoken: Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿️ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
🕒 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### **HUNG, JANICE, OD**

Provider Gender: Female  
License Number: 34296  
NPI: 1750917936  
Provider English Spoken: Y  
Cultural Competency: Y  
WEST COAST EYE CARE  
📍 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## J. 視力提供者目錄 - 眼科和視力服務

☎ Phone: (619) 470-2700

Fax: (619) 267-8221

📞 After Hours Phone: (619) 470-2700

Accepting New Patients: Yes

🗣 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### **KALBAKJI, NATALY, OD**

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y

🗣 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): 🕒 Hours: M-F 8AM-4:30PM

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM

TH 8AM-6PM

F 8AM-5PM

### **KALBAKJI, NATALY, OD**

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y

🗣 Arabic

Cultural Competency: Y

WEST COAST EYE CARE

📍 2240 E PLAZA BLVD STE  
FG  
NATIONAL CITY, CA 91950

☎ Phone: (619) 470-2700

Fax: (619) 267-8221

📞 After Hours Phone: (619) 470-2700

Accepting New Patients: Yes

🗣 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within

1/2 mile from Site): 1U

### **KALRA, ANKUR, OD**

Provider Gender: Male

License Number: 11898

NPI: 1124195789

Provider English Spoken: Y

🗣 Hindi

Cultural Competency: Y

LUSTRO EYEWORKS

OPTOMETRY

📍 1481 E PLAZA BLVD  
NATIONAL CITY, CA 91950

☎ Phone: (619) 477-2159

Fax: (619) 477-2128

📞 After Hours Phone: (619) 477-2159

Accepting New Patients: Yes

🗣 Site English Spoken: Y

🗣 Site Languages(s) Spoken: Arabic, Hindi, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: SU 10AM-4PM

M-F 9AM-6PM

SA 9AM-5PM

### **KATZMAN, BARRY, MD**

Provider Gender: Male

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

License Number: A34834

NPI: 1760473797

Provider English Spoken: Y


Spanish

Cultural Competency: Y

WEST COAST EYE CARE

 2240 E PLAZA BLVD STE FG

NATIONAL CITY, CA 91950

 Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619) 470-2700

Accepting New Patients: Yes

Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

### **KEDDINGTON, JOAN, OD**

Provider Gender: Female

License Number: 6263

NPI: 1992872691

Provider English Spoken: Y


Spanish

Cultural Competency: Y

LUSTRO EYEWORKS

OPTOMETRY

 1481 E PLAZA BLVD NATIONAL CITY, CA 91950

 Phone: (619) 477-2159

Fax: (619) 477-2128

After Hours Phone: (619) 477-2159

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Arabic, Hindi, Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: SU 10AM-4PM  
M-F 9AM-6PM  
SA 9AM-5PM

### **KHALIL, VADY, OD**

Provider Gender: Male

License Number: 35137

NPI: 1275263584


Provider English Spoken: Y

Arabic

Cultural Competency: Y

ACUITY EYE GROUP

 655 EUCLID AVE STE 302 NATIONAL CITY, CA 91950

 Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619) 472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:

Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### **KHALIL, VADY, OD**

Provider Gender: Male

License Number: 35137

NPI: 1275263584

Provider English Spoken: Y


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


請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。


## J. 視力提供者目錄 - 眼科和視力服務

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-F 8AM-4:30PM*

### **KHIEU, TINA, OD**


*Provider Gender: Female*  
*License Number: 34777*  
*NPI: 1962031617*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
WEST COAST EYE CARE

 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

 *Phone: (619) 470-2700*  
*Fax: (619) 267-8221*


 *After Hours Phone: (619) 470-2700*

*Accepting New Patients: Yes*


 *Site English Spoken: Y*  
*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F 8AM-4:30PM*

### **KING, MARY, OD**

*Provider Gender: Female*  
*License Number: 13711*  
*NPI: 1578792107*

*Provider English Spoken: Y*


 *Spanish*

*Cultural Competency: Y*

LUSTRO EYEWORKS

OPTOMETRY

 1481 E PLAZA BLVD  
NATIONAL CITY, CA 91950


 *Phone: (619) 477-2159*

*Fax: (619) 477-2128*

 *After Hours Phone: (619) 477-2159*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken: Arabic, Hindi, Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: SU 10AM-4PM*

*M-F 9AM-6PM*

*SA 9AM-5PM*

### **LEE, AUSTIN, OD**

*Provider Gender: Male*

*License Number: 14519*


*NPI: 1922356914*

*Provider English Spoken: Y*

*Cultural Competency: Y*

VIVE OPTOMETRY

 1033 HIGHLAND AVE  
NATIONAL CITY, CA 91950


 *Phone: (619) 477-2771*

*Fax: (619) 477-1680*

 *After Hours Phone: (619) 477-2771*

*Accepting New Patients: Yes*


 *Site English Spoken: Y*

 *Site Languages(s) Spoken: Spanish, Tagalog*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: TU 10AM-5PM*  
*W-F 9:30AM-5PM*


### **LEE, SALLY, DO**

*Provider Gender: Female*

*License Number: 20A8088*

*NPI: 1457468514*


*Provider English Spoken: Y*

 *Spanish, Chinese*  
*Cultural Competency: Y*

SAN DIEGO EYE

PROFESSIONALS

 2345 E 8TH ST STE 111  
NATIONAL CITY, CA 91950

 *Phone: (619) 583-4295*

*Fax: (619) 825-7300*

 *After Hours Phone: (619) 583-4295*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 10AM-6PM

### MARLAY, GREG, OD

Provider Gender: Male  
 License Number: 6998  
 NPI: 1306903083  
 Provider English Spoken: Y  
 Cultural Competency: Y

#### MARLAY ENTERPRISES

1132 E PLAZA BLVD STE 201  
 NATIONAL CITY, CA 91950  
 Phone: (619) 477-4166  
 After Hours Phone: (619) 477-4166

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Public transportation (within

1/2 mile from Site): 1U  
 Hours: M 10AM-6PM  
 W 10AM-6PM  
 F 10AM-6PM  
 SA 10AM-2PM

### MARR, RYAN, OD

Provider Gender: Male  
 License Number: 35302  
 NPI: 1235857525  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP

655 EUCLID AVE STE 302  
 NATIONAL CITY, CA 91950  
 Phone: (619) 472-1010  
 Fax: (619) 479-5233

After Hours Phone: (619) 472-1010  
 Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T

Hours: M-TU 8AM-6PM  
 W 8:30AM-5PM  
 TH 8AM-6PM  
 F 8AM-5PM

### MARR, RYAN, OD

Provider Gender: Male  
 License Number: 35302  
 NPI: 1235857525  
 Provider English Spoken: Y  
 Cultural Competency: Y

#### WEST COAST EYE CARE

2240 E PLAZA BLVD STE  
 FG  
 NATIONAL CITY, CA 91950  
 Phone: (619) 470-2700  
 Fax: (619) 267-8221

After Hours Phone: (619) 470-2700

Accepting New Patients: Yes

Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

### MCGRAW, JOSEPH, MD


Provider Gender: Male  
 License Number: A155228  
 NPI: 1588624852  
 Provider English Spoken: Y  
 Cultural Competency: Y

#### WEST COAST EYE CARE


2240 E PLAZA BLVD STE  
 FG  
 NATIONAL CITY, CA 91950

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## J. 視力提供者目錄 - 眼科和視力服務

 Phone: (619) 470-2700

Fax: (619) 267-8221

 After Hours Phone: (619) 470-2700

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

### **MCGRAW, JOSEPH, MD**

Provider Gender: Male

License Number: A155228


NPI: 1588624852

Provider English Spoken: Y


Cultural Competency: Y

ACUITY EYE GROUP

 655 EUCLID AVE STE 302 NATIONAL CITY, CA 91950

 Phone: (619) 472-1010

Fax: (619) 479-5233

 After Hours Phone: (619) 472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL): 1/2 mile from Site): 1U

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TU 8AM-6PM

W 8:30AM-5PM

TH 8AM-6PM

F 8AM-5PM

### **MENDOZA, RAYMUNDO, OD**

Provider Gender: Male

License Number: 8150

NPI: 1306837760


Provider English Spoken: Y

Spanish

Cultural Competency: Y

NATIONAL CITY EYECARE

 2403 E PLAZA BLVD NATIONAL CITY, CA 91950

 Phone: (619) 475-2184

Fax: (619) 475-3917

 After Hours Phone: (619) 475-2184

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within

 Hours: M-TU 10AM-5PM TH-F 10AM-5PM

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male

License Number: A125435


NPI: 1235366782

Provider English Spoken: Y

Indonesian, Spanish Cultural Competency: Y

ACUITY EYE GROUP

 655 EUCLID AVE STE 302 NATIONAL CITY, CA 91950

 Phone: (619) 472-1010

Fax: (619) 479-5233

 After Hours Phone: (619) 472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TU 8AM-6PM

W 8:30AM-5PM

TH 8AM-6PM

F 8AM-5PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

### MORRISON REYES, JOSHUA, MD

Provider Gender: Male

License Number: A125435

NPI: 1235366782


Provider English Spoken: Y

Indonesian, Spanish

Cultural Competency: Y

### WEST COAST EYE CARE

 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

 Phone: (619) 470-2700

Fax: (619) 267-8221

 After Hours Phone: (619) 470-2700

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

### NGUYEN, THERESA, OD

Provider Gender: Female

License Number: 35530TLG

NPI: 1609555713


Provider English Spoken: Y

Cultural Competency: Y

### LUSTRO EYEWORKS

### OPTOMETRY

 1481 E PLAZA BLVD  
NATIONAL CITY, CA 91950

 Phone: (619) 477-2159

Fax: (619) 477-2128

 After Hours Phone: (619) 477-2159

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken: Arabic, Hindi, Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: SU 10AM-4PM  
M-F 9AM-6PM  
SA 9AM-5PM

### PATEL, SARJAN, MD

Provider Gender: Male

License Number: A114976


NPI: 1316199326


Provider English Spoken: Y

Gujarati, Hindi, Spanish

Cultural Competency: Y

### WEST COAST EYE CARE

 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

 Phone: (619) 470-2700

Fax: (619) 267-8221

 After Hours Phone: (619)

470-2700

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

### PATEL, GITANE, MD

Provider Gender: Male


License Number: A108603


NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

### WEST COAST EYE CARE

 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

 Phone: (619) 470-2700

Fax: (619) 267-8221

 After Hours Phone: (619) 470-2700

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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## J. 視力提供者目錄 - 眼科和視力服務

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### **PRABHU, SUJATA, MD**

Provider Gender: Female

License Number: A115965

NPI: 1982872552

Provider English Spoken: Y

🗳 Site English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

📞 Phone: (619) 470-2700

Fax: (619) 267-8221

🕒 After Hours Phone: (619) 470-2700

Accepting New Patients: Yes

🗳 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### **SCOTT, JEFFREY, OD**

Provider Gender: Male

License Number: 34978

NPI: 1568813434

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 2240 E PLAZA BLVD STE FG

NATIONAL CITY, CA 91950

📞 Phone: (619) 470-2700

Fax: (619) 267-8221

🕒 After Hours Phone: (619) 470-2700

Accepting New Patients: Yes

🗳 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### **TON-NU, MY LINH, OD**

Provider Gender: Female

License Number: 34990

NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 2240 E PLAZA BLVD STE FG

NATIONAL CITY, CA 91950

📞 Phone: (619) 470-2700

Fax: (619) 267-8221

🕒 After Hours Phone: (619) 470-2700

Accepting New Patients: Yes

🗳 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### **TON-NU, MY LINH, OD**

Provider Gender: Female

License Number: 34990

NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

📞 Phone: (619) 472-1010

Fax: (619) 479-5233

🕒 After Hours Phone: (619) 472-1010

Accepting New Patients: Yes

🗳 Site English Spoken: Y

🗳 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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

🗪 Arabic

Cultural Competency: Y

LUSTRO EYEWORKS

OPTOMETRY

📍 1481 E PLAZA BLVD  
NATIONAL CITY, CA 91950

📞 Phone: (619) 477-2159

Fax: (619) 477-2128

🕒 After Hours Phone: (619)  
477-2159

Accepting New Patients: Yes

🗪 Site English Spoken: Y

🗪 Site Languages(s) Spoken:  
Arabic, Hindi, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: SU 10AM-4PM  
M-F 9AM-6PM  
SA 9AM-5PM

### VINH, JOHN, OD

Provider Gender: Male

License Number: 14177

NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 2240 E PLAZA BLVD STE  
FG

NATIONAL CITY, CA 91950

📞 Phone: (619) 470-2700

Fax: (619) 267-8221

🕒 After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes

🗪 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### VINH, JOHN, OD

Provider Gender: Male

License Number: 14177

NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

📞 Phone: (619) 472-1010

Fax: (619) 479-5233

🕒 After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

🗪 Site English Spoken: Y

🗪 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798

NPI: 1477968667

Provider English Spoken: Y

🗪 Spanish

Cultural Competency: Y

ACUITY EYE GROUP

📍 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

📞 Phone: (619) 472-1010

Fax: (619) 479-5233

🕒 After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

🗪 Site English Spoken: Y



🗪 Site Languages(s) Spoken:

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## J. 視力提供者目錄 - 眼科和視力服務



*Spanish*  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### VIVIRITO, MARY, OD

Provider Gender: Female  
License Number: 33798  
NPI: 1477968667  
Provider English Spoken: Y

 *Spanish*  
Cultural Competency: Y  
WEST COAST EYE CARE  
 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950  
 Phone: (619) 470-2700  
Fax: (619) 267-8221  
 After Hours Phone: (619) 470-2700  
Accepting New Patients: Yes  
 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8AM-4:30PM

### WU, EVA, OD

Provider Gender: Female  
License Number: 14743  
NPI: 1073954442  
Provider English Spoken: Y



 *Spanish, Chinese*  
Cultural Competency: Y

### VIVE OPTOMETRY

 1033 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 477-2771  
Fax: (619) 477-1680

 After Hours Phone: (619) 477-2771

Accepting New Patients: Yes


 Site English Spoken: Y  
 Site Languages(s) Spoken:  
*Spanish, Tagalog*

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T


 Hours: TU 10AM-5PM  
W-F 9:30AM-5PM

### ZVANUT, DONALD, OD

Provider Gender: Male  
License Number: 8642  
NPI: 1336211804  
Provider English Spoken: Y  
Cultural Competency: Y



### ACUITY EYE GROUP

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

 Phone: (619) 472-1010  
Fax: (619) 479-5233

 After Hours Phone: (619) 472-1010

Accepting New Patients: Yes


 Site English Spoken: Y  
 Site Languages(s) Spoken:  
*Spanish*

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

## OCEANSIDE

### KASAI, SARAH, OD

Provider Gender: Female  
License Number: 34226  
NPI: 1023406238  
Provider English Spoken: Y


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## J. 視力提供者目錄 - 眼科和視力服務

*Cultural Competency: Y*

**NORTH COAST OPTOMETRY**

 3915 MISSION AVE STE 2  
OCEANSIDE, CA 92058

 Phone: (760) 757-8771

 After Hours Phone: (760)  
757-8771

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*Site Languages(s) Spoken:  
Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-TU 9AM-6PM  
W 10AM-7PM  
TH 9AM-6PM  
F 9AM-5PM*

### **NISKANEN, RACHEL, OD**

*Provider Gender: Female*

*License Number: 34663*


*NPI: 1467065797*


*Provider English Spoken: Y*

*Cultural Competency: Y*

**NORTH COAST OPTOMETRY**

 3915 MISSION AVE STE 2  
OCEANSIDE, CA 92058

 Phone: (760) 757-8771

 After Hours Phone: (760)  
757-8771

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*Site Languages(s) Spoken:  
Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-TU 9AM-6PM  
W 10AM-7PM  
TH 9AM-6PM  
F 9AM-5PM*

### **RING, ROBERT, OD**

*Provider Gender: Male*

*License Number: 6781*


*NPI: 1336228840*

*Provider English Spoken: Y*

*Cultural Competency: Y*

**ROBERT A RING OD**

 3998 VISTA WAY STE 204  
OCEANSIDE, CA 92056

 Phone: (760) 726-9383

*Fax: (760) 726-9897*

 After Hours Phone: (760)  
726-9383

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M 10AM-6PM  
TU 9AM-4PM  
W 9AM-5PM  
F 9AM-12AM*

### **ROSA, ADAM, OD**

*Provider Gender: Male*

*License Number: 34093*

*NPI: 1295250264*


*Provider English Spoken: Y*

*Spanish*

*Cultural Competency: Y*

**NORTH COAST OPTOMETRY**

 3915 MISSION AVE STE 2  
OCEANSIDE, CA 92058

 Phone: (760) 757-8771

 After Hours Phone: (760)  
757-8771

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*Site Languages(s) Spoken:  
Spanish*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-TU 9AM-6PM  
W 10AM-7PM  
TH 9AM-6PM*

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## J. 視力提供者目錄 - 眼科和視力服務

F 9AM-5PM

### RAMONA

#### HOMESLEY, SUSAN, OD

Provider Gender: Female

License Number: 6693


NPI: 1720068984


Provider English Spoken: Y

Spanish

Cultural Competency: Y

SUSAN D HOMESLEY OD

 1516 MAIN ST STE 102  
RAMONA, CA 92065

 Phone: (760) 789-0950

Fax: (760) 789-6057

 After Hours Phone: (760)  
789-0950

Accepting New Patients: Yes

Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM  
SA 8AM-11AM

### SAN DIEGO

#### ACKROYD, ARCHIE, OD

Provider Gender: Male

License Number: 4774

NPI: 1629107172


Provider English Spoken: Y

Cultural Competency: Y


VAN HOOSE OPTOMETRIC  
CORPORATION

 7246 CLAIREMONT MESA  
BLVD

SAN DIEGO, CA 92111

 Phone: (858) 292-7193

Fax: (858) 292-8247

 After Hours Phone: (858)  
292-7193

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M 8AM-5PM  
TU-TH 9AM-6PM  
F 8AM-5PM

#### ADAMS, MONA, OD

Provider Gender: Female

License Number: 14457

NPI: 1942564521


Provider English Spoken: Y

Cultural Competency: Y


RADY CHILDRENS  
SPECIALISTS

 7910 FROST ST STE 200

SAN DIEGO, CA 92123

 Phone: (858) 309-7702

Fax: (858) 966-8901

 After Hours Phone: (858)  
309-7702


Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 7AM-5PM

#### AOTO, KIM, OD

Provider Gender: Female

License Number: 14524

NPI: 1780935650


Provider English Spoken: Y

Spanish, Vietnamese

Cultural Competency: Y

WEST COAST EYE CARE

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

 Phone: (858) 565-8822

Fax: (858) 565-2449

 After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes


Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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## J. 視力提供者目錄 - 眼科和視力服務

**American Sign Language (ASL):**  *Hours: M 7:30AM-4:30PM  
TU 8AM-5PM*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

 *Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM*

### **AOTO, KIM, OD**

*Provider Gender: Female*

*License Number: 14524*


*NPI: 1780935650*

*Provider English Spoken: Y*

 *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  
Hours: M-F 8AM-5PM  
SA 8:30AM-2PM*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

*W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM*

### **ARCHIBALD, JOHN, OD**

*Provider Gender: Male*

*License Number: 11813*

*NPI: 1902893357*


*Provider English Spoken: Y*

*Cultural Competency: Y*

### **EYELUX OPTOMETRY**

 *16615 DOVE CANYON RD  
STE 105*


*SAN DIEGO, CA 92127*

 *Phone: (858) 487-7900*

*Fax: (858) 487-1896*

 *After Hours Phone: (858)  
487-7900*

*Accepting New Patients: Yes*

 *Site English Spoken: Y  
Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

**American Sign Language (ASL):**  *N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

 *Hours: M-F 8AM-5PM  
SA 8:30AM-2PM*

### **BANSAL, PREETI, MD**

*Provider Gender: Female*

*License Number: A90890*

*NPI: 1871664631*

*Provider English Spoken: Y*


 *Spanish*

*Cultural Competency: Y*

### **RADY CHILDRENS**

### **SPECIALISTS**


 *7910 FROST ST STE 200  
SAN DIEGO, CA 92123*

 *Phone: (858) 309-7702*

*Fax: (858) 966-8901*

 *After Hours Phone: (858)  
309-7702*

*Accepting New Patients: Yes*

 *Site English Spoken: Y  
Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

**American Sign Language (ASL):**  *N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

 *Hours: M-F 7AM-5PM*

### **BAUMANN, DANIELA, OD**

*Provider Gender: Female*

*License Number: 34530*


*NPI: 1982232146*

*Provider English Spoken: Y*

*Cultural Competency: Y*

### **WEST COAST EYE CARE**

 *6945 EL CAJON BLVD  
SAN DIEGO, CA 92115*

 *Phone: (619) 697-4600*

*Fax: (619) 697-2410*

 *After Hours Phone: (619)*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

697-4600  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 7:30AM-4:30PM  
 TU 8AM-5PM  
 W 8:30AM-5PM  
 TH 8AM-6PM  
 F 8AM-4PM

### **BAUMANN, DANIELA, OD**

Provider Gender: Female  
 License Number: 34530  
 NPI: 1982232146  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 WEST COAST EYE CARE  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111  
 Phone: (858) 565-8822  
 Fax: (858) 565-2449  
 After Hours Phone: (858) 565-8822  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 10AM-6PM  
 TU 8:30AM-5PM  
 W 7:30AM-4PM  
 TH 9:30AM-5PM  
 F 8AM-4PM

### **BERGMARK, JAMIE, OD**

Provider Gender: Female  
 License Number: 33657  
 NPI: 1669920757  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 RADY CHILDRENS SPECIALISTS

7910 FROST ST STE 200  
 SAN DIEGO, CA 92123  
 Phone: (858) 309-7702  
 Fax: (858) 966-8901  
 After Hours Phone: (858) 309-7702

Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 7AM-5PM

### **BHATIA, SHAGUN, MD**

Provider Gender: Female  
 License Number: A154902  
 NPI: 1104237353  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 RADY CHILDRENS SPECIALISTS

7910 FROST ST STE 200  
 SAN DIEGO, CA 92123  
 Phone: (858) 309-7702  
 Fax: (858) 966-8901  
 After Hours Phone: (858) 309-7702

Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL):  
 N






Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 7AM-5PM





### **BINDER, NICHOLAS, MD**



Provider Gender: Male  
 License Number: A124698  
 NPI: 1306076716  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 WEST COAST EYE CARE  
 6945 EL CAJON BLVD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## J. 視力提供者目錄 - 眼科和視力服務



SAN DIEGO, CA 92115  
 Phone: (619) 697-4600  
 Fax: (619) 697-2410  
 After Hours Phone: (619) 697-4600  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 7:30AM-4:30PM  
 TU 8AM-5PM  
 W 8:30AM-5PM  
 TH 8AM-6PM  
 F 8AM-4PM

**BINDER, NICHOLAS, MD**  
 Provider Gender: Male  
 License Number: A124698  
 NPI: 1306076716  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 WEST COAST EYE CARE  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111  
 Phone: (858) 565-8822  
 Fax: (858) 565-2449  
 After Hours Phone: (858) 565-8822  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None







Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 10AM-6PM  
 TU 8:30AM-5PM  
 W 7:30AM-4PM  
 TH 9:30AM-5PM  
 F 8AM-4PM

**BOECK, CARL, OD**  
 Provider Gender: Male  
 License Number: 6620  
 NPI: 1588656151  
 Provider English Spoken: Y  
 German, Spanish  
 Cultural Competency: Y  
 VAN HOOSE OPTOMETRIC CORPORATION

 7246 CLAIREMONT MESA BLVD  
 SAN DIEGO, CA 92111  
 Phone: (858) 292-7193  
 Fax: (858) 292-8247  
 After Hours Phone: (858) 292-7193  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M 8AM-5PM  
 TU-TH 9AM-6PM  
 F 8AM-5PM

**CAO, STEPHANIE, OD**  
 Provider Gender: Female  
 License Number: 35158  
 NPI: 1215660436  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 FASHION VALLEY EYE CARE OPTOMETR

 7007 FRIARS RD STE 351  
 SAN DIEGO, CA 92108  
 Phone: (619) 291-2020  
 Fax: (888) 210-5799  
 After Hours Phone: (619) 291-2020  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

🕒 Hours: M-F 10AM-7PM  
SA 10AM-7PM

### CAO, STEPHANIE, OD

Provider Gender: Female

License Number: 35158

NPI: 1215660436

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE

OPTOMETRY

📍 5638 MISSION CENTER RD  
STE 103

SAN DIEGO, CA 92108

☎ Phone: (619) 295-2900

Fax: (888) 210-5799

🕒 After Hours Phone: (619)  
295-2900

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F 9AM-5:30PM  
SA 9AM-3PM

### CAO, STEPHANIE, OD

Provider Gender: Female

License Number: 35158

NPI: 1215660436

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE

OPTOMETRY

📍 1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

☎ Phone: (619) 297-2020

Fax: (888) 210-5799

🕒 After Hours Phone: (619)  
297-2020

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F 9:30AM-6PM  
SA 9AM-3PM

### CHAIN, PEI CHI, OD

Provider Gender: Female

License Number: 34439

NPI: 1730676727

Provider English Spoken: Y

Spanish, Chinese

Cultural Competency: Y

SPOTLIGHT OPTOMETRY

📍 7835 HIGHLANDS VLG PL  
D 106

SAN DIEGO, CA 92129

☎ Phone: (858) 250-0052

Fax: (858) 788-0287

🕒 After Hours Phone: (858)  
250-0052

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-TU 9AM-5PM  
W 10AM-6PM  
F 9AM-5PM  
SA 9AM-1PM

### CHEN, LESLIE, OD

Provider Gender: Female

License Number: 12792

NPI: 1508953332

Provider English Spoken: Y

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:

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務


*Spanish*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-W 9AM-5PM  
TH 9AM-1:30PM  
F 9AM-5PM  
SA 9AM-1PM*

### **COLEMAN, BROOKE, OD**


*Provider Gender: Female*  
*License Number: 13551*  
*NPI: 1700040748*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
**EYELUX OPTOMETRY**

 16615 DOVE CANYON RD  
STE 105  
SAN DIEGO, CA 92127  
 *Phone: (858) 487-7900*  
*Fax: (858) 487-1896*  
 *After Hours Phone: (858) 487-7900*

*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*



*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*

**PROVIDER**  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-F 8AM-5PM  
SA 8:30AM-2PM*


### **COOPER, MICHAEL, OD**

*Provider Gender: Male*  
*License Number: 10476*  
*NPI: 1164586244*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
**EYELUX OPTOMETRY**

 16615 DOVE CANYON RD  
STE 105  
SAN DIEGO, CA 92127  
 *Phone: (858) 487-7900*  
*Fax: (858) 487-1896*

 *After Hours Phone: (858) 487-7900*


*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*


 *Hours: M-F 8AM-5PM  
SA 8:30AM-2PM*

### **DAVIS, JADE, OD**

*Provider Gender: Female*  
*License Number: 11765*



*NPI: 1457303398*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
**FASHION VALLEY EYE CARE OPTOMETR**

 7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108

 *Phone: (619) 291-2020*  
*Fax: (888) 210-5799*

 *After Hours Phone: (619) 291-2020*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
 *Site Language(s) Spoken: Spanish*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-F 10AM-7PM  
SA 10AM-7PM*

### **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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## J. 視力提供者目錄 - 眼科和視力服務

SAN DIEGO, CA 92108  
☎ Phone: (619) 295-2900  
Fax: (888) 210-5799  
🕒 After Hours Phone: (619) 295-2900  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Language(s) Spoken: Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M-F 9AM-5:30PM  
SA 9AM-3PM

### DEAN, MOENA, OD

Provider Gender: Female  
License Number: 33955  
NPI: 1265927578  
Provider English Spoken: Y  
Cultural Competency: Y  
WEST COAST EYE CARE  
📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
☎ Phone: (858) 565-8822  
Fax: (858) 565-2449  
🕒 After Hours Phone: (858) 565-8822  
Accepting New Patients: Yes  
 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### DUONG, KIM, OD

Provider Gender: Female  
License Number: 34222  
NPI: 1114448651  
Provider English Spoken: Y  
 Vietnamese  
Cultural Competency: Y  
RADY CHILDRENS  
SPECIALISTS  
📍 7910 FROST ST STE 200  
SAN DIEGO, CA 92123  
☎ Phone: (858) 309-7702  
Fax: (858) 966-8901  
🕒 After Hours Phone: (858) 309-7702  
Accepting New Patients: Yes  
 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT

PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M-F 7AM-5PM

### DUONG, CHERYL, OD

Provider Gender: Female  
License Number: 34070  
NPI: 1366935678  
Provider English Spoken: Y  
Cultural Competency: Y  
EYELUX OPTOMETRY

📍 16615 DOVE CANYON RD  
STE 105  
SAN DIEGO, CA 92127  
☎ Phone: (858) 487-7900  
Fax: (858) 487-1896  
🕒 After Hours Phone: (858) 487-7900

Accepting New Patients: Yes  
 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M-F 8AM-5PM  
SA 8:30AM-2PM

### DYER, SHARON, OD

Provider Gender: Female  
License Number: 33450  
NPI: 1063866887

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

*Provider English Spoken: Y*

*Cultural Competency: Y*

**WEST COAST EYE CARE**

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### **DYER, SHARON, OD**

*Provider Gender: Female*

*License Number: 33450*

*NPI: 1063866887*

*Provider English Spoken: Y*

*Cultural Competency: Y*

**WEST COAST EYE CARE**

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 697-4600

Fax: (619) 697-2410

After Hours Phone: (619)  
697-4600

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM

### **GIANG, STEVEN, OD**

*Provider Gender: Male*

*License Number: 34489*

*NPI: 1730710104*

*Provider English Spoken: Y*

*Cultural Competency: Y*

**JASMINE P NGUYEN OD INC**

4029 43RD ST STE 300  
SAN DIEGO, CA 92105

Phone: (619) 284-3937

Fax: (619) 284-3938

After Hours Phone: (619)  
284-3937

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender

restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 9AM-5PM  
SA 9AM-1PM

### **HO, AMIEE, OD**

*Provider Gender: Female*

*License Number: 14527*

*NPI: 1396009478*

*Provider English Spoken: Y*

*Cultural Competency: Y*

**HILLCREST EYE**

**CENTER-UCSD**

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

Phone: (619) 543-6244

Fax: (619) 295-5034

After Hours Phone: (619)  
543-6244

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-4PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

### **HO, HOANG, OD**

Provider Gender: Male

License Number: 12582

NPI: 1275684847

Provider English Spoken: Y

Cultural Competency: Y

HEALTHY I CARE OPTOMETRY

10737 CAMINO RUIZ STE  
220

SAN DIEGO, CA 92126

Phone: (619) 590-1994

Fax: (519) 590-9312

After Hours Phone: (619)  
590-1994

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: TH-F 9AM-5PM

### **HO, AMIEE, OD**

Provider Gender: Female

License Number: 14527

NPI: 1396009478

Provider English Spoken: Y

Cultural Competency: Y

UC SAN DIEGO HEALTH

16950 VIA TAZON

SAN DIEGO, CA 92127

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### **HOANG, KEVIN, OD**

Provider Gender: Male

License Number: 34401

NPI: 1790339216

Provider English Spoken: Y

Spanish

Cultural Competency: Y

JASMINE P NGUYEN OD INC

4029 43RD ST STE 300

SAN DIEGO, CA 92105

Phone: (619) 284-3937

Fax: (619) 284-3938

After Hours Phone: (619)  
284-3937

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 9AM-5PM  
SA 9AM-1PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

### **HOM, GREGORY, OD**

*Provider Gender: Male*

*License Number: 9694*

*NPI: 1154473916*

*Provider English Spoken: Y*

*Cultural Competency: Y*

**GREGORY G HOM OD**

11230 SORRENTO VLY RD  
STE 145

SAN DIEGO, CA 92121

Phone: (858) 535-9835

Fax: (858) 535-1266

After Hours Phone: (858)  
535-9835

*Accepting New Patients: Yes*

Site English Spoken: Y

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

Accessibility: CONTACT  
PROVIDER

*Public transportation (within  
1/2 mile from Site): 1U*

Hours: M-TH 9AM-5PM  
F 9AM-4PM

### **HOO, PAMELA, OD**

*Provider Gender: Female*

*License Number: 11033*

*NPI: 1275566010*

*Provider English Spoken: Y*

Spanish

*Cultural Competency: Y*

**HILLCREST EYE**

**CENTER-UCSD**

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

Phone: (619) 543-6244

Fax: (619) 295-5034

After Hours Phone: (619)  
543-6244

*Accepting New Patients: Yes*

Site English Spoken: Y

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

Accessibility: CONTACT  
PROVIDER

*Public transportation (within  
1/2 mile from Site): 1T*

Hours: M-F 8AM-4PM

### **HUDSON, HENRY, MD**

*Provider Gender: Male*

*License Number: G76091*

*NPI: 1851349195*

*Provider English Spoken: Y*

*Cultural Competency: Y*

**WEST COAST EYE CARE**

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 697-4600

Fax: (619) 697-2410

After Hours Phone: (619)  
697-4600

*Accepting New Patients: Yes*

Site English Spoken: Y

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*

*restriction*

*American Sign Language (ASL):*

*N*

Accessibility: CONTACT  
PROVIDER

*Public transportation (within  
1/2 mile from Site): 1U*

Hours: M 7:30AM-4:30PM

TU 8AM-5PM

W 8:30AM-5PM

TH 8AM-6PM

F 8AM-4PM

### **HUSTANA, LARA, OD**

*Provider Gender: Female*

*License Number: 11472*

*NPI: 1235161597*

*Provider English Spoken: Y*

French

*Cultural Competency: Y*

**HILLCREST EYE**

**CENTER-UCSD**

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

Phone: (619) 543-6244

Fax: (619) 295-5034

After Hours Phone: (619)  
543-6244

*Accepting New Patients: Yes*

Site English Spoken: Y

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

Accessibility: CONTACT  
PROVIDER

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-4PM

### HUYNH, PAUL, MD

Provider Gender: Male

License Number: A79141

NPI: 1871577056

Provider English Spoken: Y

🇻🇳 Vietnamese

Cultural Competency: Y

ADVANCED EYE AND LASER CTR OF CA INC

📍 4844 UNIVERSITY AVE STE A

SAN DIEGO, CA 92105

☎ Phone: (619) 283-1303

Fax: (619) 283-1666

📞 After Hours Phone: (619) 283-1303

Accepting New Patients: Yes

🇺🇸 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

### HUYNH, LOAN, OD

Provider Gender: Female

License Number: 34472

NPI: 1003454604

Provider English Spoken: Y

🇻🇳 Vietnamese

Cultural Competency: Y

NORTH COUNTY OPTOMETRY

📍 11835 CARMEL MTN RD STE 1313

SAN DIEGO, CA 92128

☎ Phone: (858) 674-1276

Fax: (858) 674-5863

📞 After Hours Phone: (858) 674-1276

Accepting New Patients: Yes

🇺🇸 Site English Spoken: Y

🇺🇸 Site Language(s) Spoken: Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M 9AM-4PM

TU 7AM-1PM

W-TH 10AM-7PM

F 10AM-3PM

SA 9AM-2PM

### HUYNH, CHI, OD

Provider Gender: Female

License Number: 12901

NPI: 1922187426

Provider English Spoken: Y

🇻🇳 Vietnamese

Cultural Competency: Y

CRYSTAL EYESITE

OPTOMETRY

📍 9225 MIRA MESA BLVD STE 108

SAN DIEGO, CA 92126

☎ Phone: (858) 547-3988

Fax: (844) 367-5161

📞 After Hours Phone: (858) 547-3988

Accepting New Patients: Yes

🇺🇸 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 9:30AM-6PM

W 9:30AM-6PM

TH-F 10AM-6PM

SA 9AM-3PM

### HUYNH, PAUL, MD

Provider Gender: Male

License Number: A79141

NPI: 1871577056

Provider English Spoken: Y

🇻🇳 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

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

☎ *After Hours Phone: (858) 549-3200*

*Accepting New Patients: Yes*

☐ *Site English Spoken: Y*

☐ *Site Languages(s) Spoken: Spanish, Tagalog, Vietnamese*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

🕒 *Hours: M-F 8AM-5PM*

### **KALBAKJI, NATALY, OD**

*Provider Gender: Female*

*License Number: 34943*

*NPI: 1700556438*

*Provider English Spoken: Y*

☐ *Arabic*

*Cultural Competency: Y*

**WEST COAST EYE CARE**

📍 *4344 CONVOY ST STE C2 SAN DIEGO, CA 92111*

☎ *Phone: (858) 565-8822*

*Fax: (858) 565-2449*

☎ *After Hours Phone: (858) 565-8822*

*Accepting New Patients: Yes*

☐ *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

🕒 *Hours: M 10AM-6PM*

*TU 8:30AM-5PM*

*W 7:30AM-4PM*

*TH 9:30AM-5PM*

*F 8AM-4PM*

### **KALBAKJI, NATALY, OD**

*Provider Gender: Female*

*License Number: 34943*

*NPI: 1700556438*

*Provider English Spoken: Y*

☐ *Arabic*

*Cultural Competency: Y*

**WEST COAST EYE CARE**

📍 *6945 EL CAJON BLVD SAN DIEGO, CA 92115*

☎ *Phone: (619) 697-4600*

*Fax: (619) 697-2410*

☎ *After Hours Phone: (619) 697-4600*

*Accepting New Patients: Yes*

☐ *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

🕒 *Hours: M 7:30AM-4:30PM*

*TU 8AM-5PM*

*W 8:30AM-5PM*

*TH 8AM-6PM*

*F 8AM-4PM*

### **KATZMAN, BARRY, MD**

*Provider Gender: Male*

*License Number: A34834*

*NPI: 1760473797*

*Provider English Spoken: Y*

☐ *Spanish*

*Cultural Competency: Y*

**WEST COAST EYE CARE**

📍 *6945 EL CAJON BLVD SAN DIEGO, CA 92115*

☎ *Phone: (619) 697-4600*

*Fax: (619) 697-2410*

☎ *After Hours Phone: (619) 697-4600*

*Accepting New Patients: Yes*

☐ *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

🕒 *Hours: M 7:30AM-4:30PM*

*TU 8AM-5PM*

*W 8:30AM-5PM*

*TH 8AM-6PM*

*F 8AM-4PM*

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

### **KATZMAN, BARRY, MD**

Provider Gender: Male

License Number: A34834

NPI: 1760473797

Provider English Spoken: Y

Spanish

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### **KHALIGHI, PAYMAN, OD**

Provider Gender: Male

License Number: 13014

NPI: 1396897880

Provider English Spoken: Y

Spanish

Cultural Competency: Y

JASMINE P NGUYEN OD INC

4029 43RD ST STE 300  
SAN DIEGO, CA 92105

Phone: (619) 284-3937

Fax: (619) 284-3938

After Hours Phone: (619)  
284-3937

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 9AM-5PM  
SA 9AM-1PM

### **KHALIL, VADY, OD**

Provider Gender: Male

License Number: 35137

NPI: 1275263584

Provider English Spoken: Y

Arabic

Cultural Competency: Y

WEST COAST EYE CARE

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 697-4600

Fax: (619) 697-2410

After Hours Phone: (619)

697-4600

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM

### **KHALIL, VADY, OD**

Provider Gender: Male

License Number: 35137

NPI: 1275263584

Provider English Spoken: Y

Arabic

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM*

### **KHAN, FAHAD, MD**

*Provider Gender: Male*

*License Number: A163142*

*NPI: 1548605843*


*Provider English Spoken: Y*

 *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 Language(s) Spoken: Bengali, Hindi, Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*


*American Sign Language (ASL):*

N

 *Accessibility: CONTACT*

*PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-TH 8AM-5PM  
F 8AM-4PM*

### **KHIEU, TINA, OD**

*Provider Gender: Female*

*License Number: 34777*


*NPI: 1962031617*

*Provider English Spoken: Y*


*Cultural Competency: Y*

WEST COAST EYE CARE

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

 *Phone: (858) 565-8822*

*Fax: (858) 565-2449*

 *After Hours Phone: (858) 565-8822*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM*

### **KHINDA, SUNEHA, OD**

*Provider Gender: Female*

*License Number: 35494*

*NPI: 1750066726*


*Provider English Spoken: Y*

*Cultural Competency: Y*

EYELUX OPTOMETRY

 16615 DOVE CANYON RD  
STE 105

SAN DIEGO, CA 92127

 *Phone: (858) 487-7900*

*Fax: (858) 487-1896*

 *After Hours Phone: (858) 487-7900*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*


*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within*

*1/2 mile from Site): 1U*

 *Hours: M-F 8AM-5PM  
SA 8:30AM-2PM*

### **KIM, PHILIP, OD**

*Provider Gender: Male*

*License Number: 33893*

*NPI: 1376929034*

*Provider English Spoken: Y*

*Cultural Competency: Y*






HILLCREST EYE

CENTER-UCSD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。








## J. 視力提供者目錄 - 眼科和視力服務

 4060 4TH AVE STE 610  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-6244  
 Fax: (619) 295-5034  
 After Hours Phone: (619)  
 543-6244  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1T  
 Hours: M-F 8AM-4PM






**KLAREN, AMANDA, OD**  
 Provider Gender: Female  
 License Number: 12617  
 NPI: 1396876611  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 RADY CHILDRENS  
 SPECIALISTS

 7910 FROST ST STE 200  
 SAN DIEGO, CA 92123  
 Phone: (858) 309-7702  
 Fax: (858) 966-8901  
 After Hours Phone: (858)  
 309-7702  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender






restriction  
 American Sign Language (ASL):  
 Provider Gender: Female  
 License Number: 12810  
 NPI: 1174550768  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 HILLCREST EYE  
 CENTER-UCSD


 4060 4TH AVE STE 610  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-6244  
 Fax: (619) 295-5034  
 After Hours Phone: (619)  
 543-6244  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1T  
 Hours: M-F 8AM-4PM

**KULISCHAK, JOHN, OD**  
 Provider Gender: Male  
 License Number: 9279  
 NPI: 1740205236  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 HILLCREST EYE  
 CENTER-UCSD

 4060 4TH AVE STE 610  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-6244  
 Fax: (619) 295-5034  
 After Hours Phone: (619)  
 543-6244  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1T  
 Hours: M-F 8AM-4PM





**LAM, ANNE, OD**  
 Provider Gender: Female  
 License Number: 12810  
 NPI: 1174550768  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 HILLCREST EYE  
 CENTER-UCSD

 4060 4TH AVE STE 610  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-6244  
 Fax: (619) 295-5034  
 After Hours Phone: (619)  
 543-6244  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1T  
 Hours: M-F 8AM-4PM

**LARSEN, STEVEN, OD**  
 Provider Gender: Male  
 License Number: 7687  
 NPI: 1629194782  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y  
 UPTOWN OPTOMETRY  
 4096 PARK BLVD



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五  
 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medical)。此提供  
 者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

SAN DIEGO, CA 92103  
 Phone: (619) 291-5505  
 Fax: (619) 291-4404  
 After Hours Phone: (619) 291-5505  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: TU-F 9AM-3PM SA 10AM-2PM



### LAU, KUEN CHINE, OD

Provider Gender: Male  
 License Number: 11166  
 NPI: 1821001645  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 FASHION VALLEY EYE CARE OPTOMETR  
 7007 FRIARS RD STE 351  
 SAN DIEGO, CA 92108  
 Phone: (619) 291-2020  
 Fax: (888) 210-5799  
 After Hours Phone: (619) 291-2020  
 Accepting New Patients: Yes  
 Site English Spoken: Y






Site Languages(s) Spoken: N  
 Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 10AM-7PM SA 10AM-7PM

### LAU, KUEN CHINE, OD

Provider Gender: Male  
 License Number: 11166  
 NPI: 1821001645  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 OPTOM-EYES VISION CARE OPTOMETRY  
 5638 MISSION CENTER RD STE 103  
 SAN DIEGO, CA 92108  
 Phone: (619) 295-2900  
 Fax: (888) 210-5799  
 After Hours Phone: (619) 295-2900  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 9AM-5:30PM SA 9AM-3PM

### LAU, JANICE, OD

Provider Gender: Female  
 License Number: 13037  
 NPI: 1952453300  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 SABRE SPRINGS OPTOMETRY  
 12650 SABRE SPGS PKWY STE 203  
 SAN DIEGO, CA 92128  
 Phone: (858) 748-1265  
 Fax: (844) 269-9527  
 After Hours Phone: (858) 748-1265  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Vietnamese  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-TU 9AM-5PM W 10AM-6PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

TH 9AM-5PM  
F 10AM-6PM

### **LAU, KUEN CHINE, OD**

Provider Gender: Male

License Number: 11166

NPI: 1821001645

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE  
OPTOMETRY

1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

Phone: (619) 297-2020

Fax: (888) 210-5799

After Hours Phone: (619)  
297-2020

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 9:30AM-6PM  
SA 9AM-3PM

### **LE, JACQUELIN, OD**

Provider Gender: Female

License Number: 10962

NPI: 1487610432

Provider English Spoken: Y

Spanish, Vietnamese

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)  
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: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 9AM-5PM

### **LEE, JASON, OD**

Provider Gender: Male

License Number: 14881

NPI: 1679985584

Provider English Spoken: Y

Spanish

Cultural Competency: Y

RADY CHILDRENS  
SPECIALISTS

7910 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-8901

After Hours Phone: (858)  
309-7702

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 7AM-5PM

### **LIN, HENRY, OD**

Provider Gender: Male

License Number: 11368

NPI: 1861405664

Provider English Spoken: Y

Spanish, Chinese  
Cultural Competency: Y

FASHION VALLEY EYE CARE  
OPTOMETR

7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108

Phone: (619) 291-2020

Fax: (888) 210-5799

After Hours Phone: (619)  
291-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務


restriction

American Sign Language (ASL): 1/2 mile from Site): 1U

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 10AM-7PM  
SA 10AM-7PM


### LIN, HENRY, OD

Provider Gender: Male

License Number: 11368

NPI: 1861405664

Provider English Spoken: Y

 Spanish, Chinese


Cultural Competency: Y

OPTOM-EYES VISION CARE

OPTOMETRY

 5638 MISSION CENTER RD  
STE 103

SAN DIEGO, CA 92108


 Phone: (619) 295-2900

Fax: (888) 210-5799

 After Hours Phone: (619)  
295-2900

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within

1/2 mile from Site): 1U

 Hours: M-F 9AM-5:30PM  
SA 9AM-3PM

### LIN, HENRY, OD

Provider Gender: Male

License Number: 11368

NPI: 1861405664

Provider English Spoken: Y


 Spanish, Chinese

Cultural Competency: Y


OPTOM-EYES VISION CARE

OPTOMETRY

 1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

 Phone: (619) 297-2020

Fax: (888) 210-5799

 After Hours Phone: (619)  
297-2020

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 9:30AM-6PM  
SA 9AM-3PM


### LLANES, BENJAMIN, OD

Provider Gender: Male

License Number: 8782

NPI: 1053309005

Provider English Spoken: Y


 Spanish, Tagalog

Cultural Competency: Y

SEE KLEER EYECARE CENTER

 9580 BLACK MOUNTAIN  
RD STE J

SAN DIEGO, CA 92126


 Phone: (858) 536-8952

Fax: (858) 536-8951

 After Hours Phone: (858)  
536-8952

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish, Tagalog

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TH 11AM-6PM  
F 1PM-5PM

SA 9AM-1PM

### MARR, RYAN, OD

Provider Gender: Male

License Number: 35302

NPI: 1235857525

Provider English Spoken: Y






Cultural Competency: Y

WEST COAST EYE CARE


 4344 CONVOY ST STE C2



請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務


SAN DIEGO, CA 92111  
 Phone: (858) 565-8822  
 Fax: (858) 565-2449  
 After Hours Phone: (858) 565-8822  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 10AM-6PM  
 TU 8:30AM-5PM  
 W 7:30AM-4PM  
 TH 9:30AM-5PM  
 F 8AM-4PM

### MARR, RYAN, OD






Provider Gender: Male  
 License Number: 35302  
 NPI: 1235857525  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 WEST COAST EYE CARE  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115  
 Phone: (619) 697-4600  
 Fax: (619) 697-2410  
 After Hours Phone: (619) 697-4600  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None


Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 7:30AM-4:30PM  
 TU 8AM-5PM  
 W 8:30AM-5PM  
 TH 8AM-6PM  
 F 8AM-4PM

### MCCLEAN, ESMERALDA, OD

Provider Gender: Female  
 License Number: 15001  
 NPI: 1962817981  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y



### HILLCREST EYE CENTER-UCSD


 4060 4TH AVE STE 610  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-6244  
 Fax: (619) 295-5034  
 After Hours Phone: (619) 543-6244  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT


PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8AM-4PM

### MCGRAW, JOSEPH, MD

Provider Gender: Male  
 License Number: A155228  
 NPI: 1588624852  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 WEST COAST EYE CARE

 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115  
 Phone: (619) 697-4600  
 Fax: (619) 697-2410

 After Hours Phone: (619) 697-4600

Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 7:30AM-4:30PM  
 TU 8AM-5PM  
 W 8:30AM-5PM  
 TH 8AM-6PM  
 F 8AM-4PM

### MCGRAW, JOSEPH, MD

Provider Gender: Male

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## J. 視力提供者目錄 - 眼科和視力服務

License Number: A155228

NPI: 1588624852

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### **MIZOGUCHI, LIANNE, OD**

Provider Gender: Female

License Number: 10104

NPI: 1619900313

Provider English Spoken: Y

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

4060 4TH AVE STE 610

SAN DIEGO, CA 92103

Phone: (619) 543-6244

Fax: (619) 295-5034

After Hours Phone: (619)  
543-6244

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-4PM

### **MOLL, ANGELA, MD**

Provider Gender: Female

License Number: A105472

NPI: 1861648602

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

7910 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-8901

After Hours Phone: (858)  
309-7702

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 7AM-5PM

### **MOOR, TRACY, OD**

Provider Gender: Female

License Number: 35085

NPI: 1184283277

Provider English Spoken: Y

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

Phone: (619) 543-6244

Fax: (619) 295-5034

After Hours Phone: (619)  
543-6244

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-4PM

### **MOOR, TRACY, OD**

Provider Gender: Female

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## J. 視力提供者目錄 - 眼科和視力服務

License Number: 35085  
NPI: 1184283277  
Provider English Spoken: Y  
Cultural Competency: Y  
UC SAN DIEGO HEALTH  
16950 VIA TAZON  
SAN DIEGO, CA 92127  
Phone: (858) 534-6290  
Fax: (858) 732-0921  
After Hours Phone: (858) 534-6290  
Accepting New Patients: Yes  
Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
Hours: M-F 8AM-5PM

### MORRISON REYES, JOSHUA, MD

Provider Gender: Male  
License Number: A125435  
NPI: 1235366782  
Provider English Spoken: Y  
Indonesian, Spanish  
Cultural Competency: Y  
WEST COAST EYE CARE  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Phone: (619) 697-4600  
Fax: (619) 697-2410

After Hours Phone: (619) 697-4600  
Accepting New Patients: Yes  
Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM

### MORRISON REYES, JOSHUA, MD

Provider Gender: Male  
License Number: A125435  
NPI: 1235366782  
Provider English Spoken: Y  
Indonesian, Spanish  
Cultural Competency: Y  
WEST COAST EYE CARE  
4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Phone: (858) 565-8822  
Fax: (858) 565-2449  
After Hours Phone: (858) 565-8822  
Accepting New Patients: Yes  
Site English Spoken: Y  
Min/Max Age: 0\None





























Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### NGUYEN, BRUCE, OD

Provider Gender: Male  
License Number: 14156  
NPI: 1376839019  
Provider English Spoken: Y  
Vietnamese  
Cultural Competency: Y  
CLAIREMONT OPTOMETRY  
10715 TIERRASANTA BLVD  
STE F  
SAN DIEGO, CA 92124  
Phone: (858) 279-6500  
Fax: (858) 225-7174  
After Hours Phone: (858) 279-6500  
Accepting New Patients: Yes  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish, Vietnamese  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL):

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

- N**  
 **Accessibility: CONTACT PROVIDER**  
 Public transportation (within 1/2 mile from Site): 1T  
 **Hours: M-W 9AM-6PM  
 TH-F 9AM-5PM  
 SA 8AM-3PM**
- NGUYEN, THANH, OD**  
 Provider Gender: Female  
 License Number: 13126  
 NPI: 1992813323  
 Provider English Spoken: Y  
 Vietnamese  
 Cultural Competency: Y
- SABRE SPRINGS OPTOMETRY**  
 12650 SABRE SPGS PKWY  
 STE 203  
 SAN DIEGO, CA 92128  
 Phone: (858) 748-1265  
 Fax: (844) 269-9527  
 After Hours Phone: (858) 748-1265  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Vietnamese  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N
- N**  
 **Accessibility: CONTACT PROVIDER**  
 Public transportation (within 1/2 mile from Site): 1U
-  **Hours: M-TU 9AM-5PM  
 W 10AM-6PM  
 TH 9AM-5PM  
 F 10AM-6PM**
- NGUYEN, JASMINE, OD**  
 Provider Gender: Female  
 License Number: 11189  
 NPI: 1497896922  
 Provider English Spoken: Y  
 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
- N**  
 **Accessibility: CONTACT PROVIDER**  
 Public transportation (within 1/2 mile from Site): 1T  
 **Hours: M-F 9AM-5PM  
 SA 9AM-1PM**
- NGUYEN, THANH, OD**  
 Provider Gender: Female  
 License Number: 13126
- NPI: 1992813323**  
 Provider English Spoken: Y  
 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
- N**  
 **Accessibility: CONTACT PROVIDER**  
 Public transportation (within 1/2 mile from Site): 1T  
 **Hours: M-F 9AM-5PM  
 SA 9AM-1PM**
- NGUYEN, KELVIN, OD**  
 Provider Gender: Male  
 License Number: 11085  
 NPI: 1518923572  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y
- SAN DIEGO VISION CARE OPTOMETRY**  
 3807 FAIRMOUNT AVE STE

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## J. 視力提供者目錄 - 眼科和視力服務

200  
SAN DIEGO, CA 92105  
☎ Phone: (619) 508-5678  
Fax: (619) 501-0686  
📞 After Hours Phone: (619) 508-5678  
Accepting New Patients: Yes  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Spanish, Vietnamese  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
🕒 Hours: M-F 9AM-5PM

### NGUYEN, HOA PHUONG, OD

Provider Gender: Female  
License Number: 12630  
NPI: 1962439265  
Provider English Spoken: Y  
📄 Vietnamese  
Cultural Competency: Y

COLLEGE GROVE  
OPTOMETRY

📍 4560 COLLEGE AVE  
SAN DIEGO, CA 92115  
☎ Phone: (619) 583-5744  
Fax: (619) 582-6112

📞 After Hours Phone: (619) 583-5744  
Accepting New Patients: Yes

📄 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
🕒 Hours: M-F 9AM-5PM

### O HALLORAN, HENRY, MD

Provider Gender: Male  
License Number: A73282  
NPI: 1235287947

Provider English Spoken: Y  
📄 German, Spanish  
Cultural Competency: Y  
RADY CHILDRENS

SPECIALISTS

📍 7910 FROST ST STE 200  
SAN DIEGO, CA 92123  
☎ Phone: (858) 309-7702  
Fax: (858) 966-8901

📞 After Hours Phone: (858) 309-7702

Accepting New Patients: Yes

📄 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within

1/2 mile from Site): 1U

🕒 Hours: M-F 7AM-5PM

### PATEL, GITANE, MD

Provider Gender: Male  
License Number: A108603  
NPI: 1710171434

Provider English Spoken: Y  
Cultural Competency: Y  
WEST COAST EYE CARE

📍 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

☎ Phone: (619) 697-4600  
Fax: (619) 697-2410

📞 After Hours Phone: (619) 697-4600

Accepting New Patients: Yes

📄 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 7:30AM-4:30PM

TU 8AM-5PM

W 8:30AM-5PM

TH 8AM-6PM

F 8AM-4PM

### PATEL, SARJAN, MD

Provider Gender: Male  
License Number: A114976  
NPI: 1316199326

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## J. 視力提供者目錄 - 眼科和視力服務

*Provider English Spoken: Y*

Gujarati, Hindi, Spanish  
*Cultural Competency: Y*

WEST COAST EYE CARE

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 697-4600

Fax: (619) 697-2410

After Hours Phone: (619)  
697-4600

*Accepting New Patients: Yes*

Site English Spoken: Y  
*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*  
N

Accessibility: CONTACT  
PROVIDER

*Public transportation (within  
1/2 mile from Site): 1U*

Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM

### **PATEL, SARJAN, MD**

*Provider Gender: Male*

*License Number: A114976*

*NPI: 1316199326*

*Provider English Spoken: Y*

Gujarati, Hindi, Spanish  
*Cultural Competency: Y*

WEST COAST EYE CARE

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)  
565-8822

*Accepting New Patients: Yes*

Site English Spoken: Y  
*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*  
N

Accessibility: CONTACT  
PROVIDER

*Public transportation (within  
1/2 mile from Site): 1U*

Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### **PATEL, GITANE, MD**

*Provider Gender: Male*

*License Number: A108603*

*NPI: 1710171434*

*Provider English Spoken: Y*

*Cultural Competency: Y*

WEST COAST EYE CARE

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)  
565-8822

*Accepting New Patients: Yes*

Site English Spoken: Y  
*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*  
N

Accessibility: CONTACT  
PROVIDER

*Public transportation (within  
1/2 mile from Site): 1U*

Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### **PHAM, TONY, OD**

*Provider Gender: Male*

*License Number: 12348*

*NPI: 1841271434*

*Provider English Spoken: Y*

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 Language(s) Spoken:  
Spanish, Vietnamese


























*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*





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## J. 視力提供者目錄 - 眼科和視力服務

- N**  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 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*  
 *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*
- 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*
- PRABHU, SUJATA, MD**  
*Provider Gender: Female*  
*License Number: A115965*  
*NPI: 1982872552*  
*Provider English Spoken: Y*  
 *Spanish*  
*Cultural Competency: Y*  
 WEST COAST EYE CARE  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111  
 *Phone: (858) 565-8822*  
*Fax: (858) 565-2449*  
 *After Hours Phone: (858) 565-8822*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*
- PRABHU, SUJATA, MD**  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M 10AM-6PM*
- PRABHU, SUJATA, MD**  
*Provider Gender: Female*  
*License Number: A115965*  
*NPI: 1982872552*  
*Provider English Spoken: Y*  
 *Spanish*  
*Cultural Competency: Y*  
 WEST COAST EYE CARE  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111  
 *Phone: (858) 565-8822*  
*Fax: (858) 565-2449*  
 *After Hours Phone: (858) 565-8822*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*




請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## J. 視力提供者目錄 - 眼科和視力服務

 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115  
 Phone: (619) 697-4600  
 Fax: (619) 697-2410  
 After Hours Phone: (619)  
 697-4600  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1U  
 Hours: M 7:30AM-4:30PM  
 TU 8AM-5PM  
 W 8:30AM-5PM  
 TH 8AM-6PM  
 F 8AM-4PM

### SANDOC, EMILY, OD

Provider Gender: Female  
 License Number: 13535  
 NPI: 1992969794  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 OPTOM-EYES VISION CARE  
 OPTOMETRY

 5638 MISSION CENTER RD  
 STE 103  
 SAN DIEGO, CA 92108  
 Phone: (619) 295-2900  
 Fax: (888) 210-5799  
 After Hours Phone: (619)  
 295-2900


Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1U  
 Hours: M-F 9AM-5:30PM  
 SA 9AM-3PM

### SHULKIN, MITCHELL, OD

Provider Gender: Male  
 License Number: 8153  
 NPI: 1770531865  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 NORTH COUNTY OPTOMETRY




 11835 CARMEL MTN RD  
 STE 1313  
 SAN DIEGO, CA 92128  
 Phone: (858) 674-1276  
 Fax: (858) 674-5863  
 After Hours Phone: (858)  
 674-1276


Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Tagalog  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1T  
 Hours: M 9AM-4PM  
 TU 7AM-1PM  
 W-TH 10AM-7PM  
 F 10AM-3PM  
 SA 9AM-2PM

### SOLIS, KEVIN, OD

Provider Gender: Male  
 License Number: 10420  
 NPI: 1538362116  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 OPTOM-EYES VISION CARE  
 OPTOMETRY

 5638 MISSION CENTER RD  
 STE 103  
 SAN DIEGO, CA 92108  
 Phone: (619) 295-2900  
 Fax: (888) 210-5799  
 After Hours Phone: (619)  
 295-2900

Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

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 上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供  
 者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

### PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 9AM-5:30PM  
SA 9AM-3PM

### SOLIS, KEVIN, OD

Provider Gender: Male

License Number: 10420

NPI: 1538362116

Provider English Spoken: Y

Cultural Competency: Y

FASHION VALLEY EYE CARE  
OPTOMETR

📍 7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108

☎ Phone: (619) 291-2020

Fax: (888) 210-5799

📞 After Hours Phone: (619)  
291-2020

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 10AM-7PM  
SA 10AM-7PM

### SOLIS, KEVIN, OD

Provider Gender: Male

License Number: 10420

NPI: 1538362116

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE  
OPTOMETRY

📍 1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

☎ Phone: (619) 297-2020

Fax: (888) 210-5799

📞 After Hours Phone: (619)  
297-2020

Accepting New Patients: Yes

☐ Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 9:30AM-6PM  
SA 9AM-3PM

### TA, TRANG, OD

Provider Gender: Female

License Number: 12100

NPI: 1518381045

Provider English Spoken: Y

☐ Vietnamese

Cultural Competency: Y

JASMINE P NGUYEN OD INC

📍 4029 43RD ST STE 300  
SAN DIEGO, CA 92105

☎ Phone: (619) 284-3937

Fax: (619) 284-3938

📞 After Hours Phone: (619)  
284-3937

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 9AM-5PM  
SA 9AM-1PM

### TAM, MAY, OD

Provider Gender: Female

License Number: 11960

NPI: 1548255896

Provider English Spoken: Y

☐ Spanish

Cultural Competency: Y

FASHION VALLEY EYE CARE  
OPTOMETR

📍 7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108

☎ Phone: (619) 291-2020

Fax: (888) 210-5799

📞 After Hours Phone: (619)  
291-2020

Accepting New Patients: Yes







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## J. 視力提供者目錄 - 眼科和視力服務




<input type="checkbox"/> Site English Spoken: Y <input type="checkbox"/> Site Languages(s) Spoken: Spanish Min/Max Age: 0\None Gender Restriction: No Gender restriction American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER Public transportation (within 1/2 mile from Site): 1T <input type="clock"/> Hours: M-F 10AM-7PM SA 10AM-7PM	restriction American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER Public transportation (within 1/2 mile from Site): 1U <input type="clock"/> Hours: M-F 9AM-5:30PM SA 9AM-3PM	SA 9AM-3PM <b>TILLMAN, SYLVIA, OD</b> Provider Gender: Female License Number: 9726 NPI: 1174730824 Provider English Spoken: Y <input type="checkbox"/> Spanish Cultural Competency: Y <b>JASMINE P NGUYEN OD INC</b> <input type="location"/> 4029 43RD ST STE 300 SAN DIEGO, CA 92105 <input type="phone"/> Phone: (619) 284-3937 Fax: (619) 284-3938 <input type="clock"/> After Hours Phone: (619) 284-3937 Accepting New Patients: Yes <input type="checkbox"/> Site English Spoken: Y <input type="checkbox"/> Site Languages(s) Spoken: Spanish, Vietnamese Min/Max Age: 0\None Gender Restriction: No Gender restriction American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER Public transportation (within 1/2 mile from Site): 1T <input type="clock"/> Hours: M-F 9AM-5PM SA 9AM-1PM
<b>TAM, MAY, OD</b> Provider Gender: Female License Number: 11960 NPI: 1548255896 Provider English Spoken: Y <input type="checkbox"/> Spanish Cultural Competency: Y <b>OPTOM-EYES VISION CARE OPTOMETRY</b> <input type="location"/> 5638 MISSION CENTER RD STE 103 SAN DIEGO, CA 92108 <input type="phone"/> Phone: (619) 295-2900 Fax: (888) 210-5799 <input type="clock"/> After Hours Phone: (619) 295-2900 Accepting New Patients: Yes <input type="checkbox"/> Site English Spoken: Y <input type="checkbox"/> Site Languages(s) Spoken: Spanish Min/Max Age: 0\None Gender Restriction: No Gender	<b>TAM, MAY, OD</b> Provider Gender: Female License Number: 11960 NPI: 1548255896 Provider English Spoken: Y <input type="checkbox"/> Spanish Cultural Competency: Y <b>OPTOM-EYES VISION CARE OPTOMETRY</b> <input type="location"/> 1555 PALM AVE STE A2 SAN DIEGO, CA 92154 <input type="phone"/> Phone: (619) 297-2020 Fax: (888) 210-5799 <input type="clock"/> After Hours Phone: (619) 297-2020 Accepting New Patients: Yes <input type="checkbox"/> Site English Spoken: Y Min/Max Age: 0\None Gender Restriction: No Gender restriction American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER Public transportation (within 1/2 mile from Site): 1T <input type="clock"/> Hours: M-F 9:30AM-6PM	<b>TON-NU, MY LINH, OD</b> Provider Gender: Female License Number: 34990 NPI: 1245733476 Provider English Spoken: Y




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## J. 視力提供者目錄 - 眼科和視力服務





*Cultural Competency: Y*  
**WEST COAST EYE CARE**  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115  
 Phone: (619) 697-4600  
 Fax: (619) 697-2410  
 After Hours Phone: (619)  
 697-4600  
*Accepting New Patients: Yes*  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
*Gender Restriction: No Gender  
 restriction*  
*American Sign Language (ASL):  
 N*  
 Accessibility: CONTACT  
 PROVIDER  
*Public transportation (within  
 1/2 mile from Site): 1U*  
 Hours: M 7:30AM-4:30PM  
 TU 8AM-5PM  
 W 8:30AM-5PM  
 TH 8AM-6PM  
 F 8AM-4PM



**TON-NU, MY LINH, OD**  
*Provider Gender: Female*  
*License Number: 34990*  
*NPI: 1245733476*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
**WEST COAST EYE CARE**  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111  
 Phone: (858) 565-8822  
 Fax: (858) 565-2449  
 After Hours Phone: (858)

565-8822  
*Accepting New Patients: Yes*  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
*Gender Restriction: No Gender  
 restriction*  
*American Sign Language (ASL):  
 N*  
 Accessibility: CONTACT  
 PROVIDER  
*Public transportation (within  
 1/2 mile from Site): 1U*  
 Hours: M 10AM-6PM  
 TU 8:30AM-5PM  
 W 7:30AM-4PM  
 TH 9:30AM-5PM  
 F 8AM-4PM

**TONNU, ANH, OD**  
*Provider Gender: Female*  
*License Number: 11318*  
*NPI: 1679521280*  
*Provider English Spoken: Y*  
 Vietnamese  
*Cultural Competency: Y*  
**WEST COAST EYE CARE**  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111  
 Phone: (858) 565-8822  
 Fax: (858) 565-2449  
 After Hours Phone: (858)  
 565-8822  
*Accepting New Patients: Yes*  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
*Gender Restriction: No Gender  
 restriction*

*American Sign Language (ASL):  
 N*  
 Accessibility: CONTACT  
 PROVIDER  
*Public transportation (within  
 1/2 mile from Site): 1U*  
 Hours: M 10AM-6PM  
 TU 8:30AM-5PM  
 W 7:30AM-4PM  
 TH 9:30AM-5PM  
 F 8AM-4PM

**TONNU, ANH, OD**  
*Provider Gender: Female*  
*License Number: 11318*  
*NPI: 1679521280*  
*Provider English Spoken: Y*  
 Vietnamese  
*Cultural Competency: Y*  
**WEST COAST EYE CARE**  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115  
 Phone: (619) 697-4600  
 Fax: (619) 697-2410  
 After Hours Phone: (619)  
 697-4600

*Accepting New Patients: Yes*  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
*Gender Restriction: No Gender  
 restriction*  
*American Sign Language (ASL):  
 N*  
 Accessibility: CONTACT  
 PROVIDER  
*Public transportation (within  
 1/2 mile from Site): 1U*

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## J. 視力提供者目錄 - 眼科和視力服務

🕒 *Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM*

### **TRAN, ALEXANDER, OD**

*Provider Gender: Male  
License Number: 14136  
NPI: 1902414790  
Provider English Spoken: Y  
Cultural Competency: Y*

### **RADY CHILDRENS SPECIALISTS**

📍 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

☎ *Phone: (858) 309-7702  
Fax: (858) 966-8901*

🕒 *After Hours Phone: (858)  
309-7702*

*Accepting New Patients: Yes*

📄 *Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

🕒 *Hours: M-F 7AM-5PM*

### **TRANG, CHAU, OD**

*Provider Gender: Female  
License Number: 9556  
NPI: 1073671087*

*Provider English Spoken: Y*

📄 *French, Spanish,  
Vietnamese, Chinese  
Cultural Competency: Y*

### **CHAU H TRANG OD**

📍 6947 LINDA VISTA RD STE  
A  
SAN DIEGO, CA 92111

☎ *Phone: (858) 495-0592  
Fax: (858) 495-0560*

🕒 *After Hours Phone: (858)  
495-0592*

*Accepting New Patients: Yes*

📄 *Site English Spoken: Y  
Site Languages(s) Spoken:  
French, Spanish,  
Vietnamese*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

🕒 *Hours: M 10AM-3PM  
W 10AM-3PM  
F 10AM-5PM  
SA 9AM-1PM*

### **TU, CHARLES, OD**

*Provider Gender: Male  
License Number: 34618  
NPI: 1073137691*

*Provider English Spoken: Y  
Cultural Competency: Y*

### **OPTOM-EYES VISION CARE**

### **OPTOMETRY**

📍 1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

☎ *Phone: (619) 297-2020  
Fax: (888) 210-5799*

🕒 *After Hours Phone: (619)  
297-2020*

*Accepting New Patients: Yes*

📄 *Site English Spoken: Y  
Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

🕒 *Hours: M-F 9:30AM-6PM  
SA 9AM-3PM*

### **VAN HOOSE, MARC, OD**

*Provider Gender: Male  
License Number: 12667  
NPI: 1932280054*

*Provider English Spoken: Y*

📄 *Spanish  
Cultural Competency: Y*

### **VAN HOOSE OPTOMETRIC CORPORATION**

📍 7246 CLAIREMONT MESA  
BLVD  
SAN DIEGO, CA 92111

☎ *Phone: (858) 292-7193  
Fax: (858) 292-8247*

🕒 *After Hours Phone: (858)  
292-7193*

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## J. 視力提供者目錄 - 眼科和視力服務

Accepting New Patients: Yes N  
 Site English Spoken: Y  
 Site Language(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M 8AM-5PM  
 TU-TH 9AM-6PM  
 F 8AM-5PM

### VIVIRITO, MARY, OD

Provider Gender: Female  
 License Number: 33798  
 NPI: 1477968667  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y  
 WEST COAST EYE CARE  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111  
 Phone: (858) 565-8822  
 Fax: (858) 565-2449  
 After Hours Phone: (858) 565-8822  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 10AM-6PM  
 TU 8:30AM-5PM  
 W 7:30AM-4PM  
 TH 9:30AM-5PM  
 F 8AM-4PM

### VO, ANDREW MINH, OD

Provider Gender: Male  
 License Number: 33869  
 NPI: 1790291565  
 Provider English Spoken: Y  
 Vietnamese  
 Cultural Competency: Y  
 HILLCREST EYE  
 CENTER-UCSD  
 4060 4TH AVE STE 610  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-6244  
 Fax: (619) 295-5034  
 After Hours Phone: (619) 543-6244  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-4PM

### YU, CAROL, OD

Provider Gender: Female  
 License Number: 34047  
 NPI: 1639697451  
 Provider English Spoken: Y  
 Spanish, Chinese  
 Cultural Competency: Y  
 HILLCREST EYE  
 CENTER-UCSD  
 4060 4TH AVE STE 610  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-6244  
 Fax: (619) 295-5034  
 After Hours Phone: (619) 543-6244  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8AM-4PM


### ZHAO, TAILUN, MD

Provider Gender: Male  
 License Number: C186414  
 NPI: 1952659203  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 WEST COAST EYE CARE


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## J. 視力提供者目錄 - 眼科和視力服務

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

 Phone: (858) 565-8822

Fax: (858) 565-2449

 After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### SAN MARCOS

#### GARFF, KEVIN, MD

Provider Gender: Male

License Number: A160988

NPI: 1609258920

Provider English Spoken: Y


Spanish

Cultural Competency: Y

RSF OPHTHALMOLOGY

 100 N RANCHO SNTA FE  
RD STE 12

SAN MARCOS, CA 92069

 Phone: (760) 598-0400

Fax: (760) 249-7394

 After Hours Phone: (760)  
598-0400

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Thai

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

#### GUAN, HOWARD, MD

Provider Gender: Male

License Number: A119766

NPI: 1134427636

Provider English Spoken: Y


Spanish, Chinese

Cultural Competency: Y

RSF OPHTHALMOLOGY

 100 N RANCHO SNTA FE  
RD STE 12

SAN MARCOS, CA 92069

 Phone: (760) 598-0400

Fax: (760) 249-7394

 After Hours Phone: (760)  
598-0400

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Thai

Min/Max Age: 0\None


Gender Restriction: No Gender

restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

#### PRESTERA, TORY, MD

Provider Gender: Male

License Number: A62321

NPI: 1346224557

Provider English Spoken: Y


Spanish

Cultural Competency: Y

RSF OPHTHALMOLOGY

 100 N RANCHO SNTA FE  
RD STE 12

SAN MARCOS, CA 92069

 Phone: (760) 598-0400

Fax: (760) 249-7394

 After Hours Phone: (760)  
598-0400

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Thai

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

🕒 Hours: M-F 8AM-5PM

### **SKAY, RICHARD, OD**

Provider Gender: Male

License Number: 7649

NPI: 1639251945

Provider English Spoken: Y

Cultural Competency: Y

RICHARD M SKAY OD

📍 1903 W SAN MARCOS  
BLVD STE 130  
SAN MARCOS, CA 92078

☎ Phone: (760) 727-2211

Fax: (760) 727-2533

🕒 After Hours Phone: (760)  
727-2211

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F 9AM-3PM

### **TA, MINI, OD**

Provider Gender: Female

License Number: 15170

NPI: 1578955605

Provider English Spoken: Y

Cultural Competency: Y

NEW OPTIX OPTOMETRY

📍 640 GRAND AVE STE 101

SAN MARCOS, CA 92078

☎ Phone: (760) 736-0020

Fax: (760) 736-0019

🕒 After Hours Phone: (760)  
736-0020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M 9AM-5PM

TU 9AM-6PM

W 9AM-5PM

TH 9AM-6PM

F 9AM-5PM

### **THAI, AMANDA, OD**

Provider Gender: Female

License Number: 34861

NPI: 1457928558

Provider English Spoken: Y

Cultural Competency: Y

NEW OPTIX OPTOMETRY

📍 640 GRAND AVE STE 101  
SAN MARCOS, CA 92078

☎ Phone: (760) 736-0020

Fax: (760) 736-0019

🕒 After Hours Phone: (760)  
736-0020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M 9AM-5PM

TU 9AM-6PM

W 9AM-5PM

TH 9AM-6PM

F 9AM-5PM

### **TRAN, MICHAEL, OD**

Provider Gender: Male

License Number: 14530

NPI: 1649524216

Provider English Spoken: Y

Vietnamese

Cultural Competency: Y

NEW OPTIX OPTOMETRY

📍 640 GRAND AVE STE 101  
SAN MARCOS, CA 92078

☎ Phone: (760) 736-0020

Fax: (760) 736-0019

🕒 After Hours Phone: (760)  
736-0020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

restriction

American Sign Language (ASL):  N

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M 9AM-5PM  
TU 9AM-6PM  
W 9AM-5PM  
TH 9AM-6PM  
F 9AM-5PM

### SPRING VALLEY

#### FLEMING, JOHN, OD

Provider Gender: Male

License Number: 8461


NPI: 1033192133

Provider English Spoken: Y

Cultural Competency: Y

JOHN C FLEMING OD

 9628 CAMPO RD STE C  
SPRING VALLEY, CA 91977

 Phone: (619) 463-9318

Fax: (619) 463-9640

 After Hours Phone: (619)  
463-9318

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within

1/2 mile from Site): 1U

Hours: M 9AM-5PM

TU 9AM-5:30PM

W-TH 9AM-5PM

F 9AM-4PM

#### HOANG, KENNY, OD

Provider Gender: Male

License Number: 35207


NPI: 1740868603

Provider English Spoken: Y


Cultural Competency: Y

JOHN C FLEMING OD

 9628 CAMPO RD STE C  
SPRING VALLEY, CA 91977

 Phone: (619) 463-9318

Fax: (619) 463-9640

 After Hours Phone: (619)  
463-9318

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M 9AM-5PM

TU 9AM-5:30PM

W-TH 9AM-5PM

F 9AM-4PM

#### JOHNSON, CHRISTOPHER, OD

Provider Gender: Male

License Number: 15100


NPI: 1568861425

Provider English Spoken: Y

Cultural Competency: Y

JOHN C FLEMING OD

 9628 CAMPO RD STE C  
SPRING VALLEY, CA 91977

 Phone: (619) 463-9318

Fax: (619) 463-9640

 After Hours Phone: (619)  
463-9318

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M 9AM-5PM

TU 9AM-5:30PM

W-TH 9AM-5PM

F 9AM-4PM

#### KALRA, ANKUR, OD

Provider Gender: Male

License Number: 11898

NPI: 1124195789

Provider English Spoken: Y

 Hindi

Cultural Competency: Y

EYE CARE OPTOMETRY  
ASSOCIATES

 687 SWEETWATER RD

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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: Arabic, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 9AM-6PM SA 9AM-5PM

### KEDDINGTON, JOAN, OD

Provider Gender: Female

License Number: 6263

NPI: 1992872691

Provider English Spoken: Y

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: Arabic, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 9AM-6PM SA 9AM-5PM

### KING, MARY, OD

Provider Gender: Female

License Number: 13711

NPI: 1578792107

Provider English Spoken: Y

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: Arabic, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 9AM-6PM SA 9AM-5PM

### NGUYEN, THERESA, OD

Provider Gender: Female

License Number: 35530TLG

NPI: 1609555713

Provider English Spoken: Y

Cultural Competency: Y

EYE CARE OPTOMETRY ASSOCIATES

📍 687 SWEETWATER RD  
SPRING VALLEY, CA 91977

☎ Phone: (619) 466-9444

Fax: (619) 466-9314

🕒 After Hours Phone: (619) 466-9444

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Arabic, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 9AM-6PM

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

SA 9AM-5PM

### **SOLIS, KEVIN, OD**

Provider Gender: Male

License Number: 10420

NPI: 1538362116

Provider English Spoken: Y

Cultural Competency: Y

EYE CARE OPTOMETRY

ASSOCIATES

687 SWEETWATER RD  
SPRING VALLEY, CA 91977

Phone: (619) 466-9444

Fax: (619) 466-9314

After Hours Phone: (619)  
466-9444

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Arabic, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 9AM-6PM  
SA 9AM-5PM

### **TOUBIA, ELIAS, OD**

Provider Gender: Male

License Number: 33758

NPI: 1740701481

Provider English Spoken: Y

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:  
Arabic, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 9AM-6PM  
SA 9AM-5PM

### **VALLEY CENTER**

#### **GRASSO, GINA, OD**

Provider Gender: Female

License Number: 11139TLG

NPI: 1700899952

Provider English Spoken: Y

Cultural Competency: Y

VALLEY CENTER OPTOMETRY

29115 VALLEY CENTER RD  
STE E

VALLEY CENTER, CA 92082

Phone: (760) 751-8771

Fax: (760) 751-8772

After Hours Phone: (760)  
751-8771

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-6PM  
TU-F 9AM-5PM

#### **JOYCE, ROBERT, OD**

Provider Gender: Male

License Number: 11833

NPI: 1275585127

Provider English Spoken: Y

Spanish

Cultural Competency: Y

VALLEY CENTER OPTOMETRY

29115 VALLEY CENTER RD  
STE E

VALLEY CENTER, CA 92082

Phone: (760) 751-8771

Fax: (760) 751-8772

After Hours Phone: (760)  
751-8771

Accepting New Patients: Yes



Site English Spoken: Y

Site Languages(s) Spoken:

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N



 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 9AM-6PM  
TU-F 9AM-5PM

### LE, TAM, OD

Provider Gender: Female  
License Number: 12951  
NPI: 1235268707

Provider English Spoken: Y  
 Spanish, Vietnamese  
Cultural Competency: Y



VALLEY CENTER OPTOMETRY  
 29115 VALLEY CENTER RD  
STE E

VALLEY CENTER, CA 92082  
 Phone: (760) 751-8771  
Fax: (760) 751-8772  
 After Hours Phone: (760) 751-8771

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 9AM-6PM  
TU-F 9AM-5PM

### VISTA


### DEMLINGER, GLENN, OD


Provider Gender: Male  
License Number: 8954  
NPI: 1508932518


Provider English Spoken: Y

Spanish  
Cultural Competency: Y

SHADOWRIDGE FAMILY  
VISION

 741 SHADOWRIDGE DR  
VISTA, CA 92083

 Phone: (760) 727-1844  
Fax: (760) 727-3044


 After Hours Phone: (760) 727-1844


Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TU 9AM-6PM

W 7AM-5PM  
TH 9AM-6PM

### GEORGE, KENDALL, OD


Provider Gender: Male  
License Number: 34270  
NPI: 1619529948

Provider English Spoken: Y

Spanish  
Cultural Competency: Y

BRUCE D GEORGE OD

 931 ANZA AVE STE B  
VISTA, CA 92084

 Phone: (760) 758-2340  
Fax: (760) 867-2222


 After Hours Phone: (760) 758-2340


Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T

 Hours: M 9AM-5PM  
TU-W 9AM-6PM  
TH-F 9AM-5PM

### GEORGE, BRUCE, OD

Provider Gender: Male  
License Number: 7696

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。

## J. 視力提供者目錄 - 眼科和視力服務

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*NPI: 1356414551*

*Provider English Spoken: Y*

*Korean, Spanish*

*Cultural Competency: Y*

**BRUCE D GEORGE OD**

931 ANZA AVE STE B  
VISTA, CA 92084

*Phone: (760) 758-2340*

*Fax: (760) 867-2222*

*After Hours Phone: (760)  
758-2340*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*Site Languages(s) Spoken:  
Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

*Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

*Hours: M 9AM-5PM  
TU-W 9AM-6PM  
TH-F 9AM-5PM*

110 CIVIC CENTER DR STE  
204

VISTA, CA 92084

*Phone: (760) 753-3665*

*Fax: (408) 969-1653*

*After Hours Phone: (760)  
753-3665*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

*Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

*Hours: M-TH 10AM-5PM*

### **TRAN, THAO, OD**

*Provider Gender: Female*

*License Number: 12867*

*NPI: 1962581421*

*Provider English Spoken: Y*

*Vietnamese*

*Cultural Competency: Y*

**KINDERSPECS-GOOD EYES**

**OPTOMETRY**

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD:711。請在網上瀏覽 [blueshieldca.com/promise/medical](http://blueshieldca.com/promise/medical)。此提供者目錄中的資訊可能會更改。



## K. 其他服務提供者（社區支援、增強護理管理）

ECM 重點族群 (POF) 表

ECM 重點族群			成人	兒童及青少年
	1	無家可歸者	✓	✓
	2	面臨可避免的醫院或 ED 使用風險者 (正式稱為「高使用者」)	✓	✓
	3	有嚴重心理健康和/或藥物濫用障礙需求者	✓	✓
	4	從監禁中過渡者	✓	✓
	5	生活在社區且面臨長期照護機構收容風險的成年人	✓	
	6	過渡到社區的成人護理機構居民	✓	
	7	加入加州兒童服務 (CCS) 或 CCS 全兒童模式 (WCM) 的兒童及青少年，除了 CCS 條件外還有其他需求)		✓
	8	參與兒童福利的兒童及青少年		✓
	9	出生公平性重點人群	✓	✓

## K. 其他服務提供者（社區支援、增強護理管理）

### EL CAJON

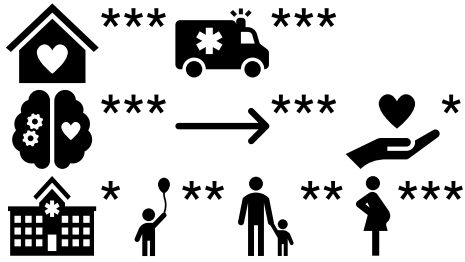
#### LA MAESTRA COMMUNITY HEALTH CENTERS

165 S 1ST ST  
EL CAJON, CA 92019  
Phone: (619) 510-4641  
After Hours Phone: (619)  
510-4641

Accessibility: CONTACT  
PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services:  
N/A

Street Medicine Provider: N  
Phone for Existing Patients:  
(619) 510-4641

Mailing Address: 4060  
FAIRMOUNT AVE;SAN  
DIEGO;CA;92105

Jl ECM Provider Billing- Direct  
Contract with Correctional  
Facilities;Jl ECM Provider  
Billing- FFS (PAVE Enrollment)  
Jl ECM Provider  
Services-Pre-Release Services  
and Participating in Warm  
Handoffs

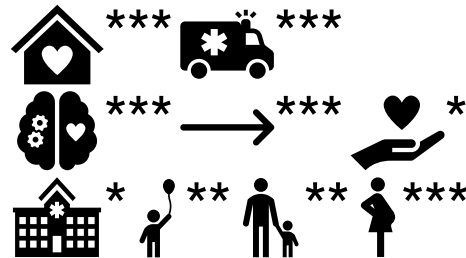
#### LA MAESTRA COMMUNITY HEALTH CENTERS

165 S 1ST ST  
EL CAJON, CA 92019  
Phone: (619) 510-4641  
After Hours Phone: (619)  
510-4641

Accessibility: CONTACT  
PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services:  
N/A

Street Medicine Provider: N  
Phone for Existing Patients:  
(619) 510-4641

Mailing Address: 4060  
FAIRMOUNT AVE;SAN  
DIEGO;CA;92105

Jl ECM Provider Billing- Direct  
Contract with Correctional  
Facilities;Jl ECM Provider  
Billing- FFS (PAVE Enrollment)  
Jl ECM Provider  
Services-Pre-Release Services  
and Participating in Warm  
Handoffs

### ENCINITAS

#### SAN DIEGO HEALTHCARE QUALITY COLLABORATIVE

1084 N EL CAMINO REAL  
STE B149  
ENCINITAS, CA 92024  
Phone: (619) 273-3295  
After Hours Phone: (619)  
273-3295

Accessibility: CONTACT

\*成人 \*\*兒童 \*\*\*成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

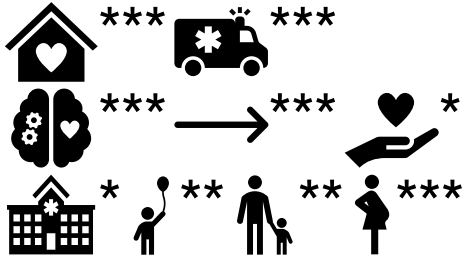
請聯絡 Blue Shield Promise 客戶服務部 1-800-605-2556 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD：711。在線上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此服務提供者目錄中的資訊可能會更改。

## K. 其他服務提供者（社區支援、增強護理管理）

### PROVIDER

 Website: N/A

ECM Population of Focus:



Community Supports Services:  
N/A

Street Medicine Provider: N

Phone for Existing Patients:  
(619) 273-3295

Mailing Address: 1084 N EL  
CAMINO REAL STE  
B-149; Encinitas; CA; 92024

JI ECM Provider Billing- FFS  
(PAVE Enrollment)



JI ECM Provider

Services-Pre-Release Services  
and Participating in Warm  
Handoffs; JI ECM Provider  
Services-Warm Handoffs Only

**ESCONDIDO**

### INTERFAITH COMMUNITY SERVICES

 550 W WASHINGTON AVE  
ESCONDIDO, CA 92025

 Phone: (760) 489-6380  
 After Hours Phone: (760)  
489-6380

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

Community Supports Services:

Housing Deposits, Housing  
Tenancy and Sustaining  
Services, Housing Transition  
Navigation


Services, Recuperative Care  
(Medical Respite), Short-Term  
Post-Hospitalization Housing



Street Medicine Provider: N

Phone for Existing Patients:  
(760) 489-6380

**IMPERIAL BEACH**

### IMPERIAL BEACH HEALTH CENTER

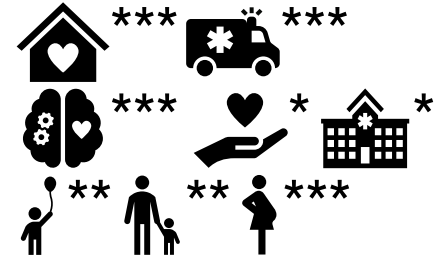
 949 PALM AVE  
IMPERIAL BEACH, CA  
91932

 Phone: (619) 429-3733  
 After Hours Phone: (619)  
429-3733

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

ECM Population of Focus:



Community Supports Services:  
N/A



Street Medicine Provider: N

Phone for Existing Patients:  
(619) 429-3733

**LEMON GROVE**

### LA MAESTRA COMMUNITY HEALTH CENTERS

 7967 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 510-4641  
 After Hours Phone: (619)

\*成人 \*\*兒童 \*\*\*成人和兒童


†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

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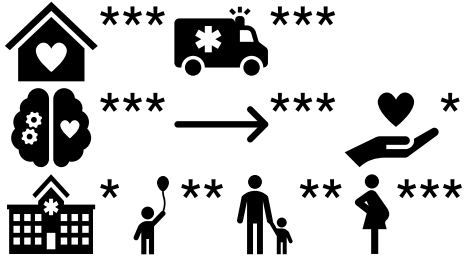
## K. 其他服務提供者（社區支援、增強護理管理）

510-4641

 **Accessibility: CONTACT PROVIDER**

 **Website: N/A**

**ECM Population of Focus:**



**Community Supports Services:**  
N/A



**Street Medicine Provider: N**  
**Phone for 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

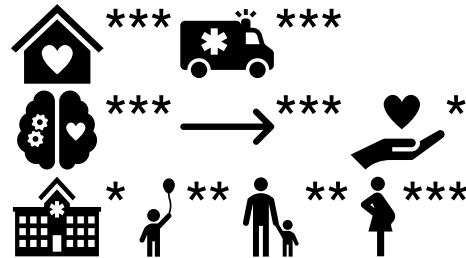
 7967 BROADWAY LEMON GROVE, CA 91945

 **Phone: (619) 510-4641**  
 **After Hours Phone: (619) 510-4641**

 **Accessibility: CONTACT PROVIDER**

 **Website: N/A**

**ECM Population of Focus:**



**Community Supports Services:**  
N/A

**Street Medicine Provider: N**  
**Phone for 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*

### NATIONAL CITY

### LA MAESTRA COMMUNITY HEALTH CENTERS

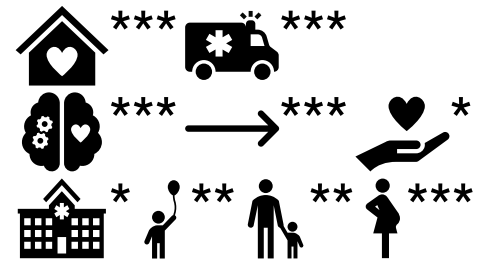
 217 HIGHLAND AVE NATIONAL CITY, CA 91950

 **Phone: (619) 510-4641**  
 **After Hours Phone: (619) 510-4641**

 **Accessibility: CONTACT PROVIDER**

 **Website: N/A**

**ECM Population of Focus:**



\*成人 \*\*兒童 \*\*\*成人和兒童

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## K. 其他服務提供者（社區支援、增強護理管理）






*Community Supports Services:* N/A

*Street Medicine Provider:* N  
*Phone for Existing Patients:*  
(619) 510-4641

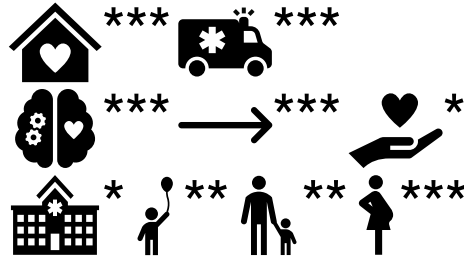
*Mailing Address:* 4060  
FAIRMOUNT AVE;SAN  
DIEGO;CA;92105

*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:* CONTACT  
PROVIDER  
 *Website:* N/A

*ECM Population of Focus:*



*Community Supports Services:* N/A

*Street Medicine Provider:* N  
*Phone for 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*

### ORINDA

### PATHWAY HOME

### SOLUTIONS INC

 2 BIRCH CT  
ORINDA, CA 94563  
 *Phone:* (209) 601-0734  
 *After Hours Phone:* (209)  
601-0734  
 *Accessibility:* CONTACT  
PROVIDER  
 *Website:* N/A

*Community Supports Services:*  
*Environmental Accessibility Adaptations (Home Modifications)*  
*Street Medicine Provider:* N  
*Phone for Existing Patients:*  
(209) 601-0734

### SAN DIEGO

### PEOPLE ASSISTING THE HOMELESS

 1250 SIXTH AVE  
SAN DIEGO, CA 92101  
 *Phone:* (619) 810-8668  
 *After Hours Phone:* (619)  
810-8668  
 *Accessibility:* CONTACT  
PROVIDER  
 *Website:* N/A

*Community Supports Services:*

\*成人 \*\*兒童 \*\*\*成人和兒童

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## K. 其他服務提供者（社區支援、增強護理管理）

*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 Existing Patients: (619) 810-8668*

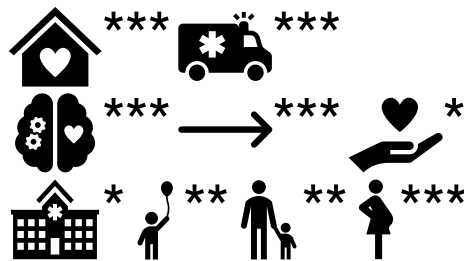
### PEOPLE ASSISTING THE HOMELESS

1250 SIXTH AVE  
SAN DIEGO, CA 92101  
Phone: (619) 810-8668  
After Hours Phone: (619) 810-8668  
Accessibility: CONTACT PROVIDER  
Website: N/A  
Community Supports Services:  
*Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services, Recuperative Care (Medical Respite), Short-Term*

*Post-Hospitalization Housing Street Medicine Provider: N Phone for Existing Patients: (619) 810-8668*

### LA MAESTRA COMMUNITY HEALTH CENTERS

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Phone: (619) 510-4641  
After Hours Phone: (619) 510-4641  
Accessibility: CONTACT PROVIDER  
Website: N/A  
ECM Population of Focus:



Community Supports Services: N/A  
Street Medicine Provider: N  
Phone for 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  
Site Language(s) Spoken: Spanish  
Hours: M-F 8AM-5PM  
Accessibility: CONTACT PROVIDER  
Website: N/A  
ECM Population of Focus:

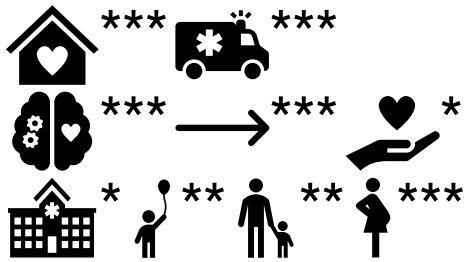
\*成人 \*\*兒童 \*\*\*成人和兒童

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## K. 其他服務提供者（社區支援、增強護理管理）



Community Supports Services:  
N/A

Street Medicine Provider: N  
Phone for Existing Patients:  
(619) 510-4641

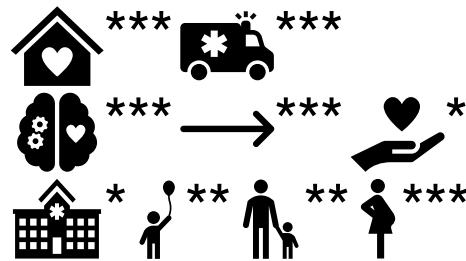
Mailing Address: 4060  
FAIRMOUNT AVE; SAN  
DIEGO; CA; 92105

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  
Site Language(s) Spoken:  
Spanish  
Hours: M-F 8AM-5PM  
Accessibility: CONTACT  
PROVIDER  
Website: N/A

ECM Population of Focus:



Community Supports Services:  
N/A

Street Medicine Provider: N  
Phone for 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

### SAN DIEGO FAMILY CARE

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Phone: (858) 279-0925  
After Hours Phone: (858)  
279-0925  
Accessibility: CONTACT  
PROVIDER  
Website: N/A

ECM Population of Focus:



Community Supports Services:  
N/A  
Street Medicine Provider: N  
Phone for Existing Patients:  
(858) 279-0925

### SAN DIEGO FAMILY CARE




\*成人 \*\*兒童 \*\*\*成人和兒童

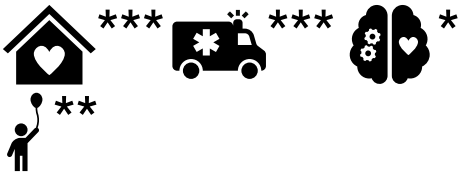
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## K. 其他服務提供者（社區支援、增強護理管理）


 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
 810-8700  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 ECM Population of Focus:

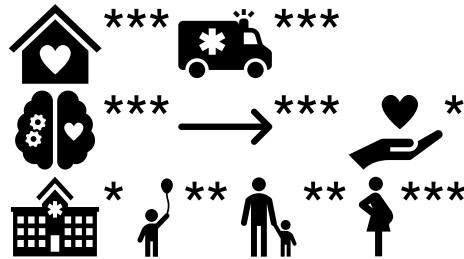


Community Supports Services:  
 N/A  
 Street Medicine Provider: N  
 Phone for Existing Patients:  
 (858) 810-8700

### LA MAESTRA COMMUNITY HEALTH CENTERS

 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 510-4641  
 After Hours Phone: (619)  
 510-4641  
 Accessibility: CONTACT

PROVIDER  
 Website: N/A  
 ECM Population of Focus:








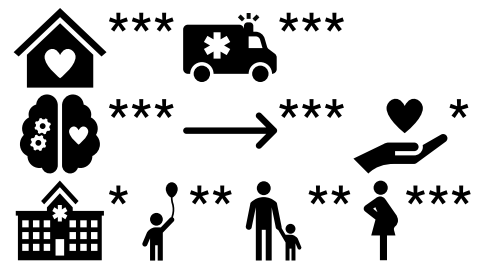
Community Supports Services:  
 Asthma Remediation, Housing  
 Deposits, Housing Tenancy and  
 Sustaining Services, Housing  
 Transition Navigation Services  
 Street Medicine Provider: N  
 Phone for Existing Patients:  
 (619) 510-4641

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  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 ECM Population of Focus:



Community Supports Services:  
 Asthma Remediation, Housing  
 Deposits, Housing Tenancy and  
 Sustaining Services, Housing  
 Transition Navigation Services  
 Street Medicine Provider: N

\*成人 \*\*兒童 \*\*\*成人和兒童

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## K. 其他服務提供者（社區支援、增強護理管理）

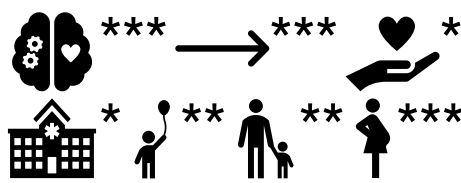
Phone for Existing Patients:  
(619) 510-4641

Mailing Address: 4060  
FAIRMOUNT AVE;SAN  
DIEGO;CA;92105

JI ECM Provider Billing- Direct  
Contract with Correctional  
Facilities;JI ECM Provider  
Billing- FFS (PAVE Enrollment)  
JI ECM Provider  
Services-Pre-Release Services  
and Participating in Warm  
Handoffs

### LA MAESTRA COMMUNITY HEALTH CENTERS

 4074 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 510-4641  
 After Hours Phone: (619)  
510-4641  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
ECM Population of Focus:



Community Supports Services:  
N/A





Street Medicine Provider: N  
Phone for Existing Patients:  
(619) 510-4641

Mailing Address: 4060  
FAIRMOUNT AVE;SAN  
DIEGO;CA;92105

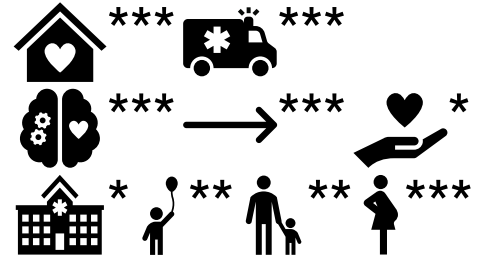
JI ECM Provider Billing- Direct  
Contract with Correctional  
Facilities;JI ECM Provider  
Billing- FFS (PAVE Enrollment)  
JI ECM Provider  
Services-Pre-Release Services  
and Participating in Warm  
Handoffs

### LA MAESTRA COMMUNITY HEALTH CENTERS

 4167 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 510-4641  
 After Hours Phone: (619)  
510-4641  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

ECM Population of Focus:



Community Supports Services:  
N/A

Street Medicine Provider: N  
Phone for 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

\*成人 \*\*兒童 \*\*\*成人和兒童

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and Participating in Warm Handoffs

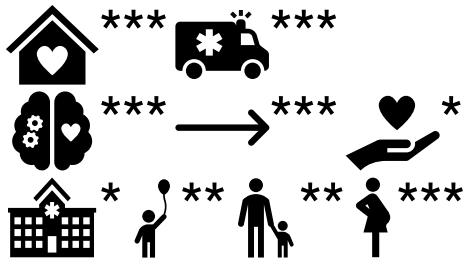
### LA MAESTRA COMMUNITY HEALTH CENTERS

 4167 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 510-4641  
 After Hours Phone: (619)  
510-4641

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

ECM Population of Focus:



Community Supports Services:  
N/A

Street Medicine Provider: N  
Phone for Existing Patients:  
(619) 510-4641

Mailing Address: 4060


FAIRMOUNT AVE;SAN  
DIEGO;CA;92105

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Contract with Correctional  
Facilities;JI ECM Provider  
Billing- FFS (PAVE Enrollment)  
JI ECM Provider  
Services-Pre-Release Services  
and Participating in Warm  
Handoffs

### LA MAESTRA COMMUNITY HEALTH CENTERS

 4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 510-4641  
 After Hours Phone: (619)  
510-4641

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

ECM Population of Focus:



Community Supports Services:  
N/A

Street Medicine Provider: N  
Phone for 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)

\*成人 \*\*兒童 \*\*\*成人和兒童

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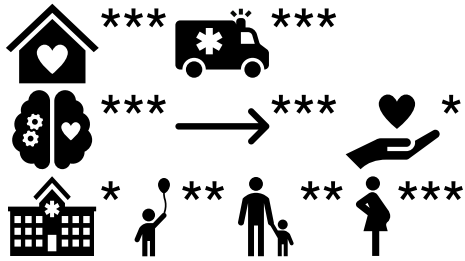
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## K. 其他服務提供者（社區支援、增強護理管理）

510-4641  
 ♿ Accessibility: CONTACT PROVIDER  
 🌐 Website: N/A

ECM Population of Focus:



Community Supports Services:  
 N/A

Street Medicine Provider: N  
 Phone for Existing Patients:  
 (619) 510-4641

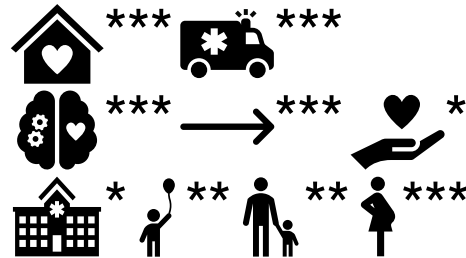
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 FAIRMOUNT AVE; SAN  
 DIEGO; CA; 92105

JI ECM Provider Billing- Direct  
 Contract with Correctional  
 Facilities; JI ECM Provider  
 Billing- FFS (PAVE Enrollment)  
 JI ECM Provider  
 Services-Pre-Release Services  
 and Participating in Warm  
 Handoffs

### LA MAESTRA COMMUNITY HEALTH CENTERS

📍 4157 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 📞 Phone: (619) 510-4641  
 📞 After Hours Phone: (619)  
 510-4641  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 🌐 Website: N/A

ECM Population of Focus:



Community Supports Services:  
 N/A

Street Medicine Provider: N  
 Phone for Existing Patients:  
 (619) 510-4641

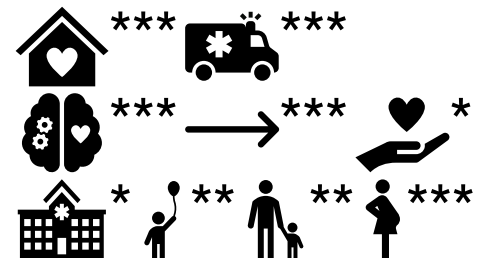
Mailing Address: 4060  
 FAIRMOUNT AVE; SAN  
 DIEGO; CA; 92105

JI ECM Provider Billing- Direct  
 Contract with Correctional  
 Facilities; JI ECM Provider  
 Billing- FFS (PAVE Enrollment)  
 JI ECM Provider  
 Services-Pre-Release Services  
 and Participating in Warm  
 Handoffs

### LA MAESTRA COMMUNITY HEALTH CENTERS

📍 4157 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 📞 Phone: (619) 510-4641  
 📞 After Hours Phone: (619)  
 510-4641  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 🌐 Website: N/A

ECM Population of Focus:



\*成人 \*\*兒童 \*\*\*成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

請聯絡 Blue Shield Promise 客戶服務部 1-800-605-2556 獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。在線上瀏覽 [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical)。此服務提供者目錄中的資訊可能會更改。

## K. 其他服務提供者（社區支援、增強護理管理）






*Community Supports Services:* N/A  
*Street Medicine Provider:* N  
*Phone for 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*

### 2-1-1 SAN DIEGO




 3860 CALLE FORTUNADA SAN DIEGO, CA 92123  
 *Phone:* (818) 370-8184  
 *After Hours Phone:* (818) 370-8184  
 *Accessibility:* CONTACT PROVIDER  
 *Website:* N/A  
*Community Supports Services: Housing Tenancy and Sustaining Services, Housing*




*Transition Navigation Services*  
*Street Medicine Provider:* N  
*Phone for Existing Patients:* (818) 370-8184

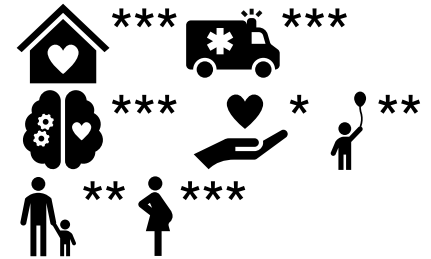
### 2-1-1 SAN DIEGO

 3860 CALLE FORTUNADA SAN DIEGO, CA 92123  
 *Phone:* (818) 370-8184  
 *After Hours Phone:* (818) 370-8184  
 *Accessibility:* CONTACT PROVIDER  
 *Website:* N/A  
*Community Supports Services: Housing Tenancy and Sustaining Services, Housing Transition Navigation Services*  
*Street Medicine Provider:* N  
*Phone for Existing Patients:* (818) 370-8184

### HEALTHY CONNECT SAN DIEGO

 1202 MORENA BLVD SAN DIEGO, CA 92110  
 *Phone:* (619) 507-9333  
 *After Hours Phone:* (619) 507-9333

 *Hours:* M-F 8AM-4PM  
 *Accessibility:* CONTACT PROVIDER  
 *Website:* N/A  
*ECM Population of Focus:*



*Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services*  
*Street Medicine Provider:* N  
*Phone for 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

\*成人 \*\*兒童 \*\*\*成人和兒童

†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

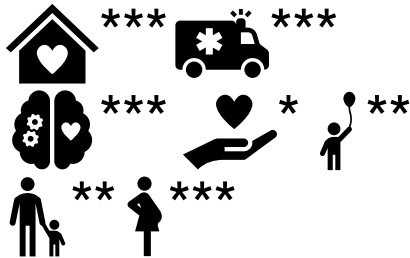
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## K. 其他服務提供者（社區支援、增強護理管理）

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*ECM Population of Focus:*




*Community Supports Services: N/A*


*Street Medicine Provider: N*

*Phone for Existing Patients: (619) 507-9333*

### HEALTHY CONNECT SAN DIEGO

 3570 CAMINO DEL RIO N  
SAN DIEGO, CA 92108

 *Phone: (619) 507-9333*

 *After Hours Phone: (619) 507-9333*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*ECM Population of Focus:*



*Community Supports Services: N/A*

*Street Medicine Provider: N*


*Phone for Existing Patients: (619) 507-9333*

### FAMILY HEALTH

#### CENTERS OF SAN DIEGO

 823 GATEWAY CENTER  
WAY

SAN DIEGO, CA 92102

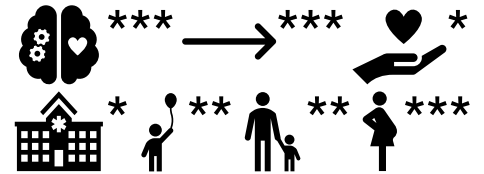
 *Phone: (619) 876-4450*

 *After Hours Phone: (619) 876-4450*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*ECM Population of Focus:*



*Community Supports Services:*

*Housing Deposits, Housing*

*Tenancy and Sustaining*

*Services, Housing Transition*

*Navigation Services*

*Street Medicine Provider: N*

*Phone for Existing Patients:*

*(619) 876-4450*

*Mailing Address: 823*

*GATEWAY CENTER WAY; SAN*

*DIEGO; CA; 92102*

*JI ECM Provider Billing- FFS*

*(PAVE Enrollment)*

*JI ECM Provider*

*Services-Pre-Release Services*

*and Participating in Warm*

*Handoffs; JI ECM Provider*

*Services-Warm Handoffs Only*

### FAMILY HEALTH

#### CENTERS OF SAN DIEGO

 823 GATEWAY CENTER

\*成人 \*\*兒童 \*\*\*成人和兒童

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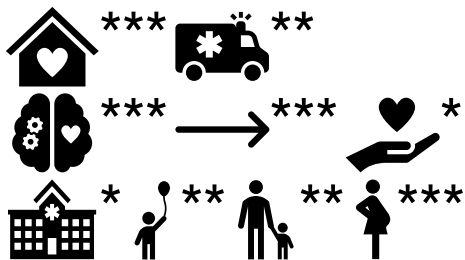
街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

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## K. 其他服務提供者（社區支援、增強護理管理）

WAY  
 SAN DIEGO, CA 92102  
 Phone: (619) 876-4450  
 After Hours Phone: (619) 876-4450  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

ECM Population of Focus:



Community Supports Services:  
 Housing Deposits, Housing  
 Tenancy and Sustaining  
 Services, Housing Transition  
 Navigation Services  
 Street Medicine Provider: N  
 Phone for Existing Patients:  
 (619) 876-4450  
 Mailing Address: 823  
 GATEWAY CENTER WAY; SAN  
 DIEGO; CA; 92102  
 JI ECM Provider Billing- FFS

(PAVE Enrollment)  
 JI ECM Provider  
 Services-Pre-Release Services  
 and Participating in Warm  
 Handoffs; JI ECM Provider  
 Services-Warm Handoffs Only

### HEALTHY CONNECT SAN DIEGO

1202 MORENA BLVD  
 SAN DIEGO, CA 92110  
 Phone: (619) 507-9333  
 After Hours Phone: (619) 507-9333  
 Hours: M-F 8AM-4PM  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

ECM Population of Focus:



Community Supports Services:  
 Housing Deposits, Housing

Tenancy and Sustaining  
 Services, Housing Transition  
 Navigation Services  
 Street Medicine Provider: N  
 Phone for Existing Patients:  
 (619) 507-9333

### IMPERIAL BEACH HEALTH CENTER

1016 OUTER RD  
 SAN DIEGO, CA 92154  
 Phone: (619) 429-3733  
 After Hours Phone: (619) 429-3733  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

ECM Population of Focus:



Community Supports Services:  
 N/A  
 Street Medicine Provider: N

\*成人 \*\*兒童 \*\*\*成人和兒童

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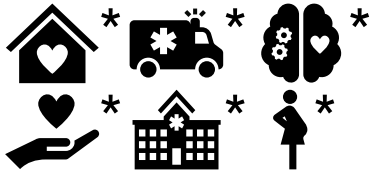
## K. 其他服務提供者（社區支援、增強護理管理）

Phone for Existing Patients:  
(619) 429-3733

### JEWISH FAMILY SERVICE OF SAN DIEGO

8804 BALBOA AVE  
SAN DIEGO, CA 92123  
Phone: (858) 637-3221  
After Hours Phone: (858)  
637-3221  
Accessibility: CONTACT  
PROVIDER  
Website: N/A

ECM Population of Focus:



Community Supports Services:  
Housing Deposits, Housing  
Tenancy and Sustaining  
Services, Housing Transition  
Navigation  
Services, Medically-Supportive  
Food/Meals/Medically  
Tailored Meals  
Street Medicine Provider: N

Phone for Existing Patients:  
(858) 637-3221

### JEWISH FAMILY SERVICE OF SAN DIEGO

8804 BALBOA AVE  
SAN DIEGO, CA 92123  
Phone: (858) 637-3221  
After Hours Phone: (858)  
637-3221  
Accessibility: CONTACT  
PROVIDER  
Website: N/A

ECM Population of Focus:



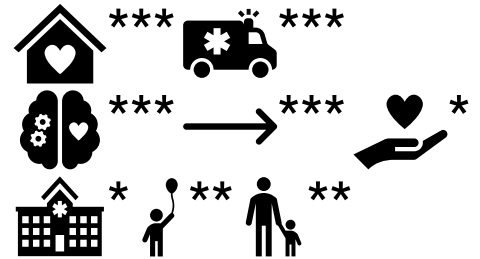
Community Supports Services:  
Housing Deposits, Housing  
Tenancy and Sustaining  
Services, Housing Transition  
Navigation  
Services, Medically-Supportive  
Food/Meals/Medically  
Tailored Meals  
Street Medicine Provider: N

Phone for Existing Patients:  
(858) 637-3221

### SERENE HEALTH

4849 RONSON CT STE 207  
SAN DIEGO, CA 92111  
Phone: (844) 737-3638  
After Hours Phone: (844)  
737-3638  
Hours: M-F 8:30AM-5PM  
Accessibility: CONTACT  
PROVIDER  
Website: N/A

ECM Population of Focus:



Community Supports Services:  
Housing Deposits, Housing  
Tenancy and Sustaining  
Services, Housing Transition  
Navigation  
Services, Short-Term  
Post-Hospitalization Housing  
Street Medicine Provider: N

\*成人 \*\*兒童 \*\*\*成人和兒童

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## K. 其他服務提供者（社區支援、增強護理管理）

Phone for Existing Patients:  
(844) 737-3638

Mailing Address: 4849

RONSON CT STE 207;SAN  
DIEGO;CA;92111

JI ECM Provider Billing- FFS  
(PAVE Enrollment)

JI ECM Provider

Services-Pre-Release Services  
and Participating in Warm  
Handoffs;JI ECM Provider  
Services-Warm Handoffs Only

### SERENE HEALTH

4849 RONSON CT STE 207  
SAN DIEGO, CA 92111

Phone: (844) 737-3638

After Hours Phone: (844)  
737-3638

Hours: M-F 8:30AM-5PM

Accessibility: CONTACT  
PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services:

Housing Deposits,Housing  
Tenancy and Sustaining  
Services,Housing Transition  
Navigation

Services,Short-Term  
Post-Hospitalization Housing  
Street Medicine Provider: N

Phone for Existing Patients:  
(844) 737-3638

Mailing Address: 4849

RONSON CT STE 207;SAN  
DIEGO;CA;92111

JI ECM Provider Billing- FFS  
(PAVE Enrollment)

JI ECM Provider

Services-Pre-Release Services  
and Participating in Warm  
Handoffs;JI ECM Provider  
Services-Warm Handoffs Only

**SAN MARCOS**

**MERAKEY ALLOS**

334 VIA VERA CRUZ STE

204

SAN MARCOS, CA 92078

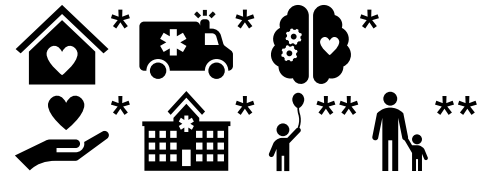
Phone: (916) 832-4868

After Hours Phone: (916)  
832-4868

Accessibility: CONTACT  
PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services:  
N/A

Street Medicine Provider: N

Phone for Existing Patients:  
(916) 832-4868

### AMERICARE ADULT DAY HEALTH CARE CENTER

License Number: 060000832

340 RANCHEROS DR STE  
196

SAN MARCOS, CA 92069

Phone: (760) 682-2424

After Hours Phone: (760)  
682-2424

\*成人 \*\*兒童 \*\*\*成人和兒童




†ECM 和社區支援需要事先授權，並且僅限符合特定資格標準的會員。

街頭醫學或街頭健康是為無家可歸者提供醫療保健的做法

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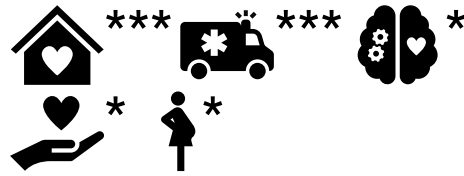
## K. 其他服務提供者（社區支援、增強護理管理）

 *Site English Spoken: Y*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: www.americareadhc.com*

*Cultural Competency: N*  
*Accepting New Patients: No*  
*ECM Population of Focus:*








*Community Supports Services: N/A*  
*Street Medicine Provider: N*  
*Phone for Existing Patients: (760) 682-2424*



*Community Supports Services: N/A*  
*Street Medicine Provider: N*  
*Phone for Existing Patients: (760) 631-5000*

### VISTA

#### VISTA COMMUNITY CLINIC

 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 *Phone: (760) 631-5000*  
 *After Hours Phone: (760) 631-5000*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*ECM Population of Focus:*

\*成人 \*\*兒童 \*\*\*成人和兒童

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# L. Blue Shield Promise 緊急護理設施

## CHULA VISTA

### AFC URGENT CARE OF BONITA

NPI: 1316225147

760 OTAY LAKES RD  
CHULA VISTA, CA 91910

(619) 821-2300

(619) 821-2300

Spanish

SU 8AM-5PM

M-F 8AM-8PM

SA 8AM-8PM

**Accessibility: CONTACT PROVIDER**

[www.afcurgentcare.com/chula-vista/](https://www.afcurgentcare.com/chula-vista/)

Accepting New Patients: No

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

### AFC URGENT CARE OF SAN DIEGO

NPI: 1558788620

1740 ROSECRANS ST  
SAN DIEGO, CA 92106

(619) 790-7800

(619) 790-7800

SU-SA 8AM-8PM

**Accessibility: CONTACT PROVIDER**

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

### AFC URGENT CARE OF SAN DIEGO

NPI: 1558788620

8590 RIO SAN DIEGO DR  
STE 111  
SAN DIEGO, CA 92108

(619) 736-4600

(619) 736-4600

SU-SA 8AM-8PM

**Accessibility: CONTACT PROVIDER**

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

## SAN DIEGO

### AFC URGENT CARE OF SAN DIEGO

NPI: 1952995466

1740 ROSECRANS ST  
SAN DIEGO, CA 92106

(619) 790-7800

(619) 790-7800

SU-SA 8AM-8PM

**Accessibility: CONTACT PROVIDER**

### AFC URGENT CARE OF SAN DIEGO

NPI: 1952995466

8590 RIO SAN DIEGO DR  
STE 111  
SAN DIEGO, CA 92108

(619) 736-4600

(619) 736-4600

SU-SA 8AM-8PM

**Accessibility: CONTACT PROVIDER**

<https://www.afcurgentcare.com/san-diego/>

### AFC URGENT CARE OF SAN DIEGO

NPI: 1558788620

8260 MIRA MESA BLVD  
STE A  
SAN DIEGO, CA 92126

(858) 900-3550

(858) 900-3550

SU-SA 8AM-8PM

**Accessibility: CONTACT PROVIDER**

<https://www.afcurgentcare.com/san-diego/>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。


# L. Blue Shield Promise 緊急護理設施


.com/san- diego/  
Accepting New Patients: No


## AFC URGENT CARE OF SAN DIEGO

NPI: 1952995466

 8260 MIRA MESA BLVD  
STE A  
SAN DIEGO, CA 92126

 (858) 900-3550

 (858) 900-3550

 SU-SA 8AM-8PM

 *Accessibility:* CONTACT PROVIDER


 <https://www.afcurgentcare.com/san- diego/>


Accepting New Patients: No


## AFC URGENT CARE OF SAN DIEGO

NPI: 1558788620

 5671 BALBOA AVE  
SAN DIEGO, CA 92111

 (858) 800-2880

 (858) 800-2880

 SU-SA 8AM-8PM

 *Accessibility:* CONTACT PROVIDER


 <https://www.afcurgentcare.com/san- diego/>


Accepting New Patients: No

## AFC URGENT CARE OF SAN DIEGO

NPI: 1952995466

 5671 BALBOA AVE  
SAN DIEGO, CA 92111

 (858) 800-2880

 (858) 800-2880

 SU-SA 8AM-8PM

 *Accessibility:* CONTACT PROVIDER

 <https://www.afcurgentcare.com/san- diego/>


Accepting New Patients: No


## SANTEE


## AFC URGENT CARE OF SANTEE


NPI: 1396058137

 10538 MISSION GORGE RD  
STE 100  
SANTEE, CA 92071

 (619) 456-0033

 (619) 456-0033

 Arabic, Spanish

 SU-SA 8AM-8PM

 *Accessibility:* CONTACT PROVIDER

 [www.afcurgentcare.com/s](http://www.afcurgentcare.com/s)


antee/  
Accepting New Patients: No


## CHULA VISTA

## RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 (858) 966-8133

 (858) 966-8133

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

## RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 (858) 966-8133

 (858) 966-8133

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No


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# L. Blue Shield Promise 緊急護理設施

## **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN**

*NPI: 1669617197*

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 (858) 966-8133

 (858) 966-8133

 *Accessibility: CONTACT PROVIDER*


 N/A


Accepting New Patients: No

## **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN**

*NPI: 1669617197*

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 (858) 966-8133

 (858) 966-8133

 *Accessibility: CONTACT PROVIDER*


 N/A


Accepting New Patients: No

## **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN**

*NPI: 1669617197*

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 (858) 966-8133

 (858) 966-8133

 *Accessibility: CONTACT PROVIDER*


 N/A


Accepting New Patients: No


## **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN**

*NPI: 1669617197*

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 (858) 966-8133

 (858) 966-8133

 *Accessibility: CONTACT PROVIDER*


 N/A


Accepting New Patients: No

## **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN**

*NPI: 1669617197*

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 (858) 966-8133

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# L. Blue Shield Promise 緊急護理設施



N/A

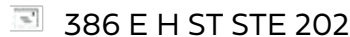
Accepting New Patients: No

## **RADY CHILDRENS**

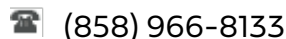
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#### **FNDTN**

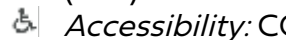
*NPI: 1669617197*



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N/A

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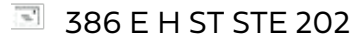
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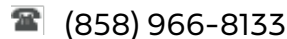
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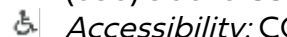
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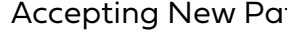
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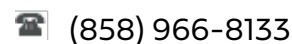
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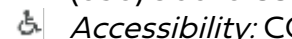
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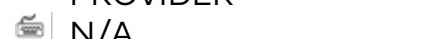
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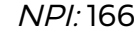


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 N/A


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 N/A  
Accepting New Patients: No

## **ESCONDIDO**


## **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNFTN**


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# L. Blue Shield Promise 緊急護理設施


---

NPI:1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


## **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN**

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## LA MESA


### RADY CHILDRENS

### SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No

### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED


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# L. Blue Shield Promise 緊急護理設施

## **FNDTN**

*NPI:* 1669617197

 5565 GROSSMONT  
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## OCEANSIDE


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*NPI: 1669617197*

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

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 *Accessibility: CONTACT  
PROVIDER*


 N/A


Accepting New Patients: No


**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FNDTN**

*NPI: 1669617197*

 3605 VISTA WAY STE 172  
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## **SAN DIEGO**


## **RADY CHILDRENS**


## **SPECIALISTS SAN DIEGO MED**

### **FNDTN**

*NPI:* 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800

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 N/A


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 N/A


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 (619) 280-2905  
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### **FNDTN**

*NPI:* 1669617197

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT  
PROVIDER

 N/A

Accepting New Patients: No

## **RADY CHILDRENS**


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(619) 280-2905

Accessibility: CONTACT  
PROVIDER

N/A

Accepting New Patients: No

## LA MESA

### RCH EAST COUNTY URGENT CARE

NPI: 1710065933

5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

(619) 713-5375

(619) 713-5375

SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

Accessibility: CONTACT  
PROVIDER

N/A

Accepting New Patients: No

## SAN DIEGO

## RCH MID CITY URGENT CARE

NPI: 1710065933

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

(619) 280-2905

(619) 280-2905

SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

Accessibility: CONTACT  
PROVIDER

N/A

Accepting New Patients: No

## ESCONDIDO

### RCH NORTH COUNTY URGENT CARE

NPI: 1710065933

625 CITRACADO PKWY STE  
100  
ESCONDIDO, CA 92025

(760) 739-1543

(760) 739-1543

Accessibility: CONTACT  
PROVIDER

N/A

Accepting New Patients: No

## OCEANSIDE

### RCH OCEANSIDE URGENT CARE

NPI: 1710065933

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

(760) 547-1000

(760) 547-1000

SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

Accessibility: CONTACT  
PROVIDER

N/A

Accepting New Patients: No

## SAN DIEGO

### SOUTHBAY URGENT CARE INC

NPI: 1558746750

1628 PALM AVE  
SAN DIEGO, CA 92154

(619) 591-9999

(619) 591-9999

Spanish, Vietnamese  
SU 10AM-6PM  
M-F 9AM-8PM  
SA 10AM-6PM

Accessibility: CONTACT  
PROVIDER

<https://www.southbayurge>

請聯絡 Blue Shield Promise 客戶服務部 1-855-699-5557 以獲取最新資訊，服務時間為週一至週五上午 8:00 至下午 6:00 TTY/TDD: 711。請在網上瀏覽 [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal)。此提供者目錄中的資訊可能會更改。

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## M. 初級保健指數

<b>2</b>	AL-NOURI, OMAR.933, 934, 1357, 1364	AMBROSE, CHRISTOPHER. 668, 1430
2-1-1 SAN DIEGO..... 1676	AL-TAMEEMI, AHMED. .... 369	AMERICARE ADULT DAY HEALTH CARE CENTER. .... 1459, 1681
<b>A</b>	ALAGIRI, MADHU. .... 1284	AMIRNOVIN, RAMBOD..... 1248
ABDALLAH, ALI. .... 492	ALANI, ANAS..... 1060	AMOS, MARIA..... 1065
ABDULRAHIM, AHMED. .... 311	ALANIZ, MATEO..... 327	AMREEN HOME..... 1454
ABELL, GEOFFREY..... 558	ALASSIL, SALLY..... 523	ANAND, GOBIND..... 834, 1131, 1132
ABERCROMBIE, SHERI. .... 1311, 1502	ALBARRAN-SLOVIN, MELODY.789, 1065	ANDAYA, MIKHAEL..... 433
ABOUL-HOSN, RYAN..... 1594	ALBORZIAN, SHERVIN..... 381	ANDER, AZIZ..... 1392
ABRAMSON, RACHEL. .... 558	ALBRIGHT, KELSEY..... 901, 1297	ANDERSON, ELAINE.679, 719, 755, 950, 1138
ACCESS TO INDEPENDENCE..... 1449	ALDANA, NANCY. .... 404	ANDREE, GREGOR..... 559, 1285
ACEVEDO, SUSANA..... 643	ALDOUS, JEANNETTE.523, 632, 1143, 1402	ANDREWS, BRAD. .... 1018
ACKROYD, ARCHIE..... 1627	ALEXANDER, BRENTON. .... 794, 1052	ANDREWS, JOHN..... 523
ACOSTA, AZUCENA. .... 1490, 1491, 1539	ALFONSO, ALVIN..... 815, 1100	ANDRY, JAMES. .... 712, 714, 940, 1368
ADAMI, REBECCA. .... 952, 1161, 1162	ALGHAMDI, ASMA. ... 365, 433, 618, 718	ANWAR, YASMIN. .... 992, 1407
ADAMS, LAURA..... 932, 1356	ALGHURAIBI, OHOUD..... 778	ANZA HOUSE. .... 1454
ADAMS, MONA..... 1563, 1570, 1627	ALGRA, JEFFREY..... 991, 1295	AOTO, KIM.665, 721, 742, 765, 766, 875, 957, 1004, 1214, 1215, 1546, 1557, 1564, 1594, 1614, 1628
ADJAN, ROULA..... 382, 558	ALIMONOS, LYSISTRATI.339, 375, 424, 534, 535, 653	APPLEGET, JOSEPH..... 816, 1100
ADLOUNI, LOUBABA..... 559	ALKATIB, RHONDA. .... 1238	AQUINO, FELINO..... 430, 465
AFC URGENT CARE OF BONITA. 1682	ALLEN, ELIZABETH..... 896, 1234	ARAIZA, ERNESTINA. .... 722, 1464
AFC URGENT CARE OF SAN DIEGO. .... 1682, 1683	ALLEN, KATHERINE. .... 422	ARBOR HILLS NURSING CENTER. .... 1446
AFC URGENT CARE OF SANTEE. 1683	ALLERS, JENNA..... 902	ARCE GOMEZ, LAURA..... 328
AGHILI, ROXANA.696, 769, 1032, 1247, 1248	ALLSUP, VICTORIA..... 1285	ARCHAMBAULT, CHRISTIAN..... 559
AGING & INDEPENDENCE SERVICES..... 1460	ALOTAIBI, MONA. .... 851	ARCHIBALD, JOHN..... 1580, 1628
AGNIHOTRI, PARAG. .... 1158	ALSHEIKH, HUDA..... 417	ARELLANO, JACQUELINE.730, 802, 1062
AGUERO, AMETHYST..... 403	ALSTEEN, STEPHANIE. .... 1065	ARIELLA, LYNDA. .... 1397, 1533
AGUERO, PETER. .... 1342, 1343	ALTAMIRANO, LEON..... 1396, 1533	ARLATA, TAMANTHA. .... 651
AGUEY, OMAR. .... 659	ALVARADO HOSPITAL LLC..... 1435	ARLINGHAUS, RENE..... 1468
AGUILA, YESENIA. .... 1065	ALVARADO, EDMUND..... 577	ARMANI, AVA. .... 750, 934, 1357, 1431
AGUILAR, EDITA. .... 404	ALVAREZ, LISA..... 465	ARMEEN, GARY. .... 902, 1298
AGYEMANG, ALBERTA. .... 803	ALVAREZ-ESTRADA, MIGUEL.493, 619, 1124, 1399	ARMENTA, JORGE. .... 386, 445, 578
AHMAD, AAKIF..... 491	ALYAS, ALISIA..... 385, 386	ARNOLD, REBECCA. .... 1464
AINSWORTH, DELISSA..... 901, 1297	AMADOR, LINDSAY. .... 815, 1100	AROCHO-SALGADO, MIRELIS.710, 783, 1349, 1350
AISAGBONHI, OMONIGHO..... 896	AMANAT, SOROOSH..... 327	ARONLEE, TRACY..... 1502, 1503
AKASHI, MARC..... 346	AMANI, RAMIN. .... 661	ARRIETA, IRIS..... 1423
AKONG, KATHRYN..... 1280	AMANN, CHRISTOPHER.728, 820, 1112	ARRIETA, NOEMI..... 396, 619, 1399
AKRAMI, KEVAN. .... 727	AMARAL, MARGARET..... 870	ARROYO VISTA NURSING CTR. ... 1450
AL ANI, NAJWAN. .... 364	AMAYA SPRINGS HEALTH CARE CENTER. .... 1453	ARTS, SERENA. .... 466
AL KHIAMI, BELAL..... 852, 974	AMAYA, RICARDO..... 356	ARUTYUNOV, BORIS..... 1146
AL NAHLAWI, BASMA..... 1398, 1399	AMBO, STANLEY..... 662	
AL-DAHHAN, ZAID..... 760		
AL-MSHHDANI, AYSER..... 534		

## M. 初級保健指數

ARVIZU, PALOMA.....	422	BALL, SHELDON.....	1146, 1147	BELL, TRACY.....	1124, 1125
ASIMAKOPOULOS, FOTIOS.....	837	BALLARD, BROOKE.....	965, 1368	BELLA VISTA HEALTH CENTER.....	1447
ASIS, STEPHANIE.....	1557, 1570, 1594	BALLAS, JERASIMOS.....	734, 854	BELLINGHAUSEN, AMY.....	822, 1113, 1114
ASLIAN, AZITA.....	442, 1002	BALTRUS, JUSTINE.....	1535	BELLO, OSAGIE.....	521
ASSADIAN, MEHRAK.....	487	BAMFORD, LAURA.....	1143	BELLOMO, THOMAS.....	769, 949, 1032, 1249
ASSELIN, LYNETTE.....	662	BANGS, SASHA.....	445	BELTRON, KIMBERLY.....	466, 1066
ATIENZA, PAMELA.....	346	BANKS, SARAH.....	1312, 1503	BELVERUD, SHAWN.....	1365
ATIGA, SCHUBERT.....	691	BANSAL, PREETI.....	741, 763, 978, 1025, 1206, 1564, 1570, 1628	BEN-HAIM, SHARONA.....	669, 937, 1366
ATMAR, AKMAL.....	1004	BARBA, ARNEL.....	1101	BENARD, ROBERT.....	1066
AUSTIN PAGE, LUKAS.....	1248	BARBA, DAVID.....	730, 937, 1365	BENCH, SHAWN.....	1358
AUSTIN, ANDREA.....	821, 1112	BARBADILLO, FERDINAND.....	347, 643	BERGEN, SOPHEA.....	1298
AVALLONE, THOMAS.....	1595	BARBADILLO, TERESITA.....	442	BERGERON, PATRICK.....	926, 1343
AVIARA HEALTHCARE CENTER.....	1443	BARLEBEN, ANDREW.....	935, 936, 1364	BERGGREN, ERICA.....	638
AVILA, MICHAEL.....	396	BARMAN, PRANAB.....	841, 1141	BERGMARK, JAMIE.....	1571, 1629
AVOCADO POST ACUTE.....	1441	BARNES, RYAN.....	1357	BERMAN, ZACHARY.....	920, 1326
AWDISHO, ALAN.....	370, 719	BARRON, KAVITA.....	1504	BERNADETT, ALEX.....	1125
AWDYKOVYCH, MARTA.....	560	BARRY, JEFFREY.....	821, 1113	BERNARDO, RACHELLE.....	610, 611
AYELE, MAHOGANY.....	1409	BARTZ, BRYAN.....	1343	BERNETICH, MEGHAN.....	1409, 1410
AYON MARTINEZ, CARLOS.....	658	BASIN, NATALIE.....	1038	BERUMEN, JENNIFER.....	1358
AYSON, NICOLE.....	560	BASS, GURGIANA.....	1312, 1504	BESTERFELDT, LYDIA.....	466
AZIMI, AYSUN.....	560	BATISTA, OSVALDO.....	578	BETTY, MARYANN.....	697, 770, 958, 1032, 1249
<b>B</b>					
BACHARACH, REBECCA.....	493, 652	BATRA, REEMA.....	950	BEVINS, ELIZABETH.....	860, 1182
BAE, JINYI.....	1008	BAUM, PETER.....	316, 620, 666	BHATIA, SHAGUN.....	741, 763, 979, 1025, 1207, 1564, 1571, 1629
BAEK, KILHYO.....	446	BAUMAN, LAURA.....	1132	BHATTACHARJEE, RAKESH.....	1280
BAEZ, BEATRICE.....	433	BAUMANN, DANIELA.....	1546, 1557, 1564, 1571, 1583, 1595, 1596, 1614, 1629	BIALOSTOZKY, MARIO.....	1249
BAGBY, JESSICA.....	725, 821, 1112	BAUTISTA, JENNIFER.....	749, 1430	BICKLER, STEPHEN.....	1374
BAGHOUMIAN, MARINEH.....	1595	BAUTISTA, LUIS.....	312, 494	BIFFL, SUSAN.....	991, 1295
BAGINGITO, AUSTIN.....	493	BAXTER, SALLY.....	871, 1206	BILLINGTON, KATHERINE.....	1101
BAHRAMZI, MARIA.....	493, 494	BAYAT, HAMED.....	756, 757, 1045	BILOTTA, NATALIE.....	1066
BAI-TONG, SHIYU.....	737, 856, 1169	BAYLIS, CHRISTOPHER.....	816, 1101	BINDER, NICHOLAS.....	1546, 1557, 1571, 1596, 1615, 1630
BAILEY, JACOB.....	919, 1321, 1322	BAYLON, ALDO.....	702, 1461	BINDER, PRATIBHA.....	739, 862, 978, 1025, 1424
BAILIS, JESSICA.....	913, 1479	BEAUCHAMP WALTERS, JULIA.....	1285	BINETTE, DONYA.....	593, 1008
BAILONY, AHMAD.....	442	BEAUMONT, THOMAS.....	937	BIRCH PATRICK CONV CTR.....	1440
BAILONY, MOHAMMED.....	442	BEAZER, ALEX.....	871, 1206	BISHOP, MELISSA.....	494
BAIN, NATALIE.....	494	BECERRA SONGOLO, TOSHA.....	795, 1052	BLACK, NICHOLAS.....	822
BAISLEY, SHAWN.....	314, 408	BECERRA, GABRIEL.....	1468	BLAIS, MICAH.....	940, 1368
BAJWA, MANDEEP.....	560	BEDROSIAN, DIANE.....	662	BLAKE, GARY.....	536, 1192
BAKER, TANYA.....	1066	BEGOVIC, ADNAN.....	728, 972, 1156	BLAKESPEAR, JEREMY.....	611
BALBOA NURSING AND REHAB CTR.....	1450	BEITTER, KEERSTIN.....	699, 775, 1298	BLAND, JACELIS.....	1043, 1386
BALDONADO, ANALICIA.....	355	BELANGER, TANYA.....	597, 598, 1388	BLASKIEWICZ, DONALD.....	669, 938
BALDWIN, ANDREA.....	1008	BELEN, NEZER.....	358, 466		
BALDWIN, DONNA.....	463	BELINSKY, MARIA.....	1468, 1469		
BALIKIAN, PHILIP.....	1049, 1050				

## M. 初級保健指數

BLISS, MORGAN.743, 766, 980, 1031, 1218	BRIONES COLMAN, FELICIA..... 524	CALDERON MORALES, ASTRID.710, 783, 1350
BLOCKER, NIRIT..... 589	BRODERICK, RYAN..... 1359	CALDERON, JORGE..... 632
BOCK, MATTHEW..... 1240	BRODSKY, MARK..... 495	CALHOUN, CHANELLE..... 454, 455
BODIFORD, SAMANTHA..... 495	BROMAN, GRETCHEN..... 446, 447	CALIFANO, JOSEPH..... 878, 1219
BOECK, CARL..... 1630	BROOME, HELEN..... 897, 1235	CALLAGHAN, KATHRYN..... 1505
BOEDER, SCHAFER..... 831, 1121	BROUDY, ABRAHAM..... 347	CALLAWAY, MALLORY..... 1341
BOEING, KRISTINA..... 1101	BROWN, DARCIÉ..... 1504	CAMACHO, BENJAMIN..... 999, 1000
BOHR, CHRISTINA..... 524	BROWNING, ELIZABETH..... 790	CAMARGO-LOWTHERS, ANGELICA..... 1067, 1068
BOIKO, SUSAN..... 769, 1247	BRUBAKER, ALEAH..... 1359, 1360	CAMERON, MELISSA..... 774, 1286
BOND, KIMBERLEE..... 1204, 1205	BRUECKNER, TAMMIE..... 902, 1299	CAMP, ANDREW..... 1207
BONDRE, IOANA..... 863	BRUHN, JOSHUA..... 365	CAMPA, PATRICIA..... 723
BONSU, BEMA..... 443, 561	BRUMUND, KEVIN. 877, 878, 1218, 1219	CAMPBELL, BRIANNA.. 433, 496, 1125
BOOTH, CHRISTOPHER..... 914, 1479	BRUNETTO, HEIDI..... 968, 1489	CAMPBELL, SARA..... 1250
BORDIN-WOSK, TALYA..... 844, 1147	BRUNO, KELLY..... 795, 1053	CAMPBELL, TANNER..... 1369
BOROK, ZEA..... 851, 1157	BRYANT, DUANE..... 692	CAMPOS, MELISSA..... 328, 620
BORQUEZ, ALEJANDRO..... 982, 1241	BRYL, AMY..... 1250	CANLAS, AVELINO..... 434
BORRAJERO, OBEL..... 789	BUCKNER, JOSEPH..... 647	CANO, SARAH..... 1053
BORREGO MEDICAL CLINIC..... 22, 23	BUECHNER, CHARLENE.340, 375, 425, 536, 537, 653	CANTU, ALICIA..... 1286
BORREGO MEDICAL CLINIC, ..... 315	BUENROSTRO, CHRISTINA. 804, 1067	CANTU-REYNA, GUILLERMO.441, 534
BORRERO, MARCOS..... 522, 1136	BUI, ANH..... 1067	CAO, STEPHANIE..... 1631
BORSAN, COSMIN..... 620	BUI, CHRISTOPHER..... 1369	CAPARSO, AMANDA..... 460
BORTNER, ADAM..... 495	BUI, JACK..... 897, 1235	CAPETANAKIS, ELENI..... 347
BOSTON, LAURA..... 325, 486	BUI, JONATHAN..... 737, 1182	CAPOZZI, JENNIFER..... 804, 1068
BOULDER CREEK POST ACUTE. 1449	BUI, MAI..... 1107, 1108	CARAPIA, FABIOLA..... 672
BOUTELLE, AMY..... 804	BUKATA, SUSAN..... 940, 1369	CARDINELL, ANNA..... 731, 1410
BOUTELLE, DAVID..... 669, 1407	BULLOCH, EDGAR..... 376, 416	CARDONES, ARTHUR..... 652
BOUTELLE, KERRI..... 914, 1479, 1480	BULLUM, ANTHONY..... 788, 970	CARDOZA, CLAUDIA..... 1477
BOWERS, JESSIE..... 561	BULOW, KWI..... 1402	CARE MERIDIAN LA MESA..... 1446
BOYD, LISA..... 902, 1298	BUNOSKY, ABIGAIL..... 927, 1344	CARLO HOUSE..... 1453
BOYS, JOSHUA..... 944	BURGAMY, ELIZABETH..... 320	CARLSON, KATHLEEN..... 1008
BRADY, KATELYN..... 804	BURNS, DELLA..... 467	CARLTON PENN, CORNELIA.779, 1469
BRADY, PATRICIA..... 495	BURROWS, TERENCE..... 816, 1102	CARMEL MOUNTAIN REHAB AND HEALTHCARE CTR..... 1450
BRANCH, CODY..... 920, 1327	BURROWS, WILLIAM..... 490	CARMONA, RUBEN..... 703, 963, 1324
BRANNEN, MANDY..... 716	BURTON, LUCAS..... 495	CARNEY, AMY..... 395
BRAR, SIMERJEET..... 1480, 1504	BUSH, KELLY..... 1275	CARPENTER, ROBERT..... 370, 632
BRAVERMAN, IRA..... 440	BUTLER, KIM..... 1558	CARR, MIANDA..... 638
BRAYTENBAH, MELANIE..... 671, 672		CARRA, BARBARA..... 1385
BREEDLOVE, AMANDA..... 1504	<b>C</b>	CARRERA, JORGE..... 403
BRIED, JAMES..... 1050	CABADING, DOREEN..... 358	CARRIEDO CENICEROS, MARIA.434, 496, 620
BRIGGS, BENJAMIN..... 1275	CABALLERO, JAMES..... 487	
BRIGHTON PLACE SAN DIEGO.. 1450	CABARLO, JEHRIB..... 561, 643	
BRIGHTON PLACE SPRING VALLEY..... 1453	CABRERA, MICHELLE..... 1393	
BRION, SONJA..... 392	CAGE, DORI NEILL..... 1365	
	CALAME, ANTOANELLA..... 1110	
	CALANDRA, JOAN..... 969	

## M. 初級保健指數

CARRILLO, MARITZA..... 326, 491, 677	CERVANTES, SANDRA.340, 376, 425,	CHENG, KAREN. .... 920, 1328
CARRION GELABERT, ANA. .... 673	539, 540, 654	CHENG, YU TSUN. ....994, 1370
CARROLL, JEANNE. .... 1170	CEVALLOS, JAMES..... 434, 621	CHERRY, REENA. .... 903
CARSON, COREY..... 496	CHA, DANIEL ..... 1550	CHESHER, NICHOLAS.915, 1313, 1480,
CARSON, LATISA. .... 638	CHAIN, PEI CHI. .... 693, 1631	1505
CARSON, STEPHEN..... 561	CHAIT LLAMAS, LWBBA..... 644	CHEW, WESLEY..... 1597
CARSWELL, AIMEE. .... 920, 1327	CHAKRABARTI, PRIYA.340, 376, 425,	CHEWNING, RUSH..... 1328
CARTER, CAITLIN..... 1279	540, 541, 654	CHIARAPPA, FRANK..... 941, 1370
CARTER, KHALIL.340, 376, 425, 537,	CHALMERS, VIRGINIA..... 1491	CHIEN, PEI. .... 927
538, 539, 653	CHAMBERS, KATRINA..... 731	CHILAKA, SAMUEL..... 1009, 1410
CARTER, NATASHA..... 491	CHAN, ANDY..... 524	CHILDERS, DIANA ..... 841, 842, 1141
CARVALHO, DANIELA..... 980, 1220	CHAN, KWOK FUNG. .... 1551, 1558	CHIRIBOGA, MEGAN ELISE..... 1009
CASA PACIFICA ADHCC..... 1459	CHAN, TIFFANY..... 578	CHISHOLM, KAREN. .... 1552
CASEY, SHANNON..... 723, 1465	CHANG, AMY..... 491	CHISWICK, GARY.322, 394, 459, 464,
CASILLAS BERUMEN, SERGIO.711,	CHANG, JOHANNA..... 746, 1284	612
784, 1360	CHANG, TOM..... 1565, 1572, 1596	CHITKARA, PUJA. .... 709
CASTANER, ZALYA ..... 397, 658	CHANTALA, ELIZABETH..... 1068	CHIU, STEPHAN.871, 955, 1565, 1584,
CASTELLANO, TIFFANY..... 822, 1114	CHAPIN, DENISE. .... 322	1597
CASTELLANOS, JOEL ..... 800, 1058	CHARP, KENNETH. .... 387	CHOATE, BERNADETTE..... 1069
CASTELLANOS, LUIS..... 1060	CHASE AVENUE FAMILY HEALTH	CHOI, JI. .... 1010
CASTELNOVI, CLAUDIA. .... 562	CTRS INC..... 55, 56	CHOI, JIHOON. .... 941, 1370
CASTILLEJOS, DAVID..... 1551	CHASE AVENUE FAMILY HEALTH	CHOI, NATHALIE. .... 818, 1104
CASTILLEJOS, MARIA. .... 1551	CTRS INC, ..... 368	CHONG, AMY..... 1287
CASTILLO, PATRICIA. .... 578, 1299	CHASE, AVA LOU..... 467	CHOO, SUN. .... 1033, 1250, 1275
CASTILLO, STEPHANIE..... 621	CHATFIELD, ALEXANDRA..... 775, 1047	CHOU, BILL..... 497
CASTILLO, TIFFANY..... 1469, 1470	CHAU, PETER. .... 1241	CHOW, BYRON. .... 405
CASTLE MANOR NURSING AND	CHAUSSE CASTRO, EKATERINA.... 615	CHOW, MAN HUNG. .... 633
REHABILITATION CTR..... 1447	CHAVARRIA, JESSICA. .... 589	CHRISTENSEN, PATTI..... 1470
CASTLEBERRY, DANI..... 1461	CHAVEZ, ALEXANDRIA..... 1069	CHRISTIANSON, WARREN.1491, 1492,
CASTRO, DAVID. .... 967, 1108	CHEATHAM, BRITTANY. .... 1069	1539, 1540
CASTRO, JORGE..... 662	CHELVAKUMAR, GAYATHRI..... 1051	CHRISTIE, PATRICIA..... 788
CAUCHI, CAROLINE GUERRERO.1596	CHEN, ALICE... 822, 823, 833, 1115, 1126	CHRISTY, TYLER..... 1010, 1411
CEBALLOS, JACQUELINE CAMILLE.	CHEN, ANDREW..... 756, 1045	CHU, CHRISTOPHER.745, 774, 989,
..... 1505	CHEN, EILEEN. .... 562	1037, 1273
CELAYA, PATRICIA..... 702, 1462	CHEN, JENNIFER..... 562	CHUDACEK, JANET. .... 716
CELESTIN-RAMSEY, AKANKE. .... 467	CHEN, KENNETH. .... 973, 1432	CHULA VISTA FAMILY HLTH CTR.43,
CELESTINO, MISHEL..... 1395	CHEN, LESLIE..... 1632	44, 45, 46, 47, 48, 49, 50, 51, 52, 53
CELIZ, ADRIANA. .... 615	CHEN, MARGARET..... 403	CHULA VISTA FAMILY HLTH CTR, .
CENTRO MEDICO EL CAJON.57, 58,	CHEN, MING. .... 455	..... 336
59	CHEN, TONY..... 1382	CHULA VISTA PEDIATRICS. .... 27
CENTRO MEDICO EL CAJON, ..... 368	CHEN, TSUH YIN. .... 338, 633	CHULA VISTA PEDIATRICS, ..... 336
CENTRO MEDICO ESCONDIDO, .. 401	CHEN, YU-WEI. .... 838, 1138	CHUN, HYUN..... 497
CERNELC KOHAN, MATEJKA.745,	CHENG, BRANDON..... 704, 791, 1005	CHWA, JEFFREY..... 710
1281	CHENG, EULALIA..... 1281	CIDAMBI, EMILY. .... 1041, 1370, 1371
	CHENG, GEORGE..... 844, 1147	CIOBANU, COSMINA. .... 1506



## M. 初級保健指數

CISZEK, ALEXANDRA.....	1011	COTTONWOOD CANYON	DANG, ERIC.....	1345
CLARK, MELISSA.....	710, 783, 1351	HEALTHCARE CENTER.....	DANG, KAYLEE.....	1345
CLARK, SKYLAR.....	650	COUGHLIN, DAVID.....	DANIELS, SARAH.....	456
CLARY, BRYAN.....	934	COULLAHAN, JESSICA.....	DAO, MARC.....	1423
CLAUDAT, KIMBERLY.....	915, 1480	COUNTRY HILLS HEALTH CARE	DAPPEN, AMANDA.....	498
CLAY, CORRIE.....	418, 961	CENTER.....	DASCENZO, EMILY.....	388
CLEMENT, LUIS.....	1313, 1507	COUNTRY HILLS POST ACUTE.....	DAVE, SHRAVAN.....	834, 1132
CLEMENTINO, NANCY.....	392	COUNTRY MANOR LA MESA	DAVIDSON, JOHN.....	702, 1004
COBB, DAMON.....	1047	HEALTHCARE CENTER.....	DAVIES, SUMMER.....	806, 1071
COBIAN, VANESSA.....	397	COX, VICTORIA.....	DAVIS, CHRISTOPHER.....	767, 982, 1241
CODEN, DANIEL.....	1584	COYNE, CHRISTOPHER.....	DAVIS, DEIRDRE.....	498
COFFEY, CHARLES.....	879, 1220, 1221	CRAFT, KEVIN.....	DAVIS, JADE.....	1632, 1633
COHEN, CARA.....	405	CRANDAL, BRENT.....	DAVIS, JANET.....	1071
COHEN, MANSOUR.....	1192	CRAWFORD, ELWARD.....	DAVIS, KELLE.....	666, 680, 714, 719, 1138
COLEMAN, BROOKE.....	1581, 1632	CRAWFORD-DAY, ANN.....	DAVIS, MORGAN.....	557
COLEMAN, LORI.....	704, 781, 963, 1324	CRAYCHEE, LEO.....	DAY, CHRISTOPHER.....	443
COLEMAN, PAGE.....	1070	CRIBE, TAYLOR.....	DE CASTRO, SHARLENE.....	996
COLLINS, CATHLEEN.....	982, 1115, 1239	CRISOL, CAROLINE.....	DE DIOS, SARAH.....	673, 806, 1071
COLLINS, RESENIA.....	870	CROSS, JOHN.....	DE LA ROSA, JOSE.....	633
COLLINS, WILLIAM.....	497	CRUZ RODRIGUEZ, JOSE.....	DE MIK, TRAVIS.....	341, 377, 426, 541, 542, 654
COMUNALE, RODERICK.....	1002	CRUZ, GUADALUPE.....	DE SILVA, NIHAL.....	1404
CONCORS, ANDREW.....	589	CRUZ, MICHAEL.....	DEACON, CASSIE.....	1507
CONE, STEPHANIE.....	382, 383, 443, 562	CRUZ, VANESSA.....	DEAN, MOENA.....	1547, 1558, 1565, 1584, 1597, 1598, 1615, 1633
CONNER, PAMELA.....	804, 805, 1070	CSAPOCZI, PETER.....	DECONDE, ADAM.....	880, 1221
CONNOR, CAROLINE.....	805, 1070	CUMMINGS, GEORGE.....	DEIS, CRISTINA.....	677
CONNOR, JEFFREY.....	1581	CUNNINGHAM, ISIS.....	DEISS, ROBERT.....	1143
CONRAD, HEATHER.....	1251	CUNNINGHAM, STEPHANIE.....	DEL AGUILA, FABIOLA.....	1313, 1508
CONRAD, RANDALL.....	1597	CURET, ZULMA.....	DEL CAMPO CASANELLES, MIGUEL.....	1137
CONSTANTINO, STEPHANIE.....	652	CURLEY, EDWARD.....	DEL RE, AMANDA.....	411
CONTRERAS, LORETTA.....	578	CURRAN, BRIAN.....	DEL RE, ANGELO.....	1251
COOK, SHERYL.....	1039, 1493	CURTIS, MEGAN.....	DEL ROSARIO, GELEN.....	1002, 1003
COOKISH, DAVID.....	903	CUTCHON, SYDNEY.....	DEL ROSARIO, PAMELA.....	856, 1170
COOPER, MICHAEL.....	1581, 1632	CYMBALUK, ANNA.....	DEL VECCHIO, MEGAN.....	1072
CORDES, WILLIAM.....	563	CZYPULL, MONICA.....	DELCORE, LAURA.....	739, 863, 1192, 1193
CORDOBA, MIGUEL.....	348	<b>D</b>		
CORMAN, DANIEL.....	365, 498	DAGOSTINO, JACQUELINE.....	DEMASCO, MICHAEL.....	904
CORONADO, MYRNA.....	316, 621	DAHMS, ERIC.....	DEMLINGER, GLENN.....	1663
CORRY, ANDREA.....	363	DAHMS, MADELYNN.....	DEMOOR, PATRICIA.....	904
CORTEZ, AARON.....	1344	DAIRO, BRANDON.....	DENTICO-OLIN, MARC.....	1217, 1218
CORTEZ, JAIME.....	1419	DAIRO, BRANDON.....	DEPAOLO, AMANDA.....	1536
CORTIZO, ROSA.....	1397, 1533	1058, 1059	DERISSI, DANA.....	1299
CORVINI, NICOLAS.....	776	DALAL, PRITHA.....	DEUTSCH, KAREN.....	1072
CORY, ALLISON.....	1412	DALHOUMI, SARAH.....	DEVERA, GEMMIE.....	697, 984, 1251
COSINO, ANJELICA.....	1071	DALUGDUGAN, ESTHER.....		
COSTELLO, MARK.....	1344	DAMANI, SAMIR.....		
		DANESHMAND, SHAHRAM.....		

## M. 初級保健指數

DHARKAR SURBER, SAPNA.. 430, 467	DORWART, ELIZABETH.....1252	ELSAYED, MOHAMMED..... 328, 329
DIA, ALI..... 1465, 1536	DOSHI, AMI.....1287	ELSTER, JENNIFER.....1276
DIAMOND NEIGHBORHOODS	DOSHI, NEELIMA..... 406	EMERUWA, UKACHI.....854, 1162
FAMILY HLTH CTRS INC.178, 179, 180,	DOSS, KATIE.....1509	EMPIE, KRISTEN.....418
181, 182, 183, 184, 185, 186, 244, 245,	DOUGHERTY, CHRISTINE.1494, 1541,	ENCINITAS NURSING AND REHAB
246, 247, 248, 249	1542	CTR.....1443
DIAMOND NEIGHBORHOODS	DOUGHERTY, CLARA.700, 714, 747,	ERICKSON, LISA..... 1074
FAMILY HLTH CTRS INC, ..... 514	904, 961, 1300	ESCONDIDO CARE CENTER..... 1444
DIAZ, JAENAI.....1508	DOVE, KATHERINE..... 1183	ESCONDIDO FAMILY HEALTH
DIEP, KEVIN..... 525	DOWNTOWN FAMILY CTR AT	CENTER, ..... 401
DIETERICH, FREDERICK..... 1424	CONNECTIONS.....186, 187	ESKANDER, RAMEZ.734, 837, 1022,
DILLMAN, ARIANA..... 674	DOWNTOWN FAMILY CTR AT	1422
DILLON, BENEDICT..... 634	CONNECTIONS, ..... 515	ESTAVILLO, SAUL.....1510
DILLON, MAYRA..... 434, 998	DRAME, SALWA..... 579	ESTRADA PATINO, ANGELA.779, 1470
DIMAIRA, FRANCESCA..... 806, 807	DRIEBE, AMY. 739, 740, 863, 864, 1194	ESTRADA, JOHANNA..... 622
DING, HILDA.....1276	DRISCOLL, KARRIE.....807, 1073	
DINH, MY..... 639, 640, 1403	DRISCOLL, SUSAN..... 358, 996, 1073	<b>F</b>
DIOKNO, RHODA..... 1313, 1508	DSOUZA, NICOLE.....1509	FABELLA, GABRIEL.....526
DIXIT, SHUBHAM..... 525	DUARTE, KRISTEN..... 915, 916, 1481	FABRIKANT, JORDAN.....1110
DIXON, SARAH..... 563	DUARTE, ZULMA.....1051	FADARE, OLUWOLE.....894, 1233
DJEKIC, KRISTINA..... 845, 1147	DUBE, BIANCA..... 312	FAIRBANKS, TIMOTHY.751, 993, 1041,
DO, ELAINE..... 468	DUMMER, KIRSTEN.....983, 1242	1360
DO, HULBERT..... 1390, 1391, 1409	DUNN-PIRIO, ANASTASIE. 1183, 1509	FALLBROOK FAMILY HLTH CTR...100
DO, STEPHANIE..... 984, 1252	DUONG, CHERYL..... 1581, 1633	FALLBROOK FAMILY HLTH CTR, ...411
DO, THOMAS..... 1241	DUONG, KIM.....1572, 1633	FALLBROOK SKILLED NURSING.1445
DOAN STEPHENS, CRYSTAL.522, 1287	DUONG, MAI.....370	FAMBRO, CYNTHIA..... 498
DOAN, ANGELA.....1073	DUSTIN, ADAM..... 748	FAMILY HEALTH CENTERS OF SAN
DOAN, CHINH.....463, 593, 594	DWYER, ERIN.....731, 1074	DIEGO.....1677, 1678
DOCKERY, LEE..... 1470	DY, DIANE..... 328	FAMILY HEALTH CTR IBARRA.187,
DOKICH, SRETENKA.....413	DYER, SHARON.1547, 1558, 1565, 1584,	188, 189, 190
DOLLAND, STEVEN..... 816, 1102	1598, 1615, 1616, 1634	FAMILY HEALTH CTR IBARRA, ..... 515
DOLMETSCH, JEANETTE..... 579		FAMILY HEALTH CTR OF SD- ELM ST,
DOLNAK, DOUGLAS.....1508	<b>E</b>	..... 515
DOMINGUEZ, DENNIS.....365	ECLARINO, GALELEO..... 1074	FAMILY HEALTH CTR OF SDELM ST.
DOMINGUEZ, FERNANDO..... 525	EDMONDS, ERIC.....784, 1371	..... 190
DON, MICHELLE.....897, 898	EICHEN, DAWN..... 916, 1481, 1482	FAMILY HEALTH CTR SAN
DONALDSON, CHADWICK..... 667	EICHENFIELD, DAWN.....1247	DIEGO-OAK PARK.....190, 191, 192
DONG, TAMMY.....348	EINSTEIN, ERIC..... 674	FAMILY HEALTH CTR SAN
DONNELL, MARTI.....449	EISENSTEIN, SAMUEL..... 1353, 1354	DIEGO-OAK PARK, ..... 515
DONOFRIO-ODMANN, JOY.....1252	EKANAYAKE, PREETHIKA.....1121	FAMILY HEALTH CTR SD NATIONAL
DORINGO, ELAINIE..... 348	EKHOLM, JANNA.....1104	CITY.....113, 114, 115
DORN, TIA.....423	EKPENYONG, ATIM..... 1253	FAMILY HEALTH CTR SD NATIONAL
DORSEY, KYLE.....705	EL CAJON ADHC.....1457	CITY, .....438
DORUELO, ASHLEY.341, 377, 426, 542,	ELKIND, JAE..... 898	FAMILY HLTH CTR OF SD SAN
543, 654	ELLEDGE, LINDSAY.....1482	DIEGO COMMERCIAL.....169, 170, 171
	ELO, KRISTIN.....961	

## M. 初級保健指數

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL, .....	516	FIRESTONE, MICHELLE.1313, 1314, 1510	FUJII, CINDY.....	644, 1404
FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE, .....	516	FISHER, JAY.....	FULKS, ZACKARY.....	717, 967
FAMILY HLTH CTR SAN DIEGO-BEACH AREA.171, 172, 173, 174, 175, 176, 177, 178		FISHER, JENNIFER.....	FUNARI, CHRISTOPHER.....	776
FAMILY HLTH CTR SAN DIEGO-EL CAJON.64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77		FISHER, SLOANE.....	FUNDINGSLAND, BRENT.....	796, 1054
FAMILY HLTH CTR SAN DIEGO-EL CAJON, .....	368	FISHMAN, ELENA.....	<b>G</b>	
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC.....	54	FITZGERALD, MICHAEL.....	GAFFEY, ANN.....	936
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC, .....	336	FLANIGAN, MARILYN.....	GAHM, CLAIRE.....	1253
FAMILY HLTH CTR SAN DIEGOCITY COLLEGE.....	192, 193, 194	FLEMING, DAVID.....	GAINOR, GRETCHEN.....	414
FAMILY HLTH CTR SD HILLCREST. 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207		FLEMING, JOHN.....	GALASSO, MADISON.....	675
FAMILY HLTH CTR SD HILLCREST, .....	516	FLEMING, SARAH.....	GALLARES, DANIEL.....	424
FARASAT, SADAF.....	526	FLEMING, TARA.....	GALLO, LINDA.....	703, 1462
FARRAR, COURTNEY.....	1040, 1345	FLETCHER, EMILY.....	GALUST, HENRIK.....	823
FARSHLER, ANTHONY.....	788	FLINN, SCOTT.....	GANDHI, ANAND.....	492
FATLAND, SARAH.....	449, 450	FLINT, JAMES.....	GANDHI, SHEETAL.....	414
FAZELI, SOUDABEH.....	920, 1329	FLORES, ERNEST.....	GANESAN, ANUSHA.....	1276
FEJLEH, ASHLEY.....	795, 1053	FLORES, JOE.....	GANGJI, SHAZMIN.....	776
FEJLEH, MOHAMMAD.....	834, 835	FLORES, JOE.....	GANTA, SRUJAN.....	1380
FELD, KEREN.....	1074	FLYNN, DANIELLE.....	GARA, NAVEEN.....	755
FERNANDEZ LEYVA, JUAN.....	323	FODDA, RAMI.....	GARCIA, CALVIN.....	817, 1102
FERRAILOLO, NATALIE.....	397, 421	FOLCH TORRES-AGUIAR, BEATRIZ. ....	GARCIA, CARLOS.....	349
FERRARA, SAMANTHA.....	962	.....341, 426, 543, 544, 655	GARCIA, DEANA.....	579
FERRITER, STACY.....	817, 1102	FONTANA, LOUIS.....	GARCIA, JENNI.....	1161, 1512
FIELDING, JOSEPH.....	590	FORCIER, NANCY.....	GARCIA, JOHNNY.....	358, 468
FIGUEROA RODRIGUEZ, BRENDA. ....	383	FORSMAN, SHANA.....	GARCIA, KARLA.....	329
FINCH, CHRISTINA.....	1281, 1349	FORTUNE, ERIN.....	GARCIA, RAFAEL.....	349, 444
FINN, DAPHNA.....	1482	FORZANI, CHRISTINA.....	GARCIA, REGINA.....	1387
FIREIZEN, YARON.....	1282	FOWLER, KATHRYN.....	GARCIA, RICHARD.....	1512
FIRESTEIN, CATHERINE.....	842, 1142	FOX, KENNETH.....	GARCIA, ROSEMARIE.....	1467
		FRAGOSO, DOMINIQUE.....	GARCIA, TEDAYSHIA.....	616
		FRANCIS, LARRY.....	GARCIA-SANDOVAL, DAMARIS.....	1401
		FRANK, GUIDO.....	GARFF, KEVIN.....	1658
		FREDERICK, ALIYA.....	GARIBYAN, VARTAN.....	465
		FREEMAN, WANDA.....	GARTH, MELISSA.....	807, 1075
		FRENCH, TONIANNE.....	GEE, JENNIFER.....	966, 1028, 1425, 1426
		FRENETTE, CATHERINE.....	GELBERG, ANNA.....	845, 1148
		FRESNO, BLANCA.....	GENG, BOB.....	1239
		FRIEDMAN, JAIME.....	GENOVESE, KELLY.....	1011
		FRIEDMAN, RICK.....	GEORGE, BRUCE.....	1582, 1664
		FRIENDSHIP MANOR NURSING AND REHABILITATION CTR.....	GEORGE, JENNIFER.....	357
		.....1448	GEORGE, KENDALL.....	1582, 1663
		FRIESEN, TZYYNONG.743, 766, 980, 1031, 1223	GEORGIEV, MARY JO.....	1397, 1533
		FRUGONI, GINA.....	GEPSHTEIN, YANA.....	486
		FRY, LIANE.....	GERWER, JOHANNA.....	526
		FU, KATHERINE.....	GHAFAARI, DAUOD.....	315, 365
			GHAHREMANI, SIMIN.....	350, 644

## M. 初級保健指數

GI, HUNG.....	647, 700	GOWDA, ASHWIN.....	729	GULOTTA, SAMANTHA.....	1513
GIAMONA, KRISTEN.....	1314, 1512	GOYAL, NIDHI.....	1273	GUNDOGDU, MELEK.....	1185
GIANFORTUNE, RACHEL.....	418, 419	GRACE HOUSE.....	1454	GUNTA, SUJANA.....	456, 457
GIANG, STEVEN.....	1634	GRAF, HALEY.....	1396	GUNTHER, HOPE.....	819, 1105
GIBONEY, JENNIFER.....	1253, 1288	GRAMINS, DANIEL.....	944, 995, 1042	GUPTA, ANUJ.....	1408
GILANI, SAPIDEH.....	882, 883, 1223	GRANITE HILLS HEALTHCARE AND WELLNESS CENTRE LLC.....	1441	GUPTA, PRATIMA.....	864, 1195
GILBERT, CHRISTOPHER.....	757	GRASSO, GINA.....	1662	GUPTA, VARSHA.....	565
GILES, GREGORY.....	1599	GRAVES, JENNIFER.....	1191	GUTH, CARA.....	700, 1301
GILIBERTO, JOSEPH.487, 488, 998, 1108, 1109		GRAY, SARAH.....	564, 1288	GUTIERREZ, ANGELICA.....	526
GILROY, LAURA.....	1477	GREAR MANN, MELISSA.....	819, 1105	GUTIERREZ, JUSTINE.....	388
GIORGI, ASHLEY.....	1075	GREENE, JACQUELINE.883, 884, 1224		GUTIERREZ, TANIA.....	500
GIOVANNETTI, ERIN.....	808	GREENWAY, HUBERT.....	314	GUZZO, RICHARD.....	1471
GISH, ROBERT.....	369, 440, 522	GREINER, ALEXANDER.....	744, 1240		
GLEASON ROHRER, GWEN.....	499	GRIESINGER, MICHAEL.....	675	<b>H</b>	
GLENN, TARA.....	1170	GRIFFITHS, KENNETH.....	499	HA, THU.....	468, 469, 1076, 1077
GODDARD, SHANNON.....	429	GRISSOM, MURRAY.....	921, 1330, 1331	HACHOLSKI, MARK.....	500
GOEB, YANNICK.....	942, 1372	GROGAN, BRIAN.....	1195	HACINAS, REYNALDO.....	395, 616
GOGGIN, SAMANTHA.....	564	GROSS, MATTHEW.697, 770, 959, 985, 1033, 1254		HAI, FAIZI.....	521
GOLD, JEFFREY.....	760, 976, 977, 1184	GROSSMONT HOSPITAL.....	1435	HAIGHT, BRUCE.956, 957, 1003, 1599, 1600, 1616	
GOLDEN HILL POST ACUTE.....	1451	GROSSMONT HOSPITAL DP SNF. .....	1446	HALEY, JESSICA.....	744, 767, 768, 1242
GOLDEN LIFE ADHC.....	1458	GROSSMONT POST ACUTE CARE. .....	1446	HALGEDAHL, YI.....	447, 448, 659, 1412
GOLDFINGER, SARAH.....	468	GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC.293, 294, 295, 296, 297, 298, 299		HALPERIN, JASON.....	1422
GOLDING, IAN.....	1242	GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC,.....	652	HALVORSON, PAULA.....	788
GOLDSTEIN, EDWARD.....	640, 1403	GROVE, JAY.....	784, 1049, 1431	HAMDAN, AYAD.....	838
GOLDSTONE, ADAM.....	1572	GRUNVALD, EDUARDO.....	1148	HAMED, JACQUELYN.....	786
GOLLOGLY, HEIDRUN.....	1599, 1616	GUADARRAMA, IGNACIO.616, 673, 1076		HAMID, WAHIDA.....	359, 716
GOMEZ, DANIELA.....	640, 1404	GUALTIERI, CHRISTOPHER.....	1207	HAMILTON, LISA MARIE.....	398, 500
GOMEZ, JUANITA. 749, 1314, 1467, 1513		GUAN, HOWARD.....	1393, 1394, 1658	HAMMETT, ERIN.....	338
GOMEZ, LESLIE.....	808, 1075, 1076	GUARDADO-SOTO, RAQUEL.723, 1466		HAMMOND, CHARLES.....	842, 1142
GONZALES, MICHELLE.....	357	GUERIN, CHRIS.....	831, 1121	HAMOUIE, JUDY.1559, 1566, 1572, 1600	
GONZALEZ, ANDRES.....	730, 1386	GUIDI, CASEY.....	787, 1419	HAN, ANGELA.....	1387
GONZALEZ, CLAUDIA.....	1478	GUIDO-ESTRADA, NATALIE.977, 1185, 1191		HAN, FREDERICK.....	971, 1059
GONZALEZ, LISA.....	817, 1103	GUITTARD, JESSE.....	725, 823, 1116	HAN, KYOUNG.....	1048
GONZALEZ-GARCIA, CAROLINA.1536		GULLY, MICHELLE.....	997	HAN, SULKI.....	1559, 1600
GOODRICH, ANDREW.....	823			HANLEY, LAUREN.341, 377, 426, 544, 545, 655	
GOODWIN, RACHEL.....	818, 1105			HANNA, LINDSAY.....	809
GORDON, BRENT.....	1242			HANNAWI, ANDREW.....	1185
GORDON, CHRISTOPHER.....	366			HANNSUN, GEMMY.....	922, 1331
GORGES, RANDA.....	370			HANONO, ABRAHAM.....	1583
GORHAM, LAURA.697, 770, 1033, 1254				HANONO, HELFON.....	1583
GOSMAN, AMANDA.....	1375			HANSEN, JOHN.....	565
GOTTESFELD, STEVEN.....	905			HANSEN, LAWRENCE.....	895, 1233
GOULD, HILARY.....	703, 1462			HAPKE, ELENA.....	590
GOVEA, ALAYN.....	853				

## M. 初級保健指數

HARKNESS, RUMIKO.....809, 1077	HERSKOVITZ, SCOTT.....1254	HOOPER, BONNIE.666, 732, 1078, 1079
HARMIS, NATASHA.....647	HETTIG, JUDITH.....359, 469	HOOPES, DAVID.....1325
HAROUSH, GAL.....1077	HEYMAN, BENJAMIN.....838, 839	HOREISH, ADAM.....687
HARPEL, SHERYL.....359	HIBBS, NICOLE.....566	HORGAN, SANTIAGO.....935, 1361
HARRELL-BURDER, BEVERLY.....675	HIETALATI, SAMANTHA.....857, 1171	HORIZON CBAS.....1458
HARRINGTON, BARBARA LORRAINE.....469	HIGGINS, JOSHUA.....747, 905, 1301	HORKY, LAURA.....922, 1332
HARRIS, JEFFREY.....884, 1224	HIKES, RYAN.....1420	HORMOZDYARAN, SANAYA.....566
HARRIS, LAURA.....1471	HILDRETH, AMBER.....1133	HORNBEAK, KIRSTEN....726, 825, 1116
HARRIS, LISA.....870	HILL, CARLA.....650, 1406	HORNEY, KRISTAN.....470
HARRIS, PAMELA....713, 1011, 1412, 1413	HILL, GENIELYN.....469, 1078	HORTON, LUCY.....1143
HART, BECKY.....1077	HILL, LINDA.....587, 1126, 1127	HOSALKAR, HETAL.....796
HARTFORD, NICOLE.....663	HILLCREST HEIGHTS HEALTHCARE CENTER.....1451	HOSSEIN ZADEH MALEKI, ANA.690, 1392
HARTMANN, PHILLIPP.....1274	HILLDALE HABILITATION CENTER.....1446	HOURIHAN, KEITH.....967
HARVEY, SCOTT.....864, 1196	HILLIARD, THESALONICA....470, 1078	HOUSELY, ALEXIS.....927
HASAN, AWS.....835, 1133	HINCHCLIFF, KATHARINE....944, 1377	HOWE, STEVEN....936, 994, 995, 1408
HASEGAWA, CHRIS.....905, 1301	HINES, TAYTE.....1389	HOXMEIER, KRISTA.....579
HASHEM, SHIVA.....325	HINKLE, CORINNE.....962	HSIEH, TUNG CHIN.....947
HASTANAN, CAROL.....366	HINSHAW, PAUL.....762, 1393	HSU, CHRISTOPHER..1559, 1573, 1601
HASTIE, ELIZABETH.....1148	HIRSCH, JENNIFER.....819, 1106	HU, JINGJING.....898
HATTANGADI GLUTH, JONA.....1324	HIXSON, THOMAS.....1600	HUANG, MARIA.....1289
HAWKINS, MELISSA.....1424	HO, AMIEE.....692, 1585, 1634, 1635	HUANG, PETER.....1552
HAZELBAKER, PAUL.....527	HO, HOANG.....1635	HUBLEY, PAUL.....329
HEAD, KRISTIN.731, 753, 971, 1012, 1078	HO, MYLIEN.....377	HUDSON, HENRY.957, 1566, 1573, 1586, 1601, 1616, 1636
HEALTHY CONNECT SAN DIEGO.....1676, 1677, 1678	HO, TRAM.....1550	HUEGE, STEVEN.....1483
HEINRICI, ALEKA.....500, 622	HOANG, CHI.....470	HULL, ANDREW.....735, 854
HEKMAT, RAZI.....440	HOANG, KENNY.....1613, 1660	HUNG, JANICE.....1601, 1617
HENDERSON, PHILIP.....527	HOANG, KEVIN.....1635	HUNTER, JACOB.....906, 1302
HENDERSON, TREVOR.....565	HOANG, MAI.....865, 1196	HUNTER, WENDY.....414, 1255
HENDRIX, JEFFERSON.....622	HOANG, VY.....383, 566	HURST, MICHAEL.....634
HENLEY, MEARA.....595, 596	HODGKIN, EDWARD.....366	HUSSEMAN, JACOB....886, 1225, 1226
HENNEIN, LAUREN.741, 764, 979, 1026, 1207, 1208	HOFFMAN, STEVEN.....1635	HUSTANA, LARA.....1586, 1637
HERMAN, ANDREA.....644	HOGAN, ROSELYNN JOY.....470	HUTCHISON, HEIDI.....726
HERMAN, RACHEL.....706	HOGARTH, MICHAEL.....845, 1149	HUYNH, CHI.....1637
HERMANSON, KATHLEEN.....667	HOGUE, BRENNNA.....824, 1116	HUYNH, LOAN.....1637
HERMES, MARY.....590	HOLLICK, NATALIE.....350	HUYNH, PAUL.....1208, 1637, 1638
HERNANDEZ, CRISTINA.726, 824, 1116	HOLMER, ARIELA.....835	HYLTON, DIANA.724, 796, 970, 1054, 1431
HERNANDEZ, JESSICA.1012, 1013, 1413, 1414	HOM, DAVID.....885, 1225	
HERNANDEZ, JOANNA.....435	HOM, GREGORY.....1636	
HERNANDEZ, MIRIAM.....1396	HOM-TEDLA, MARIANNE....865, 1196	
HERNANDEZ, RALPH.....623, 677	HOMESLEY, SUSAN.....1627	
HERNANDEZ, SILVIA.....1513	HONG, KIMBERLY.....794, 1051	
	HONOLD, JOSE.....1171	
	HOO, PAMELA.....875, 1585, 1636	

### I

IBANEZ, BERENICE.....1405, 1537
IBANEZ, SIR CEDRIC.....318
IBARRA, MARTHA.323, 616, 617, 1079, 1399

## M. 初級保健指數

IBRAHIM, MAGED.....	406	JENKINS, ENCHANTA.....	641	KAHL, NICHOLAS.....	311, 395
ICHWAN, DANIEL.....	726	JENNINGS, AMY.....	1537	KAKAIYA, ROSHNI.....	338
IGNACIO, ROMEO.....	1361	JENSEN, ADRIENNE.....	359	KALBAKJI, NATALY.1547, 1566, 1573,	
ILCHENA, ALESANDRA.....	488	JENSEN, BRIAN.....	1040, 1495	1586, 1602, 1617, 1638	
IMAM, SYED.....	1398, 1534	JEONG, MATTHEW.....	527	KALRA, ANKUR.....	1552, 1617, 1661
IMPERIAL BEACH HEALTH CENTER.		JEWISH FAMILY SERVICE OF SAN		KAMOTO, LYNN.....	648
.....	101, 1667, 1679	DIEGO.....	1679	KANNAN, SWATI.....	1110
IMPERIAL BEACH HEALTH CENTER, .		JI, AMANDA.....	657	KANTAS, PARIS.....	617, 674
.....	413	JIANG, JUN.....	1149	KARANDE, PRACHI.....	707, 792, 1005
IMUS, PAUL.....	419	JIANG, WEN.....	766, 981, 1226	KARAPETIAN, ELENA.....	1574
INDA, PRISCILLA.....	355, 700, 721	JIMENEZ BACARDI, ADRIA.....	1289	KARI, ELINA... 886, 887, 981, 1226, 1227	
INDRA, SEAN.....	985, 1255	JIMENEZ, ANDREA.706, 791, 792,		KARMAKAR, KANKA.....	567, 1289
INGULLI, ELIZABETH.....	1279	1005		KARP, MICHAEL.....	663
INOCELDA, ANDREW.....	668	JIMENEZ, KRYSTAL.....	329	KASAI, SARAH.....	1626
INSTONE, SUSAN.....	471, 1079, 1080	JIMENEZ, NANCY.....	1537	KASAWA, JOHN.....	366
INTERFAITH COMMUNITY SERVICES.		JIN, MAN.....	871, 872, 1209	KATZ, JONATHAN.....	947, 1382
.....	1667	JINDAL, ANUJA.738, 760, 977, 1024,		KATZ, YISRAEL.....	846, 1149
IRAGUIMADOZ, VICENTE.....	860, 1185	1289		KATZMAN, BARRY.1547, 1559, 1603,	
IRIZARRY, NICOLE.....	591	JOHN, TANNER.....	1127	1618, 1638, 1639	
ISAIAS, AGNELA.....	350	JOHNSON, CHRISTINE.....	1043	KATZMAN, LEE.....	1556, 1602
ISAKARI, MARCIA.....	1204	JOHNSON, CHRISTOPHER.1613, 1660		KAUFER, DAVID.....	634
ISHIMINE, PAUL.....	1255	JOHNSON, DANIEL.....	412	KAUFHOLD, ANNE...312, 316, 501, 623	
ITURBE-ALESSIO, IGNACIO.....	680	JOHNSON, JENNIFER.....	1405, 1537	KAUFMAN, JENNIFER CHILYN.....	501
IVANOV, MARGARET.....	845	JOHNSON, KENNADY.....	1346	KAUNITZ, GENEVIEVE.....	1110
IYENGAR, RADHA.....	320, 321	JOHNSON, KENNETH.....	680	KAUR, JATINDER.....	398, 460
IYER, VICTORIA.....	809	JOHNSON, SHAWNA AKIKO.....	471	KAYE, WALTER.....	1514
<b>J</b>					
JABBOUR, MOUSSA.....	846, 1149	JOLICOEUR, MEGAN....	833, 1127, 1128	KAZEM, AHMAD.....	488
JABRI, ZAIN.....	371	JOMOC, CAITLIN.....	875, 1215	KAZEM, HARON.....	326
JACKSON, DANA.....	384, 429	JONES, CHRISTA.....	809, 1080	KEARNS, MARK.....	945
JACKSON, MADELEINE.....	1372	JONES, TYESHIA.....	968, 969, 1042	KEDDINGTON, JOAN. .1553, 1618, 1661	
JACKSON, TAYLOR.....	1255	JORDAN, JAMIE.....	566	KEEN, WILLIAM.....	801
JACOB HEALTH CARE CENTER LLC.		JOSHI, WEENA.....	771, 959, 1034, 1256	KEFLEZIGHI, BAHGHI.....	501
.....	1451	JOSHI, YASH.....	1513	KELCHNER, MATTHEW.....	312
JACOBS-KLEISLI, MILAGROS.....	351	JOSHUA, JISHA.....	919, 1322	KELLEHER, BRIDGET.408, 409, 786,	
JACOBSEN, BRADLEY.....	1026, 1208	JOYCE, ROBERT.....	1663	1013, 1014, 1414, 1415	
JACOBSEN, GARTH.....	750, 935, 1362	JU, NATHANIEL.....	660, 1019, 1420	KELLER, BENJAMIN.....	1375
JAFFRAY, JULIE.....	1277	JUANG, PATRICIA.....	831, 1122	KELLOGG, KRISTEN.....	360
JAFFRAY, PAUL.....	922, 1332	JUAREZ, AMERICA.....	1462	KELLY, KATHERINE.....	598, 599, 1018
JAIN, ALEXANDRA.....	706	JUAREZ, LETICIA.....	387, 585	KELNER, MICHAEL.....	901, 1237, 1238
JAMES, CHRISTINE.....	1052	JUAREZ, PATRICIA.....	567	KEMP, KATHRINE.....	471, 1080
JAMISON, KAREN.....	527	JULIAN, FIDES.731, 802, 803, 1063,		KESANAPALLI, DEEPTHI.....	567
JANNESARI, ROYA.....	753	1064		KESHAVARZI, SARA.....	753
JARDON, JAVIER.....	381	JUSTINO, HENRI.....	1243	KHAFAJA, MOHAMAD.....	1483, 1514
JAZBEH, SAMMER.....	923, 1333	<b>K</b>		KHALEEL, AMMAR.....	1461
		KAFRI, HASSAN.....	374	KHALIGHI, PAYMAN.....	1639

## M. 初級保健指數

KHALIL, VADY.1548, 1560, 1567, 1574, 1587, 1603, 1618, 1619, 1639, 1640	KOHATSU, KAREN.....1197	LA MAESTRA COMMUNITY HEALTH CENTERS. ....1666, 1668, 1669, 1670, 1671, 1672, 1673, 1674, 1675, 1676
KHAMISA, SORAIYA.....1514	KOHOUT, KATHRYN.....1387	LA MAESTRA FAMILY CLINIC INC.62, 63, 64, 118, 119, 120, 162, 163, 164, 165, 166
KHAMISHON, BORIS.....1186	KOLB, FREDERIC.....1378	LA MAESTRA FAMILY CLINIC INC, . .....369, 439, 517
KHAN, ALIYA.....378	KONDILI, DHIMITER.....923, 1333, 1334	LA MESA HEALTHCARE CTR. ....1447
KHAN, FAHAD.....1640	KOO, ANITA.....693, 1004	LA MESA PEDIATRICS. ....101, 102, 103
KHAN, MATTHEW.....471	KORMANIK, PATRICIA.....732, 810, 1415	LA MESA PEDIATRICS, .....416
KHAN, SHAHFAR.....1256	KORSAND, SID.....351	LA PALOMA HEALTHCARE CTR..1448
KHARE, MANASWITHA.....1290	KOSEL, MATTHEW.....612, 613	LABIB, MICHAEL.....1315, 1515
KHATIB, NORA.....1209	KOSOY, DANIEL.....1362	LACH, REBECCA.....330, 502
KHIEU, TINA.1560, 1574, 1587, 1619, 1640	KOTHA, PURUSHOTHAM.....947	LAFORTEZA, JOZELLE.....1082
KHINDA, SUNEHA.....1582, 1640	KOTHA, ROSHAN.....965	LAGO HERNANDEZ, CARLOS.847, 1150
KI, TRISH.....472, 1080, 1081	KOUSARI, JHALEH.....596, 597	LAI, AMARA.....398
KIDANE, ZINNIA.....1081	KOZMA, BONITA.....1111	LAILAW, JOHN.....1515
KIDDER, BRENDAN.....501	KRAK, MICHAEL.....663	LALITHAKUMARI, ARYA.....528
KIM MCMANUS, OLIVIA.738, 761, 978, 1186	KRAMER, MELISSA.....457	LAM, ANNE.....1588, 1641
KIM, JOHN.....1204	KRAPES, MICHAEL.....1040, 1495	LAM, DAVINA.....1303
KIM, MICHAEL.....1028, 1426	KRAUSE, MARTIN.724, 800, 970, 1058, 1432	LAM, KHANH.....671, 1064
KIM, MICHELLE.....1047	KRESHAK, ALLYSON.....825	LAM, MICHAEL.....847, 1150
KIM, PHILIP.876, 1216, 1574, 1587, 1588, 1641	KRIJGER, LISA.....527	LAMALE-SMITH, LEAH.740, 763, 866, 1198
KIM, YUHEE.....423	KUGEL, SAMUEL.....1489	LAMANTIA, MICHELE.....441, 528, 634
KINDRED HOSPITAL SAN DIEGO.....1435	KUIOKA, TROY.....388	LAMBERT, GAGE.....1303
KING CHAVEZ HEALTH CENTER.141, 142, 143, 144, 145	KULASA, KRISTEN.....832, 1122	LANDEO GUTIERREZ, JEREMY...1282
KING CHAVEZ HEALTH CENTER, .516	KULISCHAK, JOHN.....1588, 1641	LANDIS, SARAH.....580
KING, MARY.....1553, 1619, 1661	KULKARNI, NISHAT.....1471, 1501	LANE, BRIAN.....1172
KINGDON, JOANNA...985, 1034, 1257	KUMAR, AVNEE.....993, 1433	LANE, KIMBERLY.674, 713, 732, 810, 948, 1082, 1083
KINGDON, TYLER.....1159	KUMAR, SOMA.....1133	LANUZA, MARK.....435
KIVIAT, ANNETTE.747, 777, 992, 1039, 1302	KUO, DENNIS.....1277	LAPINA, LORI.....580
KLAREN, AMANDA.....1575, 1641	KUPPALLI, KRUTIKA.....843, 1144	LARA, LESLEY.....623
KLEIN, DAVID.....865, 866, 1197	KUROSACA, MOMO.....1128	LARKINS, PHILIP.....778
KLEMENCIC, TAHNEE.....971, 1081	KURZ, TROY.....1462	LARSEN, JULIE.....1205
KLINE, LANNING.....1209	KUSNEZOV, NICHOLAS.712, 942, 1372	LARSEN, STEVEN.....1642
KLING, KAREN.751, 785, 994, 1042, 1376	KUTZ, CRAIG.....825, 826, 1117	LASSWELL, EVE.....917, 1483
KLOBERDANZ, KELSEY.....472	KVIATKOVSKY, MILLA..846, 847, 1150	LAU, JANICE.....1643
KLUEMPER, NICOLE.....1315, 1514		LAU, KUEN CHINE.....1642, 1643
KNUTSON, THOMAS.....785	<b>L</b>	LAURENT, LOUISE.....735, 855, 1163
KODSI, ALICIA.....384	LA COSTA HOUSE.....1440	LAVERTY, CHAMINDRA.....1186
KOH, STEVE.....1466	LA FUENTE POST ACUTE.....1455	LAW, KAREN.....330, 435
	LA JOLLA NURSING AND REHAB CTR. ....1445	
	LA MAESTRA CHC EL CAJON BROADWAY.....60, 61, 62	
	LA MAESTRA CHC EL CAJON BROADWAY, .....369	

## M. 初級保健指數

LAWRIE, ALISA.....	567	LEUIN, SHELBY.....	743, 767, 1031, 1227	LOGAN HEIGHTS FAMILY HEALTH CENTER.207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229
LAZAR, DAVID.....	1376	LEUTE, ERIC.....	435, 624	LOGAN HEIGHTS FAMILY HEALTH CENTER, .....
LE DZUNG, THE.....	901, 1238	LEVERONE, NICHOLAS.....	1151	517
LE, CRYSTAL.....	759, 1172	LEVINE, MATTHEW.....	492	LOHNES, ELLIE.....
LE, DIANA.....	388, 586	LEVY, MICHAEL.....	1366	581
LE, HUAN.....	1322, 1323	LEVY, PHILLIP.....	1604	LONGARDNER, KATHERINE.1187, 1188, 1517
LE, JACQUELIN.....	1643	LEWIS, MICHAEL.....	1380	LOPER, KAREN.....
LE, TAM.....	1575, 1663	LEWIS, PRIYA.....	1379	568
LE, TAYLOR.....	722	LI, ALEXANDRIA.....	1209	LOPEZ, JOANNA.....
LEBENSohn CHIALVO, FLORENCIA.....	1315, 1316, 1515	LI, JINGHONG.....	826, 972, 1432	1468
LEDBETTER, ALEX.....	1483, 1516	LI, XIA.....	1484, 1516	LOPEZ, MARIBEL.....
LEE, AUSTIN.....	1619	LIEBER, CAROL.....	315, 413, 473	1538
LEE, BEGEM.....	1290	LIFE CARE CENTER OF ESCONDIDO.....	1444	LOPEZ, MARIO.....
LEE, DAVID.....	861, 1186, 1187, 1484, 1516	LIFE CARE CENTER OF VISTA.....	1455	581
LEE, HAEWON.....	746, 1296	LIM, IMELDA.....	430, 431, 473, 997	LOPEZ, NICOLE.....
LEE, HEE.....	810	LIM, ROSEMARIE.....	1005	932, 1354, 1355
LEE, JASON.....	1567, 1575, 1643	LIN, HENRY.....	1644	LOPEZ, XIMENA.....
LEE, JENNIFER.....	1604	LIN, JOYCE.....	907	989, 1290
LEE, JOSEPH.....	624	LIN, SHUANG.....	367	LOSTETTER, ADRIENNE.....
LEE, KAREN.....	1139	LIN, TOM.....	1274	461
LEE, MICHAEL.....	528	LINDA VISTA HEALTH CARE CTR.151, 152, 153		LOVE, VICKI.....
LEE, SALLY.....	1603, 1620	LINDA VISTA HEALTH CARE CTR, .	517	473
LEE, SANDRINE.....	502	LINDBACK, SARAH.....	461	LOVEJOY, AMY.....
LEGER, GABRIEL.....	861, 1187	LINDEMAN, KURTIS.....	502	771, 949, 1034, 1257
LEHNERT SCHUCHARDT, ELEANOR.....	1243	LINDEMANN, CHRISTINA.....	1303	LOVERN, JENNIFER.389, 390, 488, 489
LEIBEL, SYDNEY.....	1240	LINKE, SARAH.917, 1316, 1484, 1516, 1517		LOVING CARE ADHC.....
LEININGER, DANIEL.....	955	LIOTTA, BENJAMIN.....	826, 1117	1459
LEMON GROVE CARE AND REHAB CTR.....	1447	LIPSCHITZ, LISA.342, 378, 427, 545, 546, 547, 655		LOZANO, JUAN.....
LEMON GROVE FAMILY HEALTH CENTER.105, 106, 107, 108, 109, 110, 111, 112, 113		LISH, JONATHAN.....	503	677, 678
LEMON GROVE FAMILY HEALTH CENTER, .....	424	LIU BARBARO, DOROTHY.....	421	LOZIER, JEFFREY.....
LENHART-PENDERGRASS, PATRICIA.....	746, 989, 1037, 1283	LIU, ANDREW.....	1024	1047
LENNON, RYAN.....	473	LIU, JESICA.....	568	LU, STEPHANIE.....
LEON, FLOR.....	580	LIU, JIE.....	503	528
LEONARD, BEVERLY.....	323, 651	LIU, SHANGLEI.....	931, 1354	LU, TAMMY.....
LEONARD, LISA.....	1424	LIU, TIMOTHY.....	1517	360, 474
LEPEZ, DAVID.....	624	LIU, YUNXIANG.....	1210	LUJAN, ARLEEN.....
LERNER, JONATHAN.671, 715, 1060, 1385		LLANES, BENJAMIN.....	1644	568
		LLOYD, MATTHEW.....	581	LUKACZ, EMILY.....
		LOEFFLER, ALLISON.342, 378, 427, 547, 548, 655		833, 834, 1131
				LUM HO, RACHEL.....
				1394, 1395
				LUM, YUIN-WAH.....
				431
				LUONG, TRAN.....
				907
				LUSBY, FRANKLIN.....
				1589
				LUSCHWITZ, BRIAN.....
				663
				LUU, DANIEL.....
				1109
				<b>M</b>
				MACIAS, ALISSA.....
				389, 597
				MACINTYRE, ELIZABETH.....
				457
				MACKAY, GILLIAN.....
				740, 866, 1198
				MADANY, GEORGE.....
				568
				MADERA RIVERA, PAULA.711, 783, 1351, 1352
				MAGEE, ANNA.....
				1477
				MAGINOT-CHESHER, TAMARA.917, 1316, 1484, 1518
				MAGIT, ANTHONY.887, 888, 1227, 1228



## M. 初級保健指數

MAGNOLIA ADULT DAY HEALTH CARE.....	1458	MARTINEZ MURGUIA, IRENE.445, 581	MCLAUGHLIN, ERIK.....	1128	
MAGNOLIA POST ACUTE CARE. .	1442	MARTINEZ, ARMANDO. ....	848, 1151	MCMAHON, SHARON. ....	351
MAGOS, DANIEL.....	1472	MARTINEZ, CAROLYN. ....	474, 1083	MCMURREN, BRITTANY.....	1560
MAHDAI, SUZAN.....	424	MARTINEZ, LESLY.1019, 1020, 1420, 1421	MARTINEZ, LESLY.1019, 1020, 1420, 1421	MCNEALY HOUSE.....	1448
MAHENDRAN, SRIVIDYA.....	569	MARTINEZ, NANCY. ....	325	MEADOWS, AUDRA.....	867, 1199
MAHONEY, KAITLYN. ....	591	MARTINEZ, NORAYMA.....	1472	MEAGHER, RAISHELLE. ....	1538
MAJERSKI GONZALEZ, MANDY....	641	MARTINEZ, STEPHANIE.1463, 1485, 1518, 1519	MARTINEZ, STEPHANIE.1463, 1485, 1518, 1519	MEDIC, IGOR.....	951
MAJITHIA, AMIT.....	848, 1151	MASCARENO, EFRAIN. 693, 694, 1553	MASCARENO, EFRAIN. 693, 694, 1553	MEDINA, ALEXANDER.....	436
MAK, ROBERT.....	1279	MATHIAS, WILLIAM.....	1396	MEDINA, RUBELETA.....	1084
MALAK, LAWRENCE. ....	1463, 1518	MATIAS, JULIE. ....	599, 608	MEHTA, NOOPUR.....	777
MALEK, MIKHAIL.....	756	MATICH, BRANKO. ....	504	MEKEEL, KRISTIN. ....	1381
MALEKMADANI, ARIENNE.....	1400	MATOBA, NANA.....	686, 858, 1173, 1174	MELBER, DORA.684, 758, 855, 953, 974, 975, 1022, 1163, 1164	MELBER, DORA.684, 758, 855, 953, 974, 975, 1022, 1163, 1164
MALEKSHAMRAN, KEYVAN. ....	406	MATSHE, ZENZIWE.....	398, 755	MELLENDEZ BERRIOS, IARA DEL.342, 378, 427, 548, 549, 656	MELLENDEZ BERRIOS, IARA DEL.342, 378, 427, 548, 549, 656
MALHOTRA, ARATI.....	607, 608	MATSUOKA, AKIHIRO.888, 889, 1228, 1229	MATSUOKA, AKIHIRO.888, 889, 1228, 1229	MELLENDEZ, ARIANA... 867, 1199, 1200	MELLENDEZ, ARIANA... 867, 1199, 1200
MANCHEL, BRUCE.....	356, 649	MATTHESS, JANETTE. ....	811	MELGAR, MONICA. ....	504
MANGINE, REGINA.....	651	MAUHILI, KENNA.....	1040, 1495	MELTZER, VIRGINIA.....	474
MANI, NASRIN. ....	345, 381, 642	MAXWELL, BENJAMIN.....	1485	MENDENHALL, ANNA.....	392
MANI, PARVIN. ....	1199	MAXWELL, MELISSA.....	1466	MENDES, CHANTAL.....	698, 771, 1258
MANNEN, JOSEPH.....	1556	MAY, LOUIS. ....	371, 635, 720	MENDEZ, ADRIANA... 1495, 1496, 1542	MENDEZ, ADRIANA... 1495, 1496, 1542
MANNINO AVILA, ELIZABETH. ....	1290	MC ELROY, CARTER.....	1346	MENDEZ, ANDRES.....	917, 1485
MANNINO, ELIZABETH.....	422	MCADAMS, JOSEPH.....	908, 1303	MENDEZ, DIEGO.....	343, 379, 641
MANRIQUEZ-CASTILLO, ERENDIRA. ....	569	MCAULEY, ROBERT.....	1477	MENDEZ, JESUS.....	355
MANSOUR, DAVID. ....	719, 1045	MCCALLION, PATRICK.....	696	MENDOZA, GRETTEL MARIE.475, 1084	MENDOZA, GRETTEL MARIE.475, 1084
MANSY, TAMARA. ....	371	MCCAMMACK, BRADLEY.....	457, 458	MENDOZA, RAYMUNDO.....	1621
MANZO, CORINA. ....	1083	MCCANDLESS, RACHEL. ....	983, 1243	MENON, POOJA.....	330
MARANO, RACHEL. ....	1291	MCCARTHY, KATHRYN.....	753	MERAKEY ALLOS.....	1680
MARC AURELE, KRISHELLE.857, 1172, 1173, 1291	1173, 1291	MCCLEAN, ESMERALDA.876, 1589, 1645	MCCLEAN, ESMERALDA.876, 1589, 1645	MERALI, MURTAZA. ....	1605
MARCINIAK, ROMAN.....	528	MCCOWN, BARRY.....	717, 718, 968	MERCER, KELLY.....	386, 445, 582
MARDACH, REBECCA.....	1137	MCCULLEY, DAVID. ....	1174	MERRILL, COREY.....	909, 1304
MARKS, ROBERT.....	923, 1334	MCCULLOUGH, DEIRDRE.684, 952, 1163	MCCULLOUGH, DEIRDRE.684, 952, 1163	MERRILL, SARAH.....	331
MARLAY, GREG.....	1620	MCCULLUM, TIFFANY.....	1317, 1519	MESIWALA, ADNAN.....	985, 1258
MAROLLA, ALICE.....	928	MCDANIEL, MICHELE. ....	827, 1117, 1257	MESTAN, KAREN.....	858, 1174
MAROSOK, MICHELLE.....	1083, 1387	MCFARLAND, NATHAN.....	422	METCALF, ASHLEY.....	1258
MARR, RYAN.1548, 1560, 1567, 1575, 1589, 1604, 1620, 1645	1589, 1604, 1620, 1645	MCGEE, JACQUELINE.....	669, 783	MEYER, MEGAN. ....	796, 1054
MARSHALL HOUSE.....	1455	MCGRAW, JOSEPH.1548, 1567, 1576, 1605, 1621, 1645, 1646	MCGRAW, JOSEPH.1548, 1567, 1576, 1605, 1621, 1645, 1646	MEYERHOF, GRETA... 1496, 1542, 1543	MEYERHOF, GRETA... 1496, 1542, 1543
MARSHALL, LAWRENCE. ....	938, 1366	MCGUIRE, WILLIAM.....	919, 1323	MICHAEL, RAMI.....	371, 720
MARSTON, JACQUELINE.....	503	MCHENRY, KATHRYN.....	399	MICHALOWSKI HOME. ....	1449
MARTIN, HALEY.....	908, 1303	MCINTYRE, RYAN.....	316	MICK, SHARON.....	811, 812, 1084, 1085
MARTIN, RIA.....	474	MCKENNETT, MARIANNE.....	330	MID-CITY COMMUNITY CLINIC.154, 155, 156, 157	MID-CITY COMMUNITY CLINIC.154, 155, 156, 157
MARTIN, THOMAS.....	1144			MID-CITY COMMUNITY CLINIC, ...518	MID-CITY COMMUNITY CLINIC, ...518
MARTINEZ ANDREE, INGRID. ....	569			MIDORO, ABEGAILLE...997, 998, 1085	MIDORO, ABEGAILLE...997, 998, 1085
				MIGNEA, DAVID.....	357, 389, 591

## M. 初級保健指數

MIKUT, ALYSSA.....	1205	MOODLEY, AMARAN.....	1144	NAGELBERG, JODI.364, 492, 832,
MILDER, EDMUND.....	1278	MOOLANI, RAMESH.....	681	1122, 1123
MILES, RENEE.....	1478	MOOLANI, UJJALA.....	688	NAGHI, JESSE.....
MILLAR, MELISSA.....	1054	MOONEY, PATRICIA.....	1388	.....682
MILLER, DONALD.....	458	MOOR, TRACY.....	1590, 1646, 1647	NAGNUR, PRITI.....
MILLER, EVA.....	1085	MOORE, BRIAN.....	964, 1406	.....384
MILLER, JULIE.....	1430	MOORE, SHAVON.....	1485, 1486, 1520	NAIDZIONAK, ULADZISLAU..
MILLER, LAUREL.....	582	MOORE, THOMAS.....	735, 855, 1165	681, 1152
MILLER, SCOTT.....	1131	MORA, WENDY..	966, 1028, 1029, 1427	NAIK, SHILPA.....
MILLS, BRAD.....	1519	MORAL, JOHN.....	711, 712	.....384
MILLS, DAVID.....	986, 1258	MORALES, ALEJANDRA.....	505	NAJAFI, DAVID.....
MINKA, GENEVIEVE.698, 771, 959,		MORAN, TIFFANY.....	1086	.....557
1259		MOREIRA, LUCILA.....	462	NAJAND, SADAF.....
MINOKADEH, ANUSHIRVAN.....	724	MORRIS, CHAD.....	723	.....1044
MIRACLE, ANGELYN.....	971, 1407	MORRIS, SHEILA.....	692	NAKAMITSU, ABIGAIL.....
MIRON, JEAN-PHILIPPE.....	1519	MORRISON REYES, JOSHUA.1548,		.....1304
MISHRA-OCCHINO, SEEMA.....	1260	1568, 1576, 1591, 1605, 1606, 1621, 1622,		NAKAMURA, MELANIE.....
MISSION HILLS POST ACUTE CARE.....	1451	1647		.....399
MISTRY, CHETAN.....	352	MORTIMER, DORI.....	462	NAKAMURA, TIFFANY.....
MITCHELL, CATHY.....	395	MOSHTAGHI, OMID.....	958	.....1161, 1520
MIZOGUCHI, LIANNE.....	1590, 1646	MOSQUERA, DIANA.....	352	NARANJO, RODRIGO.....
MIZZELL, ANNA.....	801, 1061	MOSTOFIAN, EIMANEH.391, 392, 605		.....529
MLNARIK, ANASTASIA.....	569	MOUNT MIGUEL COVENANT		NARAYAN, ARCHANA.....
MODHWADIA, MAMTA.....	1501	VILLAGE HEALTH FAC.....	1454	.....372
MOFFATT, KYRRA.....	419	MOUSSAVIAN, MEHRAN.375, 533,		NARAYAN, HARI.....
MOHAMEDALI, BURHAN.682, 1159,		637		744, 768, 983, 1244
1391		MOVAGHAR, MANSOOR.742, 764,		NARAYANAN, MEENA.....
MOHAMEDI, NADIA.....	436	872, 979, 1026, 1210, 1576		.....529
MOHAMMAD, AHMAD SHAH.690,		MOYA, MARY.....	331, 625	NASSERY, KRISTEN.....
955		MUELLER, DANA.....	1243	.....1040
MOHEBBI, ATHENA.....	812, 1086	MUELLER, GEORGE.....	1363	NASSIR, BASSAM.....
MOLINOS, NICOLE.....	419	MUELLER, MATTHEW.....	727, 827, 1117	.....367
MOLL, ANGELA.742, 764, 979, 1026,		MUHAMMAD, LAMA.....	1520	NATH, DEVARSHI.390, 599, 600, 601,
1210, 1568, 1576, 1646		MULVEY, CAOILFHIONN.....	812, 1086	1389
MONAHAN, CAROLYN.....	608	MUNCADA, CAESAR.....	870	NATHAN, CARLY.....
MONGA, MANOJ.....	1382	MUNCE, DANIELLE.....	1151	.....820, 1106, 1107
MONTBLEAU, KARA.....	1260	MURPHY, CARMEL.....	393	NAUDIN, VERONICA.....
MONTES, DENISE.....	1538	MURPHY, JAMES.....	1325	.....664
MONTES, VIVIAN.....	777	MURRAY, MATTHEW.....	1260	NAVARRO, VANESSA.436, 625, 999,
MONTEZ, REBECCA.....	1497	MURTHY, NIKHIL.....	670, 938	1400
MONTGOMERY HOUSE.....	1455	MUTH, NATALIE.....	321	NEGRON, RICARDO.....
MONTGOMERY, KEITH ALLEN.1014,				.....408
1415, 1416				NEIGHBORHOOD HEALTHCARE
MONTOYA, JESSICA.....	1317, 1519			ESCONDIDO.....
				93, 94, 95, 96, 97
				NEIGHBORHOOD HEALTHCARE
				ESCONDIDO,.....
				402
				NEIGHBORHOOD HEALTHCARE
				GOLD FAMILY HEALTH CENTER.136,
				137
				NEIGHBORHOOD HEALTHCARE
				GOLD FAMILY HEALTH CENTER, .
				.....
				460
				NEIGHBORHOOD HEALTHCARE
				GRAND AVE.....
				97, 98, 99
				NEIGHBORHOOD HEALTHCARE
				LAKESIDE.....
				103, 104
				NEIGHBORHOOD HEALTHCARE
				LAKESIDE,.....
				421
				NEIGHBORHOOD HEALTHCARE
				PAUMA VALLEY.....
				135, 136
				NEIGHBORHOOD HEALTHCARE
				PAUMA VALLEY,.....
				460

### N

## M. 初級保健指數

NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL.87, 88, 89	NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL, ..... 402	NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL.....92, 93	NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL, ..... 402	NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY.....89, 90, 91, 92	NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY, ..... 402	NEIGHBORHOOD HEALTHCARE, . .....658, 659	NEJATI, FRESHTA.....1086	NESTOR COMMUNITY HEALTH CENTER.....160, 161	NESTOR COMMUNITY HEALTH CENTER, .....518	NETZEL, JENNIFER.....1087	NEVAREZ, IRENE.....431, 475	NEVILLE, MARGARET.....1497, 1543	NEWMAN, DAVID.....1606	NGO, MAI.....990, 1291, 1292	NGUYEN, ANTHONY.....1139	NGUYEN, BRUCE.....1648	NGUYEN, CARIE.....331, 625	NGUYEN, DANIELA.....660, 1020, 1421	NGUYEN, HARRY.....1346	NGUYEN, HOA PHUONG.....1649	NGUYEN, HOANG.....1486, 1521	NGUYEN, JASMINE.....1648	NGUYEN, KELVIN.....1649	NGUYEN, LINH.....331	NGUYEN, MARGARET.....1260	NGUYEN, MYLINH.....1261	NGUYEN, NGOC.....505	NGUYEN, QUOC SY.....797, 1055	NGUYEN, QUYEN.889, 890, 1229, 1230	NGUYEN, THANH.....1648	NGUYEN, THERESA.....1554, 1622, 1662	NGUYEN, THU.....694, 695	NGUYEN, THY.....1606	NGUYEN, TIA.....707, 792, 1006	NGUYEN, TRACY.....1554	NGUYEN, TRUC.....352	NGUYEN, VI.....385	NIAKAMAL, EVAN.....777	NIAZI, HARRIS.....505	NICHOLAS, ESTELA.....1416	NIEMI, ANNA-KAISA.....686, 1175	NIGRO, JOHN.....1381	NIKZAD, JASON.....436, 625	NING, GRACE.....1317, 1521	NISKANEN, RACHEL.....1626	NISSAN, BETI.....645	NJIE, EMADE.....1051	NOCEDA, ANA.....475	NOKES, BRANDON.....848, 1152	NORMAN, MARC.....1318, 1522	NORRIS, JEFFREY.....505	NORTH PARK FAMILY HEALTH CENTERS.229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242	NORTH PARK FAMILY HEALTH CENTERS, .....518	NOSTE, ERIN.....827, 1118	NOVENCIDO, ANDREW.708, 793, 1006	NOVENO, HILARIO.....998, 1087	NOVO, MEGAN.....678, 719, 1133	NUNO, JOSE.....582	NUQUI, JOSIE.....506	NUTHALL, KAITLIN.....928, 1347	NYMAN, KATHERINE.686, 737, 858, 976, 1175	ODONNELL, F JANE.....1176	OGANDO, SHEENA.....592	OHALLORAN, HENRY.742, 765, 980, 1027, 1211	OJHA, PRITI.....1463, 1522	OKADA, MICHELLE.....909	OKAMOTO, VINCENT.....797	OKWUOSA, CHRIS.....650	OLSEN, MARTIN.....489	OLVERA, LUISA.....361	OPEN ARMS ADHC.....1457	OPERATION SAMAHAN - MIRA MESA.....166, 167, 168, 169	OPERATION SAMAHAN - MIRA MESA, .....519	OPERATION SAMAHAN - NATIONAL C.....116, 117	OPERATION SAMAHAN - NATIONAL C, .....439	OPERATION SAMAHAN GRANGER SCHOOL BASED.....118, 126	OPERATION SAMAHAN GRANGER SCHOOL BASED, .....439	OPERATION SAMAHAN RANCHO PENASQUITOS.....249, 250, 251	OPERATION SAMAHAN RANCHO PENASQUITOS, .....490, 519	ORDINANZA, MYLENE.....617	OREJEL, EDITH.....1088	ORFF, HENRY.....1318, 1523	ORIENTE HOUSE.....1455	ORLANDO, FRANCESCA.....1466	ORPILLA, IMELDA.....477, 478, 1089	ORTEGA, LUIS.....626, 1400	ORTIZ ILIZALITURRI, ANA.....626, 1401	ORTIZ, BEVERLY.....1498	ORTIZ, KENNETH.....317, 506, 626	ORTIZ, MARIA.....1318, 1523	OSORIO, JOSEPH.....939, 1366, 1367	OSWALD, JESSICA.....797, 1055	OTAY FAMILY HEALTH CLINIC.....42	OU, JOCELYN.....1556, 1607	OWEN, MICHAEL.....323, 478	OZAKI, YOSHIHIRO.698, 772, 959, 1261	OZCAN, ALI.....986, 1261
--	---	---	---	--	--	---	--------------------------	--	---	---------------------------	-----------------------------	----------------------------------	------------------------	------------------------------	--------------------------	------------------------	----------------------------	-------------------------------------	------------------------	-----------------------------	------------------------------	--------------------------	-------------------------	----------------------	---------------------------	-------------------------	----------------------	-------------------------------	---------------------------------------	------------------------	--------------------------------------	--------------------------	----------------------	--------------------------------	------------------------	----------------------	--------------------	------------------------	-----------------------	---------------------------	---------------------------------	----------------------	----------------------------	----------------------------	---------------------------	----------------------	----------------------	---------------------	------------------------------	-----------------------------	-------------------------	---	---	---------------------------	-------------------------------------	-------------------------------	--------------------------------	--------------------	----------------------	--------------------------------	--	---------------------------	------------------------	---	----------------------------	-------------------------	--------------------------	------------------------	-----------------------	-----------------------	-------------------------	---	--	--	---	--	---	---	--	---------------------------	------------------------	----------------------------	------------------------	-----------------------------	------------------------------------	----------------------------	---------------------------------------	-------------------------	----------------------------------	-----------------------------	------------------------------------	-------------------------------	----------------------------------	----------------------------	----------------------------	--------------------------------------	--------------------------

## M. 初級保健指數

P	
PATEL, AMAR.....	688
PATEL, CHARMI.....	895
PATEL, DEVIN.....	1383
PATEL, GITANE.1549, 1561, 1578, 1607, 1623, 1649, 1650	
PATEL, HEMANSHU.....	416
PATEL, JANKI.....	733
PATEL, JITENBHAI.....	399
PATEL, MITESH.....	1498, 1543, 1544
PATEL, SAGAR.....	973, 1433
PATEL, SARJAN.1549, 1561, 1577, 1607, 1622, 1650	
PATEL, VIJAY. 744, 767, 981, 1032, 1230	
PATHAK, SAGAR.....	774, 1274
PATHWAY HOME SOLUTIONS INC. .....	1669
PATIAG, DANIEL. 478, 479, 1089, 1090	
PATTERSON, MARY.....	990, 1272
PATTERSON-HYATT, KIMBERLY.1318, 1523	
PATTON, MICHAEL.....	1523
PAUL, MEGAN.....	1139
PAULSON, KERRY.....	813
PAVLOVICH, WENDY.....	570
PEARCE, ALEX.....	919, 1323
PEDROTTY, JOHN.....	332
PELIO, DARREN....	748, 909, 910, 1304
PENA, NICHOLAS.....	582
PEOPLE ASSISTING THE HOMELESS. .....	1670
PERDION, KAREN.....	820, 1107
PERENS, ELLIOT.....	1280
PERESS, LILIA.....	1129
PEREZ, ALLYSSA.....	1090
PEREZ, PERLITA.....	332, 506
PERKINS, RACHEL.....	459
PERLMAN, TAMARA.....	1018
PERREAULT, MARK.....	910, 1305
PERRY, ARTHUR.....	1591
PERTL, URSULA.....	664
PETERS, JAMIE.....	1608
PETITT, JOHN.....	372
PETTIS, BETH.....	1091
PETTUS, JEREMY.....	832
PHAM, JENNIFER.....	689
PHAM, LILY.....	676, 754, 1019, 1119
PHAM, MARTIN.....	670, 939, 1367
PHAM, QUYNH.....	337
PHAM, TONY.....	1651
PHAN, RYAN.....	1211, 1212
PHAN, TIFFANI.....	550
PHREANER, NICHOLAS.....	801, 1061
PHUNG, AIVI.....	583, 1305
PHUNG, RICHARD N V.....	1651
PIANSAY, MARIA CORAZON. 353, 645	
PICKETT, CHARLOTTE. 867, 1200, 1201	
PIERCE, HEATHER.....	1292
PIEROS, JANELLE.....	332
PINA, RAQUEL.....	333
PINSON, KELSEY.....	868, 1201
PINTO, ANITA.....	385
PIRTLE, KEYSHONE.....	716
PISINGER, PATRICIA.....	333
PITTMAN, LILIANA.....	617, 725
PLANTE, CHARLES.....	326
PLASCENCIA, CINDY.....	1538
PLUCINIK, STANLEY.....	1554
POAST, JENNIFER.....	635
POLICH, MICHELLE.....	1292
POLIKOWSKI, SAMANTHA.....	817, 1103
POLK, DAVID.....	1134
POLLACK, LARRY.....	1363
POLLEMA, TRAVIS.....	945, 995
POLLEY, SHANNON.....	583, 1396
PONCE, SONIA.....	615
PONIACHIK, SAMUEL... 319, 604, 1390	
PONS, MAURICIO.....	346, 382
PONSFORD, DIANA.....	451
POPE, KATILYNN.....	790
PORTERA, ARIEL.....	1218
PORTO MADURSKI, KRISTINE.....	648
POSADA, SEAN.....	507
POSADAS, EMERITO... 608, 609, 1395	
POSTLETHWAITE, ALEJANDRA.1467, 1472, 1501	
POTENZA, BRUCE.....	933, 1356
POTOK, OLIVIA.....	848
POUNTNEY, MARLENE.320, 605, 606	
POUSTI, SHEIVA.....	1651
PADILLA, MICHELE.....	478
PAGE, BIANCA.....	421, 489
PAI, SARAH.....	1089
PAIK, JULIANA.....	412
PAKENHAM, KATE.....	732
PALLIA, CHRISTOPHER.....	714, 942
PALOMAR HEALTH.....	1435
PALOMAR HEIGHTS CARE CTR... 1444	
PALOMAR MEDICAL CENTER.....	1436
PALOMAR VISTA HEALTHCARE CTR. .....	1444
PALOMINO, MARY.....	332
PALOMINO, VERONICA.....	506
PANDHI, JAY.....	1000
PANDYA, BHUMIKA.....	1561, 1607
PANICKER, CIBU.....	450
PANNARAJ, PIA.....	1145
PANSARA, MEGHA.....	1577
PAPA, RHETT.....	379, 417
PAPASTERGIU, GEORGIOS. 345, 381	
PARADISE VALLEY HEALTH CARE CENTER.....	1448
PARADISE VALLEY HOSPITAL.....	1436
PARAST, MANA.....	895, 1234
PARIKH, MILIND.....	372, 530
PARK, BRIAN.....	986, 1262
PARK, DANIEL.....	635
PARK, JAY.....	828, 1118
PARK, RONALD.....	458, 1034, 1262
PARK, SOO.....	839
PARK, TARI.....	570
PARKER, SHERINE.570, 772, 960, 1035, 1262	
PARKS, MONICA.....	1423
PARKSIDE HEALTH AND WELLNESS CENTER.....	1442
PARKWAY HILLS NURSING & REHAB.....	1447
PARRY, LISA.....	750, 932, 1355
PARSONS, GENEVIEVE.....	414
PARSONS, MEKRAE.....	1388
PASTORE, SIMONE.....	415
PATEL, AARTI.....	1292

## M. 初級保健指數

POWAY ADULT DAY HEALTH CARE CENTER.....	1458	RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDTN.1683, 1684, 1685, 1686, 1687, 1688, 1689, 1690, 1691, 1692, 1693, 1694, 1695, 1696, 1697, 1698, 1699, 1700, 1701, 1702, 1703, 1704, 1705, 1706, 1707, 1708, 1709, 1710, 1711, 1712, 1713, 1714, 1715	RCH OCEANSIDE URGENT CARE.1715
POWAY HEALTHCARE CENTER..	1449	RAGUVEER, VISHAKA.....	702, 779, 1048
POWELL, STEPHANIE.....	570	RAHIMI, NASSRIN.....	361, 432
PRABHU, SUJATA.1549, 1578, 1608, 1623, 1651, 1652		RAHMATNEJAD, KAMRAN.872, 873, 1213	676
PRASAD, AMITHA.....	1472	RAJAEI, NILOUFAR.....	522
PRATHER, ALLYSON.....	1473	RAJAGOPAL, AMUTHA.....	373
PRATT, STEVEN.....	1591	RAJAIPOUR, NEGIN.....	358, 592
PRESKILL, CATALINA.....	571	RALEIGH, DEBORAH.....	1134
PRESTERA, TORY.....	1394, 1659	RALL, EMILY.....	754
PRIEST, VIVIAN.....	1305	RAMAMOORTHY, SONIA.....	948
PRIETO, ALEJANDRA.....	1388	RAMERS, CHRISTIAN.....	1049
PRINCE, RENEE.....	1319, 1523	RAMGREN, AILEEN.....	918, 1487
PRITZKER, JOELY.....	1015, 1416	RAMIREZ SANCHEZ, CLAUDIA.635, 843, 1145, 1403	1534
PROHASKA, THOMAS.....	1061	RAMIREZ, ALFREDO.....	361
PROMER, KATHERINE. 632, 1145, 1402		RAMIREZ, CRISTHIAN.....	751, 944, 1379
PROPST, TOBE.....	507	RAMIREZ, NICOLE.....	362, 432, 479
PRUSS, ERIKA.....	1041, 1373	RAMNATH, VENKTESH.....	464
PUIG LLANO, MANUEL.....	872, 1212	RAMOS, CARLOS.....	684, 758, 953, 975, 1022, 1136, 1165
PUTRUS, RAMIZ.....	367	RAMOS, ELENA.....	RENDLER, NATHAN.....
PYLE, ALEXANDRA.....	1306	RAMOS, JACQUELYN.....	REO VISTA HEALTHCARE CTR. ....
		RANA, DEBORAH.....	RESTELLI, LYNDSLEY.....
		RANASURIYA, DUNISHA.....	948, 949
		RANDLE, CARRIE.....	REVELES, DIANA.....
		RAO, APARNA.....	REYNAGA, JOSUE.....
		RAO, ROHIT.....	REYNOSO, ALFONSO.....
		RAO, SOUMYA.....	RHEE, KYUNG.....
		RAO, USHA.....	RHOTEN, REX LLOYD.....
		RASHCOVSKY SCHIFF, KARIN.....	RIBEIRO CALDAS DOMINGUES, ISABEL.....
		RASMUSSEN, DALE.....	1524
		RATNAYAKE, KRISTIN.....	RICE, ELIZABETH.....
		RAYMOND, ALAIN.....	666
		RAYTA, NICOLE.....	RICHARD, MARLA.1487, 1488, 1524, 1525
		RCH EAST COUNTY URGENT CARE.....	RICHARDSON, ALVIE.685, 736, 954, 1022, 1166
		RCH MID CITY URGENT CARE.....	RICHARDSON, ANGELIQUE.....
		RCH NORTH COUNTY URGENT CARE.....	839
			RICHARDSON, DANIELLE.....
			437
			RICHARDSON, HENRY.699, 775, 1038, 1296
			RICHARDSON, JULIA.....
			695
			RICKERTS, MATTHEW.....
			1347
			RIEDL, MARC.....
			1052
			RIEGO, SUZANNE.....
			1091
			RIES, DAVID.....
			1293
			RIGGINS, NINA.....
			1189
			RING, ROBERT.....
			1029, 1626

### Q

### R

## M. 初級保健指數

RIOS, SIERRA.....	1473	ROSS, CRYSTAL.....	324, 1093	SAMI, REMAN.....	337, 679, 1401	
RISSER, JOSEPH.....	587, 588, 1129	ROSSI, CATHERINE.....	814, 1093	SAMPATH, SRIVIDYA.....	572	
RITCHIE, DAVID.....	923, 1334	ROUEL, LINDA.....	373	SAMPSON, ANDRIECE.....	1094	
RITTER, STEVEN.....	508, 627	ROUEL, WADI.....	373, 441, 530	SAMUEL, MICHAEL.....	1568, 1578, 1609	
RIVAS, RENEE.....	868, 1202	ROUGH, STEVEN.....	682, 683, 1001	SAN DIEGO AMERICAN INDIAN HEALTH CENTER.....	150	
ROBERTS, AUDREY.....	910, 1306	ROWHANI, NAGHMEH.....	699	SAN DIEGO AMERICAN INDIAN HEALTH CENTER, .....	519	
ROBERTS, KENDALL.....	415	ROXAS, ROGER.....	676	SAN DIEGO FAMILY CARE.....	157, 158, 159, 160, 1671, 1672	
ROBERTS, POMAI.....	437, 999	ROZO, JOSE.....	1093	SAN DIEGO FAMILY CARE, .....	519	
ROBERTSON, RACHAEL.....	1092	RUBENSTEIN, STUART.....	571	SAN DIEGO FAMILY CARE.....	519	
ROBINSON, COLE.....	752	RUBENSIK, TAMARA.....	734, 841, 1141, 1422	SAN DIEGO FAMILY CARE.....	519	
ROBINSON, DAISY.....	412, 789	RUDD, CHRISTOPHER.....	928, 929, 1347	SAN DIEGO FAMILY CARE.....	519	
ROBINSON, DEAN.....	396, 1109	RUDOLF, FRANCES.....	727, 828, 1119	SAN DIEGO FAMILY CARE.....	519	
ROBLEDO, DAMIAN.....	1473	RUELAS, ROBERTO.....	645	SAN DIEGO FAMILY CARE.....	519	
ROCHE, CHELSEA.....	813	RUIZ, MONICA.....	1264	SAN DIEGO FAMILY CARE.....	519	
RODARTE, GABRIEL.....	400, 1473, 1478	RUNGIVATJARUS, TIRANUN.....	1293	SAN DIEGO FAMILY CARE.....	519	
RODENMEYER, EVE.....	1092	RUSSELL, SAMUEL.....	1035, 1264	SAN DIEGO FAMILY CARE.....	519	
RODRIGUEZ JEREZ, ROBERTO.....	343, 379, 427, 550, 551, 656	RUSSO, KRISTA.....	322, 459, 460, 464, 613	SAN DIEGO FAMILY CARE.....	519	
RODRIGUEZ MARTINEZ, RENIL.....	492	RYAN, DANA.....	413, 791	SAN DIEGO FAMILY CARE.....	519	
RODRIGUEZ, ALDO.....	385, 571, 645, 1405	RYAN, KYLE.....	775, 991, 1038, 1296	SAN DIEGO FAMILY CARE.....	519	
RODRIGUEZ, CASSANDRA.....	357	RYU, JULIE.....	1283	SAN DIEGO FAMILY CARE.....	519	
RODRIGUEZ, JAVIER.....	571	<b>S</b>			SAN DIEGO FAMILY CARE.....	519
RODRIGUEZ, SEAN.....	508	SABHA, MAHMOUD.....	829, 1119	SAN DIEGO FAMILY CARE.....	519	
RODRIGUEZ-MINETTE, JESSICA.....	724, 1432	SABIN, NANCY.....	480, 1094	SAN DIEGO FAMILY CARE.....	519	
ROGERS, MATTHEW.....	317, 666	SACHS, MELISSA.....	1490, 1525	SAN DIEGO FAMILY CARE.....	519	
ROGERS, TANYA.....	480	SACKS, BRENT.....	818, 1103	SAN DIEGO FAMILY CARE.....	519	
ROJAS, RICHARD.....	489	SADAT, SAYED.....	923, 1335	SAN DIEGO FAMILY CARE.....	519	
ROJAS, STEVEN.....	627	SAEZ, NEIL.....	696, 958	SAN DIEGO FAMILY CARE.....	519	
ROMA, ANDRES.....	899, 1236	SAFI, ROOZCHEHR.....	390, 601	SAN DIEGO FAMILY CARE.....	519	
ROMERO, CAMILA.....	588, 589, 1310	SAH, SERENA.....	768, 983, 1244	SAN DIEGO FAMILY CARE.....	519	
RONAN, KEVIN.....	454, 661	SAHAGIAN, MICHELLE.....	738, 761, 977, 1025, 1191	SAN DIEGO FAMILY CARE.....	519	
RONCAROLO DE VRIES, ROXANE.....	1015	SAHMS, TIMOTHY.....	646	SAN DIEGO FAMILY CARE.....	519	
RONQUILLO, KAREN AN.....	367, 718	SAIDIAN, AVA.....	1383	SAN DIEGO FAMILY CARE.....	519	
RONQUILLO, RINA.....	420	SAIDRO, LUZVIMINDA.....	317	SAN DIEGO FAMILY CARE.....	519	
ROSA, ADAM.....	1627	SAIKHON, TALIA.....	911	SAN DIEGO FAMILY CARE.....	519	
ROSADO, IVAN.....	508, 1129	SAJTI, ENIKO.....	859, 1176	SAN DIEGO FAMILY CARE.....	519	
ROSCOE, SYDNEY.....	1092	SALAMANCA, OMAR.....	1021	SAN DIEGO FAMILY CARE.....	519	
ROSE, PATRICIA.....	652	SALAS, JESSICA.....	1050	SAN DIEGO FAMILY CARE.....	519	
ROSENBAUM, HERBERT.....	628	SALAZAR, JUANITA.....	353	SAN DIEGO FAMILY CARE.....	519	
ROSENBLATT, EUGENE.....	333	SALEH, FAREED.....	1265	SAN DIEGO FAMILY CARE.....	519	
ROSENBLATT, SHERI.....	386, 722, 1406	SALEM, RAMSEY.....	367, 628	SAN DIEGO FAMILY CARE.....	519	
ROSS, COLLIN.....	648	SALERNO, MARIANA.....	636	SAN DIEGO FAMILY CARE.....	519	
		SALMASI, AMIRALI.....	713, 715, 966, 1383	SAN DIEGO FAMILY CARE.....	519	

## M. 初級保健指數

SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE, .....	402	SANTIAGO, ROXANE.....	353	SCOTT, JEFFREY.....	1561, 1609, 1623
SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR.	286, 287, 288, 289, 290, 291, 292	SANTORELLI, JARRETT.....	935, 1364	SCOTT, LAGINA.....	509, 1130
SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR, .....	630	SANTOS CAVAIOLA, TRICIA. .	832, 1123	SCOTT, RYLEE.....	508
SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE.....	23, 24	SAPRA, SONIA.	343, 379, 428, 551, 552, 656	SCOTT-WYARD, PHOEBE....	992, 1297
SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE, .....	318	SASSIC, JESSICA.....	530	SCOVILL, ALEXANDRA.....	695, 1554
SAN YSIDRO HEALTH NATIONAL CITY.....	120, 121, 122, 123	SATTERFIELD, KELLIE.....	873, 1213	SCRIPPS GREEN HOSPITAL.....	1436
SAN YSIDRO HEALTH NATIONAL CITY, .....	439	SATTERWHITE, MAURINE.	481, 482, 1095	SCRIPPS MEMORIAL HOSPITAL.	1436
SAN YSIDRO HEALTH PARADISE HILLS.....	123, 124, 125, 126	SAUER, CHARLES.	737, 759, 859, 860, 1046, 1177	SCRIPPS MEMORIAL HOSPITAL ENCINITAS.....	1437
SAN YSIDRO HEALTH PARADISE HILLS, .....	439	SAVILLE, EDITH.....	482	SCRIPPS MERCY HOSPITAL.....	1437
SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER.	267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285	SAWHNEY, NAVINDER.....	757	SCRIPPS MERCY HOSPITAL CHULA VISTA.....	1437
SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER, .....	631	SAWYER, CAROLYN.....	1525, 1526	SEAMAN, MARY.....	482
SAN YSIDRO HEALTH SOUTH BAY. ....	115, 116	SCHAEPE, RHODORA.....	660	SEARLEMAN, ADAM.....	924, 1336
SAN YSIDRO HEALTH SOUTH BAY, .	440	SHELLINGER, KRISTON.	1319, 1320, 1526	SEARS-WILEY, ELIZABETH.....	1095
SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS.	261, 262, 263, 264, 265, 266	SCHIEDERMAYER, BENJAMIN.	931, 1353	SEAVEY, MICHELLE.....	721
SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS, .....	631	SCHLOSSER, TARA.....	1527	SEBASKY, MEGHAN.....	848, 849, 1152
SANACORA, RACHEL.....	1036, 1265	SCHMIDT, BRYAN.....	591	SEBIANE, MARIA.....	609, 610
SANCHEZ, ADRIANA.....	1499, 1544	SCHMITT, EVA.....	1306	SEBRING, JAN.....	483
SANCHEZ, MICHAEL.....	911	SCHNEEBERGER, ANDRES.....	1488	SEBSO, JODI.....	572
SANCHEZ, MYRNA.....	618	SCHNEIDER, SARAH.....	356, 586	SEFA-BOAKYE, KOFI.....	343, 642
SANDERS, JESSICA.....	311	SCHNEIDER-MUNOZ, MARGARITA. ....	636	SEILNACHT-BERNARD, KAREN...	754
SANDHU, BASANT.....	400	SCHNICKEL, GABRIEL.....	1381	SEITZ, GRETCHEN.....	1064
SANDLER, BRYAN.....	1363, 1364	SCHONBACH, ETIENNE.....	873	SELBY, BLAKE.....	1096
SANDOC, EMILY.....	1652	SCHORR, EMILY.....	738, 1189	SELECT SPECIALTY HOSPITAL SAN DIEGO.....	1437
SANTANGELO, JOANNE.	481, 1094, 1095	SCHROEDER, JENNIFER....	1306, 1307	SELTZER, JUSTIN.....	829
SANTIAGO, AMANDA.....	1015	SCHROEDER, MARY.....	1018	SENA, TIFFANY.....	1096
		SCHROTER, STEPHANIE.....	987, 1265	SERENE HEALTH.....	1680
		SCHULTE, JESSICA.....	862	SERIO, TAYLOR.....	1527
		SCHULTZ, HEATHER.....	924, 1335	SERPAS, SHAILA.....	333
		SCHULTZ, JAMES.....	400, 401, 658	SERRY, ROD.....	752, 757, 1046
		SCHULZ, STEFAN.....	1307	SHABAIK, AHMED.....	899, 1236
		SCHUMAKER, EDWARD.	368, 437, 508	SHAFFER, KATHERINE.....	679, 1135
		SCHWAB, GARY.....	1216	SHAH, MEERA.....	415
		SCHWARTZ, KRISTY.....	1266	SHAH, MITA.....	1180
		SCHWARTZEL, KEVIN.....	911	SHAH, NEMI.....	740, 1202
		SCHWARZ, KATHLEEN.....	1274	SHAH, SHAILJA.....	836, 1135
		SCHWEIKERT, SUZANNE.....	606, 607	SHAHATTO, LOBNA.....	1152
		SCHWENDEMANN, WADE.	954, 1023, 1166, 1167	SHAHBAZ, LINNAE.....	1015, 1016, 1416
				SHAHIDYAZDANI, TINA.....	646
				SHAHTAJI, ALAN.....	334, 628
				SHANNON, KELLI.....	1167
				SHAPIRO, HILARY.....	801
				SHARIF TABRIZI, AHMAD.....	862, 1192

## M. 初級保健指數

SHARP CHULA VISTA MED CTR. .1438	SILVA SEPULVEDA, JOSE.665, 745,	SOUTHBAY URGENT CARE INC...1716
SHARP CORONADO HOSP AND	768, 984, 1244	SOZANSKI, JESSE..... 1321
HEALTHCARE CTR. ....1438	SILVEY, CHRISTOPHER. ....1490, 1528	SPARKS, TODD. .... 708, 793, 1007
SHARP MARY BIRCH HOSP FOR	SIMPSON, ERIC. ....1398, 1534	SPEH, BRIAN..... 912, 1307
WOMEN AND NEWBORNS.....1438	SINGH, GAURAV..... 1111	SPENCE, JAMIE..... 614
SHARP MEMORIAL HOSPITAL....1438	SINGH, PUJA..... 988, 1272	SPENGLER, NATHAN. .... 924, 1337
SHARP, LORRA..... 785	SINGH, RAMENDEEP..... 416	SPEZIALE, MARK..... 687, 1178
SHARPE, NORMA.314, 318, 408, 584,	SKAF, AYHAM..... 346, 382, 642	SPITZER, MARSHA..... 573, 574
648	SKALSKY, ANDREW..... 992, 1297	SREJIC, UNA. ....1056
SHAUL, SHERA. .... 911, 912, 1307	SKAY, RICHARD..... 1659	SRIDHAR, SUNITA..... 1277
SHAW, BLAKE..... 557	SKINNER, NICOLE..... 929, 1347	SRILASAK, MICHELE..... 733, 814, 1417
SHAW, SUSANNA..... 798, 1055	SLATER, JERRY. .... 924, 1336	ST PAULS HEALTH CARE CENTER.
SHEETS, ROBERT..... 1284	SLEIMAN, JOSEPH..... 429	..... 1452
SHEIKH MOHAMED, AMIRA..... 636	SLOAN, ERICA..... 715	ST VINCENT DE PAUL VILLAGE
SHEIKH, ZARA..... 509	SLOANE, CHRISTIAN..... 1120	FAMILY HEALTH CENTER.137, 138,
SHEIKH-MOHAMED, HALA..... 374	SMILDE, RENEE..... 531	139, 140, 141
SHEILS, CATHERINE.765, 873, 874,	SMITH, CASEY. .... 829	ST VINCENT DE PAUL VILLAGE
1027, 1213, 1214	SMITH, CHELSEY..... 849, 1153	FAMILY HEALTH CENTER, .....520
SHENOY, ASHVIN. .... 572	SMITH, DOUGLAS..... 648	STABEN, REBECCA.344, 380, 428,
SHERER, KIMBERLY..... 1266	SMITH, EMILY..... 870	553, 656
SHEREV, DIMITRI. . 683, 720, 948, 1160	SMITH, KELLI ..... 789, 969	STAHL, KEVIN..... 709
SHERMAN HEIGHTS FAMILY HLTH	SMITH, SHARON..... 362, 422, 423	STALEY, MICHAELA ..... 629
CTRS INC..... 242, 243	SMITH, SONYA..... 1499, 1500, 1544	STALLINGS, ANDREA..... 1307
SHERMAN HEIGHTS FAMILY HLTH	SMOOT, CHARLES..... 510	STANFORD COURT SKILLED
CTRS INC, ..... 520	SNOOK, BRIAN..... 438	NURSING AND REHAB CENTER. 1453
SHETABI, KAMBIZ..... 533	SNYDER, CHRISTOPHER..... 510, 628	STEINBERG, LEONARD..... 1245
SHETH, HASMUKH..... 354, 573	SNYDER, MICHELLE. .... 972	STENSMAN, LARS..... 313
SHETH, SARIKA..... 987, 1266	SOCHA, TRACI..... 610	STEPHENS, LAURA. .... 1237
SHI, RUJING..... 531	SOLIS, KEVIN. .... 1555, 1653, 1662	STEPHENSON, SAMUEL.936, 937,
SHI, VERONICA..... 1111	SOLORIO JR, ROBERTO. .... 1528, 1534	1365
SHIAU, NANCY..... 573	SOMERSET SUBACUTE AND CARE.	STEVENSON, REHEIA..... 814, 972
SHIELDS, SEBASTIAN. .... 1463	..... 1442	STEWART, TYLER..... 840
SHIMIZU, KELSIE MIDORI..... 668	SONG, CAROL..... 1409	STOJANOVSKA, JOVANA..... 787
SHINDO, YURI..... 842, 1142	SONG, DELU..... 874, 1027, 1214	STONE, CALVIN. .... 1474
SHIRAKI, JEAN..... 509	SONG, JOYCE..... 407	STONES, RACHEL..... 438
SHORT, ABIADE. .... 344, 642	SONG, RICHARD..... 1177, 1293	STOVER, LAURIE. .... 1294
SHORT, RICHARD..... 420	SONG, WEI..... 1236	STRAKA, CHRISTOPHER. .... 1337
SHU, I WEI..... 1527	SOPHY, ELIZABETH..... 511	STRAZICICH, KARLA..... 407
SHUCKETT, ARIEL..... 552, 1202	SORIA LOPEZ, JOSE..... 691, 1393	STREET, KYLE..... 1474, 1501
SHULKIN, MITCHELL..... 1652	SORIA, CLAIRE..... 798, 1055	STRINGER, JESSE. .... 1245
SHUMILAK, KAILI..... 510	SOSA, DAVID..... 363, 364, 489, 490	STUMP, CHARI..... 574
SICKLES, MAGGIE..... 324	SOUDER, CHRISTOPHER.987, 1266,	SU, VENNES..... 490
SIETSMA, ALEXANDRA..... 1311	1267	SUAREZ, ROBERTO. .... 1528
SIEVERING, DENISE..... 926, 1342	SOUMEKH, MASSOUD..... 1367	SUBRAMANIAN, RAMA. .... 574
	SOUTH BAY POST ACUTE CARE. 1440	



## M. 初級保健指數

SUDHAKAR, DEEPTHI.683, 684, 721, 758, 1160, 1161, 1391, 1392	TANAKA, HIDEAKI..... 727, 1120	THOMAS, THEODORE..... 1181
SUGGS, SARAH.....793, 794, 1007	TANAKA, MARY..... 321	THOMAS, ZACHARY..... 512
SULEIMAN QAFITI, KHAWLA..... 574	TANG, ANDREW.....988, 1267	THOMPSON, CHERYL..... 401
SULLIVAN, ELISSA..... 646	TANG, MICHAEL.....844	THOMPSON, COLE.....925, 1339
SULLIVAN, THOMAS..... 943, 1373	TANTISIRA, KELAN..... 1284	THOMSON, SAMANTHA.....869, 1203
SUMMERS-DAY, COURTNEY.511, 791, 1130	TANTISIRA, LALITA.....1123, 1153	THYGERSEN, ALAYSA.....790
SUNA SITTO, MOHEEN..... 649	TANTOD, KULIN..... 401	TILLMAN, SYLVIA..... 1609, 1654
SUOZZO, JOSEPH..... 780, 1474	TARLE, STEPHANIE.918, 1320, 1488, 1528	TILTON, PETER..... 1529
SUPAT, BENJAMIN.....829	TARVER, LESLIE.....1488	TIMBERMAN, SARAH..... 1097
SURI, RAJAT.....993, 1433	TAUB, PAM.....853	TIZNADO, MONICA.....1475
SUSAN PARHAM HOUSING CORPORATION.....1456	TAYLOR, CHRISTOPHER.787, 1016, 1417	TO, TUAN..... 1320, 1321, 1529, 1530
SUTTNER, DENISE.....759, 1178, 1294	TAYLOR, DAVID.....849, 1153	TODD, MIKAYLA..... 311, 395, 483
SUTTON, BRIAN.....748	TAYLOR, KAYLA.....483	TODD, SARAH.....773, 1036, 1268
SUYAMA, JULIE.....869, 1203	TAYLOR, MARIO.....943, 1373, 1374	TOLBA, KAMEI.....394
SUYDAM, STEVEN.....798, 1056	TAYLOR, TASHA.....647, 1405	TOLEDO-NADER, CAROLL.....335
SWARTZ, ERIN.....1096	TCHAKMAKJIAN, LEVON.....374	TOLENTINO, ARTURO.....1390
SWARTZ, JOHN.....334, 511	TEE, ALEXANDRA.....334	TOMASZEWSKI, DEBRA.....584
SWEAT, MARIE.....1190	TEETER-WITT, ALYSSA.780, 1474, 1475	TOMLIN, JEFFREY.....1367
SWEENEY, DANIEL.....728	TEJEDA, FRANCISCO.....631	TON-NU, MY LINH.1550, 1562, 1569, 1579, 1591, 1610, 1623, 1624, 1655
SWEENEY, NATHALY.....760, 1179	TELLECHEA-SANCHEZ, SELMIRA.407	TONG, ALEXANDER.....843, 1142
SWEET, JASON.....1337	TERRY, AMANDA.....393	TONG, GARRICK.....1535
SWEET, PATRICK.....629	TESFAI, HELEN.....912, 1308	TONJES, ERIKA.....1097, 1098
SWEIGERT, JAMIE.....1528	TEW, JOHN.....1583	TONNU, ANH.1562, 1592, 1610, 1655, 1656
SWORDS, KELLY.....1384	THACH, TERILYN.....1578	TOPILOW, NICOLE.....874
SY, RAMON.....636, 1403	THAI, AMANDA.....1659	TOPPEN, LAURA.....814, 815, 1098
SYED-UDDIN, SUMIYAH.....988	THAI, JUSTIN.....511	TORRES, HECTOR.....1398, 1535
<b>T</b>	THANGARAJAH, HARIHARAN.665, 995, 1377	TORRES, JOANN.....650, 1405
TA, MINI.....1659	THAPER, MOHINDERPAL.....1045	TOTH, JESSICA.....423
TA, TRANG.....1653	THE BRADLEY COURT.....1442	TOUBIA, ELIAS.....1555, 1624, 1662
TABAREZ, NORMA.....725	THE COVE AT LA JOLLA.....1445	TOVAR PADUA, LEIDY.....1146
TADDONIO, MICHAEL.....925, 1338	THE DORTHY AND JOSEPH GOLGBERG HEALTHCARE CENTER.....1443	TOWNSEND, LAURIE.....512
TADROS, ANTHONY.....925, 1339	THE PAVILION AT OCEAN POINT.....1452	TRAN, ALEXANDER.....1579, 1656
TAGHIZADEH, BEHZAD.....952	THE SPRINGS AT PACIFIC REGENT.....1452	TRAN, HENRY.....1610
TAHRIRI, BAHAREH.....614, 615	THE VILLAS AT POWAY.....1449	TRAN, JESSICA.695, 1030, 1031, 1428, 1429
TAI, KUANGKAI.....463	THIessen, KAREN.....1529	TRAN, KELLY.....484
TAING, JENNIFER.....1097	THIRUNAGARI, HARRSHA.....407	TRAN, LINH.729, 852, 973, 974, 1158, 1433
TALAVERA, GREGORY.....334, 629	THOMAS, PAULA.....1475	TRAN, MICHAEL.....1660
TALBOT, ADRIANNE.....1097	THOMAS, ROBERT.....1154	TRAN, THAO.....1664
TAM, EMILY.....967, 1029, 1427, 1428		TRAN, THERESA.....988, 1268
TAM, MAY.....1654		TRAN, TONNIA.....512
TAMAS, VANESSA.....1267		TRAN, TU-UYEN.....657
TAMAYO, MAITHE.....575		

## M. 初級保健指數

TRANG, CHAU.....	1656	UY, CARMELITA.....	444	VENKATESH, VIJAY.....	964, 965, 1406
TRAUT, JOEL.....	1268			VENNAM, VAMSI.....	1476
TREJO, RAUL.....	335, 629	<b>V</b>		VENTRO, GEORGE.....	933, 1356
TRI CITY MEDICAL CTR.....	1438	VAHABZADEH-HAGH, ANDREW.....	890, 891, 1230, 1231	VERDUZCO GONZALEZ, AURORA.....	362, 432
TRIMM, CASSIDY.....	929, 930	VAHDAT, VALERIE.....	1388	VERRET, ERIC.....	1579
TRIVEDI, SURAJ.....	798, 1056	VAHDOT, NOUSHIN.....	926, 1340	VETTICADEN, SANTOSH.....	404
TROYER, EMILY.....	1464, 1530	VAIDYA, KAMALA.....	699, 773, 1036, 1269	VIA RIO HOUSE.....	1445
TRUECARE.....	24, 25, 26, 83, 84, 85, 126, 127, 131, 132, 133, 134, 135, 252, 253, 254, 255, 256, 257, 258, 259, 260	VAKILIAN, SIAVOSH.....	782, 1341	VIBAL-POASTER, MARIA.....	1098
TRUECARE.....	319, 391, 452, 463, 602, 603	VALDEZ, KRYSTAL.....	531, 1124	VICTORIA POST ACUTE CARE.....	1442, 1443
TRUJILLO, DALE.....	815	VALENCIA, MARILES.....	354, 445	VIDAL, MONICA.....	451, 452, 1021, 1421, 1422
TRUJILLO, JENNIFER.....	344, 554, 1204	VALENZUELA, TRICIA.....	513	VIDAURAZAGA, MONICA.....	532
TRUJILLO, MIGUEL.....	649	VALLE VISTA POST ACUTE.....	1444	VIDEEN, JOHN.....	689
TRUONG, NHA.....	512	VALLEZ-BARLAM, ANDREA.....	780, 781, 1048, 1475, 1476, 1502	VIERLING, SABRINA.....	1321, 1531
TSAI, MATTHEW.....	836, 1135	VAN DYKE, JASON.....	591	VILLA CORONADO CONVALESCENT.....	1440
TSUCHIYA, KIMIKO.....	513	VAN HOLLEBEKE, RACHEL.....	313, 630	VILLA LAS PALMAS HEALTHCARE CTR.....	1443
TSUDA, PAIGE.....	799, 1057	VAN HOOSE, MARC.....	1657	VILLA RANCHO BERNARDO CARE CENTER.....	1452
TSUI, NANCY.....	1611	VAN PRATT LEVIN, AISHA.....	1401	VILLA, ANGELICA.....	1555
TU, BEVERLY.....	1611	VAN PRATT LEVIN, BENJAMIN.....	1130	VILLA, MARIA.....	513
TU, CHARLES.....	1656	VAN WOY, LAUREN.....	1269	VILLALOBOS, REBECA.....	485, 1098, 1099
TUEROS, VICTORIA.....	484	VANDEWIELE, EMILY.....	1348	VILLANUEVA DE GUTIE, BERENICE.....	363, 432
TULLY, JEFFREY.....	799, 1057	VANE, JACKSON.....	1269	VILLANUEVA, GIOVANNI.....	709, 794, 1007
TUNG, VIVIAN.....	415	VANETSKY, GARY.....	748	VINCENT, BERLIN.....	1104
TURNER, ELIZABETH.....	1098	VANFOSSEN, BRIAN.....	1321, 1530	VINCENT, LAUREN.....	327
TURNER, SHEREENA.....	387, 584	VAQUERO, JUANA.....	781, 1476	VINH, JOHN.....	1562, 1569, 1592, 1611, 1624
TZENG, ERIC.....	799, 1057	VARGAS TRUJILLO, MARCELA.....	990, 1273	VISTA COMMUNITY CLINIC.....	100, 128, 129, 302, 303, 304, 305, 306, 307, 308, 309, 310, 1681
<b>U</b>		VARGAS, CHRISTOPHER.....	701	VISTA COMMUNITY CLINIC GRAPEVINE.....	300, 301, 302
U, HOI.....	939, 1368	VARGAS, JACLYN.....	960, 1036, 1270	VISTA COMMUNITY CLINIC GRAPEVINE.....	661
UCSD LA JOLLA JOHN SALLY THORNTON.....	1439	VASQUEZ, BENJAMIN.....	930, 1348	VISTA COMMUNITY CLINIC HORNE STREET.....	130, 131
UCSD MEDICAL CTR.....	1439	VAUGHN, GABRIELLE.....	1245	VISTA COMMUNITY CLINIC HORNE STREET.....	453
UCSD MEDICAL GROUP.....	533, 534	VAVINSKAYA, VERA.....	899, 1237		
UDOH, EKAETE.....	585	VAWTER, ERIN.....	962		
ULRICH, STACEY.....	1268	VAYNGORTIN, TATYANA.....	1270		
UNGER, LINDSEY.....	931, 1353	VAZQUEZ-ERLBECK, MARTHA.....	618		
UNIVERSITY CARE CENTER.....	1452	VCC DURIAN.....	300		
UNSDORFER, KYLE.....	925, 1340	VCC DURIAN.....	661		
UNTERBERG, STEPHEN.....	1384, 1385	VEGA, SARAH.....	1294, 1295		
UPASANI, VIDYADHAR.....	994, 1041, 1374	VEGA, TERESA.....	325, 484		
URIBE-BRUCE, LILIANA.....	531	VELASQUEZ, FERNANDO.....	484, 485		
UTZ, JACK.....	630	VELASQUEZ, SHARON.....	335, 438, 630, 678		
UWEDJOJEVWE, LETICIA.....	339	VELAZQUEZ CAMARENA, MARIA.....	339, 637		
UY, ASHLEY.....	364	VELLORE GOVARDHAN, SHILPA.....	1245		

## M. 初級保健指數

VISTA COMMUNITY CLINIC PIER VIEW WAY.....	129, 130	WEBB, SHANNON.....	1309	WINDSOR GARDENS CONV CTR OF SAN DIEGO.....	1448
VISTA COMMUNITY CLINIC PIER VIEW WAY, .....	453	WEBSTER, LUKE.....	1154	WINE, DAVID.....	461
VISTA COMMUNITY CLINIC, ...	411, 452	WEICKERT, MARIA.....	485	WINESBURG, JENNIFER.....	344, 380, 428, 554, 555, 657, 1003
VISTA HEALTHCARE CENTER.....	1456	WEINSTEIN, GEOFFREY.....	704, 782, 964, 1326	WINKLER, GARRET.....	830
VISTA HOUSE.....	1456	WEIR, JACQUELINE.....	913, 1309	WISHNEK, HANNAH.....	1488
VISTA KNOLL SPECIALIZED CARE FACILITY.....	1456	WEISS, KATHERINE.....	976, 1180, 1295	WITCZAK, IZABELA.....	603, 604
VIVIRITO, MARY.....	1550, 1569, 1579, 1592, 1611, 1612, 1625, 1657	WEISSBROD, PHILIP.....	892, 893, 1232	WOELKERS, DOUGLAS.....	736, 856
VO, ANDREW.....	876, 1216	WEISSMAN, CORY.....	1531	WOLF, CELIA.....	486
VO, ANDREW MINH.....	1592, 1593, 1657	WELLS, TODD.....	1050	WOLF, RICHARD.....	736, 856, 1169
VO, PHU LUONG.....	1130	WEN, AKI YEN CHANG.....	339, 637	WOLFE, AMANDA.....	1043
VOLLER, STEPHANNIE.....	1179	WERHO, DAVID.....	1246	WONG, RICHARD.....	895, 1234
VOLPP, PAUL.....	704, 782, 963, 1326	WERNER, R AARON.....	1562	WONG, SHARON.....	1612
VU, PETER.....	840, 1139	WERNER, REX.....	1563	WONG, VICTOR.....	1277
VU, WENDY.....	412	WEST, JULIE.....	976, 1046, 1180	WONG, YOLANDA.....	576
<b>W</b>					
WAHLIN, TAMARA.....	912, 913, 1308	WESTERMANN, MELISSA.....	685, 1023, 1167, 1168	WOO, ANDY.....	1099
WALDRUP, LA'RHONDA.....	754, 1099	WESTERN ADHC.....	1457	WOODWORTH, JENNIFER.....	781, 1408, 1476
WALKER, JULIE.....	1348	WETTERSTEN, NICHOLAS.....	854, 974	WRIGHT, DEREK.....	701, 778, 1039, 1310
WALLACE, STEPHANIE.....	1429	WHEELER, KIM.....	723, 1467	WRIGHT, KIMBERLY.....	1044
WALSH, JOHN.....	778	WHITE, KATHERINE.....	513	WU, EVA.....	1625
WANG, ANGELA.....	849, 1154	WHITE, KERI.....	1044	WU, JENNIFER.....	514
WANG, DEHUA.....	1237	WHITE, KYLE.....	963	WU, MICHELLE.....	1531
WANG, EMILY.....	774, 960, 1037, 1271	WHITEHURST, UNIQUE.....	1099	WYLIE, BLAKE.....	313
WANG, HUAN YOU.....	840, 1140	WHITLEY, NICHOLAS.....	336	<b>Y</b>	
WANG, LUKE.....	947, 1385	WIENER, GREGORY.....	679	YADLAPATI, RENA.....	850
WANG, MICHELLE.....	799	WIJAYARATNE, IMANIE.....	703, 1464	YAGUDAYEVA, RAISA.....	1531
WANG, REGINA.....	513	WILAND, WINONA.....	668	YAMADA, KENTARO.....	1214
WANG, YVETTE.....	1271	WILCOX, WENONAH.....	671	YAN, CAROL.....	893, 894, 1232, 1233
WARD, KATHERINE.....	416, 420	WILE, KIMBERLY.....	778	YANG, JENNIFER.....	1190
WARDI, GABRIEL.....	730	WILLIAMS, BREAHA.....	363, 433, 486	YANG, JENNY.....	850, 1155
WASSON, MINA.....	575	WILLIAMS, JESSICA.....	592	YAO, CATHERINE.....	354
WASTILA, LISA.....	532	WILLIAMS, JINA.....	660	YAPHOCKUN, KAREN.....	1272
WATERS, ELIZABETH.....	575	WILLIAMS, KRISTIN.....	954, 1024, 1168, 1169	YCASAS, EMILY.....	1419
WATSON, DEBORAH.....	891, 892, 1231	WILLIAMS, MATTHEW.....	984, 1246	YEANG, CALVIN.....	1061
WATTANAMANO, PORNTHEP.....	532	WILLIAMS, SHANTRICE.....	717	YELLEN, LAURENCE.....	952
WATTS, ELI.....	533	WILLIAMS, STACY.....	930, 1348, 1349	YEO, ALEXANDRIA.....	733, 815, 1100
WEATHERLY, JACOB.....	576	WILLIAMS, TAKISHA.....	325, 363, 423, 485, 486, 651	YIDI, DIANA.....	1532
WEAVER, AMANDA.....	1467	WILLIE, KADEN.....	391, 601, 602	YODER, ANDREA.....	800, 1057
WEAVER, APRIL.....	664	WILSON, CARLENE.....	1500, 1545	YOON, RYAN.....	336
WEAVER, JESSICA.....	933, 993, 1356, 1434	WINDHAM, SUZONNE.....	1017, 1418, 1419	YORK, VINCENT.....	926, 1341
		WINDSOR GARDENS CONV AND REHAB OF GOLDEN HILL.....	1453	YOSHII-CONTRERAS, JUNE.....	667
				YOU, ALAN.....	830, 1120
				YOUNAN, LAWRENCE.....	800, 1058

## M. 初級保健指數

---

YOUNG, ALLA.....	1556, 1612	ZUREK, BEDEANIA.....	1478
YOUNG, JENNIFER.....	318, 319	ZVANUT, DONALD.....	1563, 1570, 1580, 1594, 1612, 1613, 1625
YOUNG, JOCELYN.....	745, 1275		
YOUNG-PEN, TONI.....	585		
YOUNOSZAI, ADEL.....	1246		
YOUSEF, ANDREW.....	557		
YOUSSEF, FADY.....	837, 1135, 1136		
YU, AUDRINE.....	931		
YU, CAROL.....	876, 877, 1217, 1593, 1657		
YU, ELAINE.....	830, 831, 1120		
YU, HELENA.....	1278		
YU, JENNIFER.....	1278		
YUAN, HENRY.....	690		
YUNG, DORIS.....	464		

### Z

ZABLIT, KARIM.....	557
ZAGE, PETER.....	1278
ZAHEER, AARON.....	577
ZAHLER, MARVIN.....	514
ZAIDI, NOORINA.....	1580
ZAKOV, KAMEN.....	1043
ZAMBRANA, GEORGE.....	387
ZAMPELLO, LISA.....	410
ZANDER, ASHLEY.....	946
ZANDKARIMI, FARIBA.....	408, 577
ZANGEN, ROCHELLE.....	464
ZARE, SOMAYE.....	899, 900
ZARGAR, SHABNAM.....	354
ZAYAS, MARIO.....	1532
ZAYED, AHMAD.....	374
ZECHA, RONALD.....	396
ZELAC, DANIEL.....	314
ZHANG, HAIYAN.....	900
ZHANG, SHERRY.....	851, 1155
ZHAO, TAILUN.....	1563, 1569, 1580, 1593, 1658
ZHONG, YAN.....	1181
ZHOU, JENNY.....	1140
ZIEG, ALAN.....	345, 380, 428, 555, 556, 657
ZIMBRIC, MICHAEL.....	761, 1190
ZIMMERMAN, JENNIFER.....	1532
ZINK, IRENE.....	514
ZLATAR, ZVINKA.....	918, 1489
ZU, KAI.....	951

# Notes

# Notes

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